Millward
Approved provider: Aged Care Services 16 (Millward) Pty Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 17 September 2014. We made the decision on 4 August 2011.

The audit was conducted on 21 June 2011 to 22 June 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Home and approved provider details

Details of the home

Home's name:	Millward
RACS ID:	3577

Number of beds:	119	Number of high care residents:	91

Special needs group catered for:	Safe care unit-Dementia care

Street:	31 Blackburn Road				
City:	East Doncaster	State:	Victoria	Postcode:	3109
Phone:	03 9841 1600		Facsimile:		03 9841 1650
Email address:	millwarddon@acsagroup.com.au				

Approved provider

Approved provider:	Aged Care Services 16 (Millward) Pty Ltd

Assessment team

Team leader:	Nicholas Hill
Team members:	Nicolle Reeve
	Patricia Cashmore
Dates of audit:	21 June 2011 to 22 June 2011

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.	
Expected outcome	**Accreditation Agency decision**
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.	
Expected outcome	**Accreditation Agency decision**
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Principle:	
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.	

Expected outcome	Accreditation Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Principle:	
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	

Expected outcome	Accreditation Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met

SITE AUDIT REPORT

Name of home	Millward
RACS ID	3577

Executive summary

This is the report of a site audit of Millward 3577 31 Blackburn Road EAST DONCASTER VIC from 21 June 2011 to 22 June 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Millward.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 21 June 2011 to 22 June 2011

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Nicholas Hill
Team members:	Patricia Cashmore
	Nicolle Reeve

Approved provider details

Approved provider:	Aged Care Services 16 (Millward) Pty Ltd

Details of home

Name of home:	Millward
RACS ID:	3577

Total number of allocated places:	119
Number of residents during site audit:	99
Number of high care residents during site audit:	91
Special needs catered for:	Safe care unit-Dementia care

Street:	31 Blackburn Road	State:	Victoria
City:	East Doncaster	Postcode:	3109
Phone number:	03 9841 1600	Facsimile:	03 9841 1650
E-mail address:	millwarddon@acsagroup.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Millward.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

The assessment team spent two days on-site and gathered information from the following:

Interviews

	Number		**Number**
Ancillary	7	Medical/Allied health	2
Care/Clinical and Lifestyle staff	14	Residents/ Representatives	12
Managers/Coordinators	6		

Sampled documents

	Number		**Number**
Diabetes records	15	Residents' files	22
Medication charts	32	Specialised care plans	18
Palliative care plans	4	Weight records	39
Personnel files	10	Wound charts	8

Other documents reviewed
- Activities calendars
- Admission paperwork
- Allied health referral folders
- Assessment tools
- Audit reports and project plans
- Audit schedule, reports and summaries
- Behaviour mapping reports
- Case conference records
- Cleaning schedules
- Clinical folders
- Comments and complaints records
- Communication diaries
- Continuous improvement information
- Corrective action requests
- Dietary assessments and menu preferences
- Drugs of addiction administration books
- Education calendar

- Electrical tagging information
- Environmental inspection records
- Equipment register
- External service agreements and reports
- Fire safety inspection records
- Food safety information
- Handover sheets
- Hazardous substances register
- Human resources documentation
- Incident reports and analysis records
- Infection control register and reports
- Inventory order forms
- Job descriptions
- Legislative updates
- Maintenance register
- Material safety data sheets
- Meeting minutes/schedule
- Memorandum
- Menus
- Monthly infection register
- Nursing registrations
- Occupational health and safety policy
- Orientation program and documentation
- Physiotherapy documents
- Police check register
- Policies and procedures documentation
- Position descriptions
- Preventive maintenance records
- Priority action work plans
- Privacy and consent forms
- Recruitment policies and procedures
- Remembrance books
- Resident assessment pack
- Resident handbook
- Resident vaccination lists
- Residents' information package and surveys
- Resource material
- Risk assessments
- Staff competencies
- Staff criminal record checks lists
- Staff handbook
- Staff procedures, duty guidelines and workflows
- Staff roster
- Temperature control records
- Training and education reports, summaries and feedback forms
- Validated rating scales
- Vision, values, philosophy, objectives and commitment statement
- Weight management guidelines
- Wound management folder
- Wound management register and summaries

Observations

- Activities in progress
- Equipment and supply storage areas
- Fire safety equipment
- Handovers (Werona and Koonung)
- Influenza kit
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Medication storage, disposal, administration, trolleys and refrigerators
- Noticeboards and resource information
- Pharmacy return boxes
- Safety signage
- Staff using personal protective equipment
- Waste receptacles

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The home has systems in place for the pursuit of continuous improvement. The local quality system incorporates components of the wider organisation's overarching principles and strategic management functions. Performance against management systems is monitored through a schedule of audits, the reporting and analysis of key indicator information, corrective action forms, surveys and meetings. Required activities and milestones are documented in the home's action plan that is regularly reviewed and monitored. There is a range of data collection tools used to manage and report on trends and outcomes. Staff are aware of and are actively encouraged to conduct audits and participate in the home's continuous improvement processes. Staff commented positively on the home's continuous improvement process and residents and/or their representatives stated that they are regularly informed of continuous improvement activities.

Some examples of recently completed improvements relating to Standard one include:
- The implementation of the organisation's continuous improvement and management system including overarching policies and procedures. The home now has a more structured management system that is consistent with the organisation policies and principles.
- Following a review of the home's human resources needs and requests form residents for more external outings, the home has increased overall staffing hours for care and lifestyle staff. There is now an additional care staff member for the night shift and increased rostered hours are in place for lifestyle staff to conduct bus trips and other external outings. Management state the increased staffing supports resident care needs and their preferences.
- The home has updated the staff handbook to include changes to organisational policies and other information such as workplace bullying, harassment and equal employment opportunity. Staff now has access to higher levels of information to guide their work practices.
- Following a review of equipment needs and requests from staff, the home has purchased two additional lifting and standing machines. The new equipment has resulted in more efficient staff practises and improved resident care.

1.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines".

Team's findings

The home meets this expected outcome

The organisation's management has systems in place to identify and support the home in ensuring compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation is a member of a number of peak bodies and receives electronic updates of legislative changes through a professional advisory service. The organisation's executive director of aged care services is responsible to ensure that

relevant regulatory matters are conveyed to the home. The home can demonstrate that where changes in regulatory or legislative changes occur, policies and procedures are appropriately modified and communicated. Staff confirm that regulatory compliance and any changes in work practices are communicated to them through memorandums and regulatory compliance is a standing agenda item at relevant meetings.

Examples of responsiveness to regulatory compliance relating to Standard one include:
- A current staff and volunteer police register together with relevant statuary declarations for international staff is maintained on site.
- Policies and procedures are in place related to regulatory compliance and the system for continuous improvement.
- External services and other contractors have undergone police checks and are appropriately licensed to carry out works for the home.

1.3   Education and staff development
This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings
The home meets this expected outcome

The home has developed an education and knowledge program to assist staff in performing their roles effectively. Skill levels of staff are identified through the recruitment process and during an analysis of training needs prior to developing the training calendar. The program includes external and internal education sessions that are evaluated for effectiveness and opportunities for improvement. The home supports staff to attend external training opportunities with assistance for costs and rostered time off. There is a comprehensive staff orientation program in place and an informative package including information relating to specific legislation and policies and procedures. A combination of mandatory and competency based training is in place for all staff and a range of self directed learning packages are in place. Staff said that they are satisfied with the education and training provided and that management encourages their professional development.

Recent education relating to Standard one includes:
- Principles of the aged care funding instrument.
- Incident reporting.
- Regulatory compliance matters.
- Using new and existing equipment.

1.4   Comments and complaints
This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings
The home meets this expected outcome

The organisation advises residents and/or their representatives about the internal and external complaint mechanisms through formal and informal mechanisms. Residents advise they are able to discuss any matters with staff and/or managers one to one and comments or complaints forms are available for all interested parties. A resident information directory and staff handbook outlines the comments and complaints process and discussion is sought at resident meetings. The home monitors resident's satisfaction through 'Have Your Say' forms located throughout the facility in communal areas and the foyer with information contained on the form as to its use. Information from evaluations is incorporated into the quality system via the corrective action request forms, priority action work plans and the plans for continuous improvement with information provided to all stakeholders as appropriate. Residents and/or

their representatives reported satisfaction with their access to complaint mechanisms and the response from management and staff when they have raised issues of concern or made complaints.

1.5   Planning and leadership
This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings
The home meets this expected outcome

Management has documented the home's vision, values, philosophy and objectives. The statement is conveyed throughout the service and communicated via key information generated by the home including policies, procedures, the residents' admission package and staff and resident handbooks. Planning and policy development to embrace the home's specialised culture reflects a commitment to quality throughout the service.

1.6   Human resource management
This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings
The home meets this expected outcome

The home has a system to ensure identified types and numbers of staff are maintained at all times including replacements for leave and absenteeism. Strategies implemented such as work philosophies, staff meetings and specialised education in the home's model of care have assisted in ensuring effective communication between staff, management and residents and/or their representatives. Staff numbers and skills in relation to changes in residents' needs, preferences and service requirements within the home are managed through various mechanisms including a performance planning and review program, staff surveys and a competencies register. Adjustments are made to rostering where required and the home ensures all personnel have appropriate criminal record checks including monitoring currency thereafter. Staff are satisfied they can complete their tasks and confirm sufficiency of staff numbers and skills. Residents and/or their representatives are satisfied with the responsiveness of staff and the adequacy of care provided.

1.7   Inventory and equipment
This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings
The home meets this expected outcome

The home provides suitable goods and equipment appropriate for the delivery of services to residents. A planned maintenance and risk assessment program is in place and preventative/non programmed maintenance is performed by maintenance staff and/or approved external contractors. Information to ensure appropriate goods and equipment are maintained is gained through mechanisms such as auditing, risk assessments, meeting minutes and direct communication and monitoring of other relevant documentation. Stock control including levels, asset register, labelling, secure storage, rotation and other practices assist to verify the safety, working order and useability of the home's goods and equipment. Staff report they have access to appropriate goods and equipment for resident's health, personal care and environmental needs in order to provide quality service delivery.

Residents and/or their representatives report appropriate goods and equipment are provided by the home to meet their needs.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home has processes to ensure effective information management systems are in place with electronic systems and hard copy information accessed by relevant personnel. Staff obtain information through the organisation's documented policies and procedures, central forms register, resource manuals, communication books, diaries memoranda and meeting and/or documented minutes. Staff have access to information relevant to their role and communication within the home between management and staff and in response to resident needs is timely and accurate. Password protection for all computers is provided and confidential information is stored in secure areas and archived with provision for backup and recovery of electronic data. Manuals, handbooks and forms are reviewed and updated with input from key personnel in line with the home's model of care and mechanisms are in place for information requiring action to be monitored and followed through for effective outcomes. Residents and/or their representatives are encouraged to provide input to information process and they are kept informed through meetings, noticeboards and other written correspondence. Staff, residents and/or their representatives expressed satisfaction with information provided by the home.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The home has a system to ensure that all externally sourced services are provided in a way that meets the home's needs and its quality goals. Service agreements are established, maintained and reviewed by the home's organisational head office and key personnel at the home have access to these agreements. Service agreements outline the home's requirements and the quality of service to be provided including special conditions and identified contracts specify that contractors are required to provide valid criminal record clearances. A register of preferred providers is provided on the home's computer system and contractors' logs are maintained for each instance of service. The home evaluates the performance of external service providers regularly to ensure efficiency and effectiveness of the services as well as compliance with relevant regulations and the home's policies and procedures. Staff and residents and/or their representatives expressed satisfaction with the quality of the external services currently provided at the home.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to residents' health and personal care with the overall system described in Expected outcome 1.1 Continuous improvement. The home identifies continuous improvement opportunities related to clinical care through input from health care professionals, care plan reviews, observations and feedback from staff, residents and other stakeholders. All identified improvement opportunities are recognised on improvement forms or action plans and information on clinical indicators is regularly collected and reported on. The results of the team's observations, interviews and document reviews indicate that the home pursues continuous improvement through a program that is consultative and responsive to feedback from its stakeholders.

Some recent examples of completed improvements relating to Standard two include:
- Medication competencies for staff have completed for care staff administering medications and personal care workers have attended a comprehensive education session. In addition, an enrolled medication endorsed nurse is now administering medications in the low care section of the home. Management state that the home now has more qualified staff available to administer medications.
- The home now has access to a pain management assessment tool in languages other than English. Management state that the assessment tool is used for residents from culturally diverse backgrounds to support their care needs.
- A series of education sessions have been conducted by a dementia expert to staff related to behaviour management. The education included information related to staff's behaviour and how this can affect resident responses. Management state that staff are now more aware of strategies and interventions related to resident's behaviour management.
- The home has purchased a range of clinical equipment to support resident care and comfort. The new equipment includes automated air mattresses, electronic oxygen meters, blood glucose monitors and a large dial blood pressure monitor that staff report is an improvement over the previous model.

2.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care".

Team's findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in Expected outcome 1.2 Regulatory compliance. Interviews with staff and observations indicate they have access to the home's policies and procedures manual and they are aware of their regulatory responsibilities.

Examples of responsiveness to regulatory compliance relating to Standard two include:
- The home has processes to monitor the current registration of nursing staff.

- The team observed that medications are appropriately stored and managed.
- Specific care planning activities and care tasks are carried out by an appropriately qualified person.
- The home has arrangements in place for an appropriate response in the event of an unexplained resident absence.

2.3　Education and staff development
This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings
The home meets this expected outcome

The system used to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively has been described in Expected outcome 1.3 Education and staff development. Competency assessments are in place for staff who administers medications and the monitoring of a number of other clinical skills is used to ensure that staff have the skills to provide resident care.

Recent education relating to Standard two includes:
- Pain management.
- Palliative care.
- Oral and dental care.
- Nutrition in the elderly and weight management.

2.4　Clinical care
This expected outcome requires that "residents receive appropriate clinical care".

Team's findings
The home meets this expected outcome

Residents receive appropriate clinical care. Multidisciplinary assessment for current clinical care needs occurs at entry and an interim care plan developed to guide staff practice. All residents have an assessment completed by medical, nursing, physiotherapy, lifestyle and podiatry staff on entry and an individualised care plan is formulated. Registered nurses are responsible for overseeing the completion of assessments and the care plan evaluation review processes which occurs monthly. Schedules and procedures ensure 'resident of the day' care plan evaluations are completed consistently and comprehensively across the home. Staff are aware of the reporting and assessment requirements and able to demonstrate understanding of individual needs for residents. Residents and/or their representatives reported they are satisfied with the clinical care residents receive.

2.5　Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Residents' specialised care needs are identified, assessed and reviewed by the registered nurse on entry and via the 'resident of the day' conducted monthly and as needs change. Further assessment and/or management of specialised nursing care needs may be supported by relevant external health providers including the involvement of the residents' general practitioner when required. Residents and/or their representatives confirm specialised care needs, such as palliative care, catheter management, wound care, diabetes management, anticoagulant therapy and skin integrity are discussed with them. Interviews

with residents, their representatives, staff and a review of clinical documentation demonstrated specialised nursing care needs are identified, managed and implemented strategies regularly evaluated by the registered nurse. Residents and representatives are satisfied residents' specialised nursing care needs are met by appropriately qualified nursing staff.

2.6   Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

Interviews with residents, their representatives and staff and the review of clinical documentation confirmed residents are referred to appropriate health specialists in accordance with the resident's needs and preferences. Residents' needs for other health and related services are assessed on entry to the home and their preferred provider identified and recorded. Nursing and care staff document and report changes of residents' assessed needs to the registered nurse on each shift. Physiotherapists, dental, podiatry, optometry, audiology and speech pathology provide services onsite and are accessed by the home as required. Doctors visit residents regularly and other external health professionals such as pharmacy consultants and geriatrician reviews are organised for residents as required. Residents and/or their representatives reported satisfaction that residents are referred to relevant health related services when required.

2.7   Medication management
This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings
The home meets this expected outcome

The registered nurse on each shift is responsible for the management and supervision of resident's medication at the home. Medication administration may be delegated to enrolled nurses or personal care workers. Residents' medication needs are assessed on entry to the home by their doctor and nursing personnel and individualised needs documented on the medication plan filed with the medication chart. The home has a medication management policy and a system is in place to enable residents to self administer their medications if able to do so. Medications including the use of 'pro re nata' medications are reviewed by the registered nurse and brought to the attention of residents' treating doctors. The home discusses medication related issues at the multidisciplinary medication administration committee held three monthly. Residents have annual pharmacy reviews conducted by an independent consultant pharmacist. Residents and representatives reported they are satisfied with residents' medication management.

2.8   Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's findings
The home meets this expected outcome

The residents' history and management of pain is identified and assessed on entry to the home. Nursing and care staff utilise a pain assessment tool specific to the needs of residents experiencing cognitive impairment or those unable to verbally express their pain. Each resident is assessed for their pain to identify and observe verbal and nonverbal signs of pain. An individualised care plan is developed in conjunction with residents' choice of doctor, physiotherapist and other appropriate health professionals if required. The review of

documentation confirms the home uses a range of pain management strategies such as physiotherapy input using ultrasound, trans electrical nerve stimulation (TENS), therapeutic massage, gentle exercise, heat packs, repositioning and analgesia. Staff report they are aware of verbal and nonverbal indicators of pain and of reporting requirements of any residents with indicators of pain. Residents and their representatives indicated satisfaction with the care residents receive to minimise their pain.

2.9 Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings
The home meets this expected outcome

Residents' palliative and end of life wishes are discussed with the resident and/or their representative with the palliative care coordinator and recorded on the 'palliative care wishes' form. Terminal care addresses skin care management, pain management, nutrition and hydration requirements, continence and personal hygiene needs and mobility and transfers. Spiritual, cultural and emotional needs of the resident are identified and recorded. Palliative care trolleys are set up so staff have access to resources to ensure the resident is kept comfortable. The palliative care coordinator is available on call to support representatives and staff with the passing of residents. A palliative care committee meets regularly to discuss palliation needs of the home such as resources including products and training. Annual memorial services are held, families and staff invited and staff can write in the home's remembrance book. Palliative care training is compulsory for all staff to attend and is provided monthly.

2.10 Nutrition and hydration
This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings
The home meets this expected outcome

Residents' dietary needs, allergies, likes, dislikes, specific cultural and/or spiritual requirements are identified on entry to the home and provided to catering staff. A care plan is developed on the day the resident enters the home to guide staff practice and reviewed via the 'resident of the day' process and when there are changes to residents' intake, weight or health status. A weight management flowchart provides staff with guidelines to manage residents with identified weight or health changes. Menus are reviewed for proper nutritional content, and referrals to speech pathologists, dietitians, dental and medical personnel are initiated according to need. Residents are assisted with meals and fluids and provided with assistive crockery and cutlery if required and can attend meetings, or complete the home's feedback forms and surveys to have input into the home's menu.

2.11 Skin care
This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings
The home meets this expected outcome

Residents' skin integrity is assessed on entry to the home and takes into consideration past history of skin problems and if applicable, the resident's general health status, presence of oedema, risk factors such as co morbidity of disease and health issues which may compromise the resident's skin integrity, mobility and incontinence. Pressure ulcer risk

assessments are conducted. Individualised care plans outline strategies to preserve skin integrity including application of emollients, foot care, correct manual handling, attention to residents' nutritional status including use of supplements and use of pressure relieving aids. Existing wounds, skin tears and pressure sores are managed by the registered or enrolled nurse and charts commenced with instructions to guide staff practice. External wound care consultants are sought in the event of complex wounds or wounds not responding to treatment. Care staff understand their roles and responsibilities in the management of skin integrity. Residents and representatives are satisfied with the assistance provided to maintain residents' skin integrity.

2.12 Continence management
This expected outcome requires that "residents' continence is managed effectively".

Team's findings
The home meets this expected outcome

The resident's continence history is obtained on entry to the home and an initial assessment and care plan developed. Further assessment and charting for bowel and bladder continence data is collected over designated periods to formulate an individualised care plan which includes the resident's toileting schedule and incontinence aid allocation. Bladder and bowel management is monitored and recorded with strategies in place to guide staff if concerns are identified. These are evaluated through the care plan review process and as needs change by the registered nurse. Advice with the continence consultant is sought if required. Continence aids are available to meet assessed needs. Residents report staff manage their continence effectively and maintain their privacy and dignity when provided with assistance.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

Residents' behavioural needs are assessed on entry to the home and care plans developed in consultation with the registered nurse, general practitioner, geriatrician and dementia coordinator if required. Assessment includes observations of verbal, physical and wandering behaviours over designated periods or behaviour mapping. Behaviours are reviewed and strategies evaluated through the care plan evaluation process and as needs change. Lifestyle and care staff report they attend mandatory training on dementia care and promote activities to minimise challenging behaviours. Residents and/or their representatives report they are satisfied with the home's approach to managing the needs of residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings
The home meets this expected outcome

Residents' mobility, dexterity and transfer requirements are assessed on entry to the home which takes into consideration the resident's falls risk and current mobility and transfer needs. All residents are assessed by the physiotherapist to develop appropriate strategies and interventions to manage risk and maintain the resident's mobility and dexterity needs if required. Physiotherapy, transfer and mobility assessments, and falls risk assessment are completed for residents and reviewed monthly or as required. All falls are reviewed by the

physiotherapist and reported to the doctor and families notified. Rehabilitation is provided to residents if a need is identified. Staff receive training in manual handling and have access to equipment and aids to optimise levels of mobility and dexterity of residents. Residents report they are assisted and encouraged to mobilise within their capacity.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings
The home meets this expected outcome

Residents' oral and dental health is maintained through individualised personal care practices and review by medical and dental professionals as required. An oral and dental assessment tool is completed on entry to the home and annually thereafter to assist with the formulation of an individualised care plan for oral and dental care. Residents' oral and dental status and ability to self manage their oral care is monitored by care staff and the care plan updated three monthly or as needs are identified. Schedules on residents' care plans guide staff to change monitor and change dental equipment. Residents and/or their representatives reported they are satisfied with the assistance provided in relation to residents' oral and dental health.

2.16 Sensory loss
This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings
The home meets this expected outcome

Information about individual resident's care needs in relation to sensory capacity including vision, hearing, language, taste, speech and communication is assessed on entry to the home and ongoing assessment processes. Speech pathology and audiology services are consulted with and/or provided to residents in response to identified needs and annual optometry reviews are made available for residents. The home assists residents to access and maintain their assistive devices and will support appointments with external services in relation to their sensory impairment. Further assistance is given to residents with sensory loss by providing large print documents, talking books, music, lifestyle programs, digital and large face clocks, large screen televisions and considerations to the environment such as lighting and clutter free areas. Residents are satisfied with the support they receive to manage their sensory loss and aids.

2.17 Sleep
This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's findings
The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through the identification of sleep patterns, individualised preferences and requirements such as bed position, body alignment, linen including pillows and the room environment. Sleep charting is completed for designated periods to identify sleep patterns and preferred settling and rising times and a care plan with individualised interventions recorded. Staff interviewed demonstrated knowledge of residents' sleep management requirements including pharmacological and non pharmacological interventions. Residents and representatives reported residents sleep well and they are satisfied with the assistance they receive from staff overnight.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement
This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings
The home meets this expected outcome

The home pursues continuous improvement related to resident lifestyle, with the overall system described in Expected outcome 1.1 Continuous improvement. Resident and representative satisfaction is obtained through formal and informal feedback. Regular stakeholder meetings provide opportunities for residents and/or their representatives to raise concerns and discuss any issues related to residents' lifestyle. A review of current systems and feedback at meetings has resulted in changes to the activities program at the home. Residents and/or their representatives are satisfied that they are offered opportunities for input to the lifestyle services at the home.

Some recent examples of completed improvements related to Standard three include:
● The home has implemented leisure activities based on resident's request. There is now a regular barbeque lunch held throughout the year and entertainment following each happy hour.
● The home has established a computer internet group. There is a dedicated space for two computer terminals equipped with cameras. The home hold regular activities where residents learn how to use the internet and the web based cameras. Management state residents benefit by maintaining their independence, links outside the home and learning new technologies.
● The home has developed a palliative care memorial program. The program includes a written tribute to deceased residents and a memorial display as an outlet for existing resident's loss and grief. Management state that the program is intended to provide emotional support to residents.
● The home has established links and resources for staff, residents and representatives to access loss and grief counselling. Management state that staff have used the service on a number of occasions and residents and representatives have access to individual services at any time.

3.2 Regulatory compliance
This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle".

Team's findings
The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in Expected outcome 1.2 Regulatory compliance. Residents and representatives stated they receive initial and ongoing information related to resident's rights and responsibilities, agreements and privacy information.

Examples of responsiveness to regulatory compliance related to Standard three include:
● The home has systems to demonstrate compliance related to residential agreements.
● Policies and procedures to maintain resident's private information.

- Policies and procedures for appropriately managing reportable incidents such as episodes of elder abuse.

3.3 Education and staff development
This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings
The home meets this expected outcome

The system used to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively has been described in Expected outcome 1.3 Education and staff development. The system for education and staff development includes regular issuing of staff memorandums, information displays and discussion based activities at meetings.

Recent education relating to Standard three includes:
- Understanding dementia.
- Elder abuse.
- Privacy and dignity.
- Cultural diversity.

3.4 Emotional support
This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings
The home meets this expected outcome

Residents and/or their representatives report staff are supportive of their needs during the admission process and on an ongoing basis. New residents and/or their representatives are provided with orientation information, introduced to other residents and are provided with information about the home as part of the entry process. After entry, residents are visited and supported by key personnel, the facility manager, lifestyle staff and registered nurses who monitor residents' emotional status. Residents are assessed for emotional support needs and key biographical information is captured to inform staff about individual resident's lifestyle, background, interests and capabilities. Care plans are developed using this information to guide staff practice. Feedback from residents is gained through satisfaction surveys, case conferences and direct interaction with staff or key personnel on a daily basis.

3.5 Independence
This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings
The home meets this expected outcome

Residents reported that staff assist them to achieve a maximum level of independence. The needs of residents in relation to their independence are assessed on entry and when care requirements change using focus assessment tools. The care staff and relevant allied health specialists develop and review the care plans within the home's holistic approach of care provision to reflect a resident's desired level of independence. Aids and equipment are provided to encourage independence for residents in line with the home's philosophy of promoting healthy ageing and supporting independence and community citizenship. Residents are fostered to be independent with shopping trips, maintaining links with the

community, gardening, social outings, family visits and personalisation of their private rooms and outdoor areas. Residents and/or their representatives confirm that staff support and encourage them to be as independent as possible within their capabilities and preferences.

3.6   Privacy and dignity
This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings
The home meets this expected outcome

Staff use residents' preferred name and titles and support residents to maintain their preferred dress and lifestyle. Resident' information and files are stored in a confidential manner and discussions regarding individual resident's issues are conducted in privacy. Clinical care, consultations and/or medical assessment are conducted discreetly. Staff practice is monitored by key personnel and all staff/volunteers sign a confidentiality agreement. Communal lounge and outdoor areas are available for residents to meet with relatives and/or their representatives outside their rooms and resident's en-suited bedrooms are private, spacious with lockable doors and storage. Feedback from residents is gained through residents' satisfaction surveys, meetings, case conferences and direct interaction with staff or key personnel on a daily basis. Residents and/or their representatives report that staff respect their privacy and support them to maintain their dignity when performing care routines.

3.7   Leisure interests and activities
This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings
The home meets this expected outcome

The home uses a holistic approach to meet residents' lifestyle needs and preferences with practised interventions to minimise potential loneliness, isolation and boredom and recognised involvement of behavioural triggers. Residents' leisure interests and preferred lifestyle activities are identified during the entry process and information about past and present interests and preferences is analysed and assists in planning group and individualised activities. Community connections are encouraged and supported and residents report they participate in a variety of social gatherings of interest to them. Care and lifestyle staff, with the assistance of pastoral care workers and volunteers are available to support residents and provide a range of activities designed to stimulate wellbeing. For example, food preparation, outings, movies, craft, combined facility activities and competitions. Residents' participation and satisfaction with leisure and lifestyle activities are reviewed regularly through individual discussions, meetings, surveys and regular review of participation records. Residents interviewed verified they are consulted and actively involved in the assessment and planning processes and are supported to participate in activities of interest to them.

3.8   Cultural and spiritual life
This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings
The home meets this expected outcome

Residents and/or their representatives are satisfied that individual interests, customs, beliefs and cultural needs are valued and fostered. The home has processes in place assess

residents' needs and preferences on entry and an ongoing basis and chaplains are available to provide specific support where needed. Residents are encouraged to maintain their cultural and spiritual beliefs and customs and this is promoted through ongoing discussion with residents to maintain awareness of current individual preferences. Staff are aware of the individual cultural and religious beliefs. Residents are encouraged to be involved in a variety of community gatherings of interest to them including access to culturally specific services, religious activities and community gatherings when requested. The home collects feedback from residents through meetings and one to one discussion as well as from surveys and observation to monitor effectiveness of the processes in place.

3.9   Choice and decision-making
This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings
The home meets this expected outcome

Residents and/or their representatives reported they are enabled to make choices about their care and lifestyle. The home uses a holistic approach to identify and assess choice and decision-making requirements on entry and when changes to care needs or a change to a resident's choice occurs. Information in relation to residents' appointed decision-makers is documented and filed appropriately. All residents are informed about their rights and responsibilities through interview, resident handbooks and the resident orientation program. Residents are aware they have the right to refuse care, treatment or services offered; such refusal is documented in the progress notes and alternative methods where appropriate are actively sought in consultation with residents and/or their representatives. Information regarding advocacy services is available and chaplaincy provided. Resident/representative meetings offer a forum for raising suggestions and making respective choices and decisions regarding care and services provided. Feedback and decisions from meetings and focus surveys are logged to the home's monitoring system for continuous improvement.

3.10   Resident security of tenure and responsibilities
This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings
The home meets this expected outcome

Residents and/or their representatives are provided with information prior to entry to the home to ensure they are aware of the conditions of tenure and their rights and responsibilities. This information is made available in the resident agreements and handbook and posters are displayed to remind residents, staff and visitors of their rights and responsibilities. Comments and complaints mechanisms are established and residents and/or their representatives are advised of changes to the schedule of fees and charges as needed; changes are discussed with residents and/or their representatives in meetings and one to one if required. Residents and/or their representatives are satisfied that their rights and responsibilities were explained to them in a manner that they understood and that they feel safe and secure living at the home.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems, with the overall system described in Expected outcome 1.1 Continuous improvement. Regular workplace inspections and environmental audits are undertaken to monitor the home for safety and security. Management review reported incidents and accidents monthly to identify trends and compare results with previous months. Equipment and staff training is provided to promote safe practices. Staff state that equipment requests and identified hazards are acted upon and residents and/or their representatives are satisfied that the home is maintained in a safe and comfortable manner.

Some recent examples of completed improvements relating to Standard four include:
- The redesign and refurbishment of the 'sunset' dining room located in the safe care unit. The refurbishment was done in consultation with a dementia specialist and included new colours for painted walls, new blinds and indoor plants. Management state the new dining room areas assists residents to be better orientated to a home like environment.
- The home has refurbished external courtyard areas based on resident's requests and comfort needs. The new areas now have considerably more plant life and new outdoor furniture and shade umbrellas are now in place. Resident's assisted with the new courtyards and those interviewed are satisfied with the results.
- A menu review was implemented in conjunction with the dietitian and feedback from residents. As a result, the home has improved how menus are displayed by including colour photographs of each meal contained in a folder situated in the dining room. Residents are now able to see the meal on offer more clearly and the available alternatives.
- The home has purchased and installed a number of falls senor mats after completing risk assessments for certain residents. The sensor mats alert staff to resident movement in bedrooms so that they monitor their well being.

4.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems".

Team's findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in Expected outcome 1.2 Regulatory Compliance. Staff agreed they receive initial and ongoing education and training about regulatory requirements and health and safety practices at the home.

Examples of responsiveness to regulatory compliance relating to Standard four include:
- Having an audited food safety plan and appropriate auditing of kitchen systems
- The suitable storage of chemicals including a register of dangerous goods.
- Monitoring the safety of fire safety systems.
- Appropriate outbreak policies and response and reporting procedures.

4.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

The system used to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively has been described in Expected outcome 1.3 Education and staff development. All staff are required to undertake mandatory training related to the safety of the environment and stakeholders.

Recent education relating to Standard four includes:
- Manual handling.
- Infection control.
- Fire and emergency procedures.
- Chemical safety.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with residents' care needs and expectations. Communal cottage dining and sitting areas encourage a sense of community within the home and resident interactions with family, friends and staff. External areas are maintained with accessible pathways, railings and outlook gardens that residents' assist to maintain. Residents' are able to make choices pertaining to their living environment through individual decisions, resident group meetings and surveys. Residents' rooms consist of single en-suited accommodation with personal effects encouraged and regular servicing is provided. The safety of the environment is underpinned by the identification of resident care needs on entry as well as monitoring of their environmental requests through meetings, incident trending, audits, external service provision and preventative/non programmed maintenance systems. Residents and/or their representatives confirm they are satisfied the home ensures a safe and comfortable environment according to their needs and preferences.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The organisation has implemented a safety system that meets regulatory requirements. The home has an elected safety officer and committee members who investigate all issues regarding occupational health and safety to maintain a safe living environment. The occupational health and safety policy was updated in 2011 and risk assessments and audit tools are used to guide improvements to the home's safety system. The system includes hazard/incident reporting and control, regulatory and general maintenance and performance monitoring. Residents are informed about improvements to the home in newsletters and at resident meetings. Staff have access to hazard/incident reporting forms and mandatory

safety training is provided to all staff during orientation and annually or as needed thereafter. Staff are satisfied that management provides a safe working environment.

4.6   Fire, security and other emergencies
This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings
The home meets this expected outcome

There are systems in place at the home to minimise the risk of fire, security issues and other emergencies. Fire and emergency procedure information is located around the facility and mandatory staff training is scheduled throughout the year. Fire systems are tested regularly and an evacuation procedure has been created with up to date resident information and other relevant details. Emergency exits are clearly marked and were observed to be free from obstruction. There are electronic locks on all entry/exit points and within the home to maintain security measures. Other safety measures in place include a closed circuit security system and the testing and tagging of all electronic equipment. Residents and their representatives stated to the team they feel safe and secure at the home.

4.7   Infection control
This expected outcome requires that there is "an effective infection control program".

Team's findings
The home meets this expected outcome

The home has an infection surveillance program that records, identifies and monitors resident related infections. The manager and other key staff review all relevant infection data to identify any trends with summary reports tabled at local meetings and at an organisational level. Staff practices are monitored to ensure that appropriate hygiene standards are maintained and hand basins have been strategically placed in areas of the home to promote good hand hygiene practices. Staff were observed to be wearing protective equipment when attending to housekeeping duties and were applicable when handling infectious items. Staff demonstrated an awareness of infection control procedures and the team observed appropriate equipment and supplies are provided to ensure that correct practices are supported and maintained. The home provides a vaccination program for residents and encourages staff to undertake immunisation.

4.8   Catering, cleaning and laundry services
This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings
The home meets this expected outcome

The home provides hospitality services consistent with residents' individual needs and preferences. Residents' dietary information and special requirements including preferences are documented in kitchen files and readily accessible to staff. All meals are cooked on site and served in the dining room or individual rooms if requested. The team observed a range of textured modified food and beverage items and alternatives are available to residents at all times. Cleaning services are provided each day of the week and all personal and lines items are laundered onsite. The home has processes for regularly assessing and monitoring catering, cleaning and laundry services and identifying opportunities for improvement. Residents interviewed are satisfied with hospitality services provided by the home.