



Aged Care
Standards and Accreditation Agency Ltd

Mt Coolum Aged Care Service

RACS ID 5302

15 Suncoast Beach Drive

MOUNT COOLUM QLD 4573

Approved provider: CPSM Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 December 2016.

We made our decision on 19 November 2013.

The audit was conducted on 15 October 2013 to 17 October 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

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.

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

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.

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

Standard 3: Resident lifestyle**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

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.

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Mt Coolum Aged Care Service 5302

Approved provider: CPSM Pty Ltd

Introduction

This is the report of a re-accreditation audit from 15 October 2013 to 17 October 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 15 October 2013 to 17 October 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Chris South
Team member/s:	Erin Gorlick

Approved provider details

Approved provider:	CPSM Pty Ltd
--------------------	--------------

Details of home

Name of home:	Mt Coolum Aged Care Service
RACS ID:	5302

Total number of allocated places:	120
Number of residents during audit:	120
Number of high care residents during audit:	112
Special needs catered for:	Residents at risk from wandering behaviour: 40 places

Street/PO Box:	15 Suncoast Beach Drive	State:	QLD
City/Town:	MOUNT COOLUM	Postcode:	4573
Phone number:	07 5446 5599	Facsimile:	07 5446 5522
E-mail address:	adminmtc@cpsmcare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	20
Director of nursing	1	Hospitality manager	1
Care coordinators	2	Catering staff	2
Registered nursing staff	4	Laundry staff	1
Care staff	2	Cleaning staff	2
Physiotherapist	1	Maintenance staff	1
Quality manager	1	Director	1

Sampled documents

	Number		Number
Residents' clinical records	18	Residents' files	3
Personnel files	6		

Other documents reviewed

The team also reviewed:

- Annual system condition report
- Audit reports
- Clinical data
- Clinical procedures
- Comments and complaints and follow up communication
- Competency assessments
- Continuous improvement action plan
- Controlled drug register
- Diet whiteboards
- Education program and attendance records
- Education resources
- Emergency response procedure manual
- External service provider agreements and professional records
- Extra duties list
- Fire drill/practice report
- Food safety plan and compliance audit report
- Hazard reports
- Infection outbreak report

- Infection register and data
- Leisure and lifestyle attendance sheets
- Maintenance schedule and records
- Memorandums
- Menu
- Menu review report
- Minutes of resident meetings
- Minutes of staff meetings
- Monthly clinical reports
- Newsletter
- Nurse initiated medication list
- Pharmacy documentation
- Police certificate currency monitoring system
- Policies and procedures
- Registered staff registration monitoring system
- Resident entry pack
- Resident handbook
- Resident list
- Resident satisfaction survey report
- Restraint authorisation
- Safety data sheets
- Self assessment
- Specialist letters
- Staff handbook
- Staff incident reports
- Staff orientation
- Staff roster
- Temperature records
- Treatment sheets
- Wound care folder.

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Exercise and walking program
- Interactions between staff and residents
- Internal and external living environments
- Manual handling practices
- Meal service
- Medical officer visits
- Medication administration
- Medication storage
- Notice boards
- Re-accreditation posters on display
- Residents had access to drinks.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

Mt Coolum Aged Care Service (the home) actively pursues continuous improvement and during the past two years has improved the quality of care and services it delivers. The home has implemented a quality management system to guide and support continuous improvement. The process of improvement identification, action implementation and performance monitoring is ongoing. Feedback from care recipients and their representatives, feedback from staff, clinical and safety data plus reviews, investigations and audit reports are examples of mechanisms used to identify opportunities for improvement. Management uses quality improvement plans to track issues, actions and monitor outcomes. The home's performance against the Accreditation Standards is monitored. Examples of improvements in this Standard include, but are not limited to the following:

- Using a tendering process, management undertook a review of its main suppliers to compare stock quality, cost, service and the provision of training. Management reported that the review had improved the home's purchasing power and resulted in improved supply due to a consolidation of orders.
- The home identified that new residents and their representatives have difficulties understanding information about the operation of fees, charges and bonds when planning a move to the home. To address this issue, the home introduced a software tool to assist in discussions with new residents. Management report that the information is now easier to understand because it is individualised and therefore reduces anxiety about moving to aged care.
- The home introduced a new quality management system. Management reports the system's policy and procedure manual is aligned with aged care legislation and industry best practice and this has improved the home's systems that underpin care and service delivery.

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 has implemented systems to identify relevant regulatory requirements and to ensure compliance. Management has established mechanisms to receive advice concerning new regulatory requirements from government departments, industry groups, aged care consultants and professional services. Policies and procedures within the home's

quality management system are aligned with relevant regulatory requirements. These documents provide staff with references to parent legislation, regulations, standards and guidelines. Staff are made aware of regulatory requirements through orientation and education programs. Management ensures compliance through administration procedures and service agreements plus monitoring mechanisms such as the audit program and registers to monitor due dates and task completion. Management has implemented systems to ensure the home complies with requirements of the Aged Care Act 1997. There are systems to ensure staff and volunteers have a current police certificate, residents and their representatives are informed about re-accreditation audits and compulsory reports are made to the relevant department within required timelines.

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

Management and staff demonstrated they have appropriate knowledge and skills to perform their roles effectively. Management has established the knowledge and skills criteria required by staff. New staff and casual staff are orientated to the role and provided with induction education and relevant information. A competency based education program takes staff through a range of specific training modules. Key training is designated as mandatory for all staff and attendance is monitored. Further training is provided through meetings and tool box sessions. The performance of staff is monitored using a formal appraisal program and quality feedback mechanisms. Recent examples of education/training provided relevant to this Standard include but are not limited to the following: accreditation, administration tools and policies.

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

Residents, their representatives and other persons have access to internal and external complaints mechanisms. Management provides information about how to use complaints mechanisms through a variety of media. Residents and representatives are supported to access the mechanism of choice. Feedback forms, brochures and posters with information about external complaints investigation bodies and a confidential mail box are accessible to residents, representatives and others. Complaints management procedures are in place to guide complaint investigation. Following an investigation of the matter, feedback is provided to the complainant and records are maintained.

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

The organisation has documented its vision, philosophy, objectives and commitment to quality in documents available to residents and staff.

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 sufficient staff to deliver care and services in accordance with these standards and the organisation's philosophy and objectives. Senior managers monitor resident acuity, staff workloads and quality feedback to determine human resource needs. In response to changes in needs, new staff are appointed, additional shifts created or shift times amended. During this accreditation period hours allocated to manage clinical systems have been increased, additional registered nurse shifts were added in the hostel, the role of Hotel services manager was created and additional carer, lifestyle, catering and support hours were added to the roster. Care and support staff are able to meet the requirements of their roles. Residents are satisfied that sufficient skilled and qualified care and support staff are available to meet their needs.

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

Staff and residents are satisfied with the availability of goods and equipment. Stock monitoring and goods ordering processes are used to manage consumables, food, medical and pharmaceutical supplies, linen and chemicals. Goods are stored in a manner that ensures quality and minimises risk. Equipment needed for care delivery is identified through assessment processes. The suitability of equipment is assessed. These processes ensure both specified and specialised equipment such as pressure relieving mattresses, lifters, floor sensor mats and bariatric equipment is available. The home has an effective maintenance program.

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's information management systems are effective and as a result, the home's managers, care staff and support staff plus residents and their representatives have access to accurate information. The organisation's quality management system provides staff with current policies, procedures, flowcharts and forms. Clinical care information is current and accessible to registered and care staff. Information about residents' lifestyle preferences is available to therapy and care staff. Information management systems that support dietary management, safety, human resource management, regulatory compliance, education and continuous improvement are effective. Effective processes are in place to manage the security and confidentiality of information, including obsolete records.

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

Externally sourced services meet the home's care and service needs. Services sourced from external providers include allied health services, short term nursing staff, specialised maintenance services, pharmacy and hairdressing services. The provision of services is managed through service agreements and/or contracts. Management monitors the performance of external service providers. Reviews of services are undertaken to ensure service quality and value for money. The employees of external service providers are required to comply with the organisation's policies and safety requirements.

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

Refer to expected outcome 1.1 Continuous improvement, for information about the organisation's approach to continuous improvement.

Examples of improvements under this Standard include, but are not limited to the following:

- A new education program for care staff was introduced. The program includes five mandatory training modules in “Understanding dementia”. In addition, the pharmacist now provides education on drugs used in aged care. Management reports these programs have improved the knowledge and skills of care staff and ensure they have comprehensive knowledge to deliver appropriate care.
- Audits identified inconsistencies in the preparation of thickened fluids due to the type of thickening agent used. A review determined that a switch to a pre-thickened product would maintain consistency and reduce the risk of error. Management reported the change to the new product had improved fluid consistency.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems used to identify and ensure compliance.

With respect to this Standard, management has systems in place to ensure that:

- specified care and services are provided to residents
- medications are managed in line with relevant regulatory protocols.

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

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development processes. Recent examples of education/training provided in this Standard include but are not limited to the following: eat and drink safely,

hearing loss, medication management, pain management, dementia, wound care, behaviour management and palliative care.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

On entry to the home, the care needs of new residents are assessed by registered staff to ensure appropriate clinical care needs are included in the formulation of individual care plans. Prior to entry additional information is gathered through home and hospital visits designed to liaise with care givers and medical staff to assess individual resident needs. Interim care plans are developed on the day of entry to guide staff practice. Clinical staff utilise a central assessment document to outline a structured period of assessment and monitoring. Care plans are developed in consultation with residents/representatives, staff, treating medical officers and allied health. Reviews of care plans are conducted at specified times using an ongoing care plan assessment tool with alterations made to care plans in response to changing resident health needs. Care needs are communicated to staff through care plans, shift handover, central white boards and individual resident treatment programs. Trends of clinical incidents and clinically significant events are reported through monthly Director of Nursing (DON) and Care Coordinator (CC) reports. Case conferences are held with residents and their representatives, medical officer, allied health and staff to ensure appropriate consultation with all stakeholders. Residents and/or representatives are satisfied with the clinical management implemented by the home.

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 nursing care needs are identified by nursing staff on entry to the home. Specialised care plans are developed with all interventions conducted by appropriately qualified staff in consultation with allied health, medical officers and specialist clinical services. Residents are referred to medical officers and allied health professionals and changes to care requirements are documented and communicated to relevant staff in a timely manner. The home has effective working relationships with external specialist clinical professionals who visit residents on site and in external clinics. Staff are provided with education on clinical practice including palliative care, catheter care, percutaneous endoscopic gastrostomy management, catheter care and wound care. Residents and/or their representatives are satisfied with specialised nursing care provided to residents by qualified 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

Residents have access to a variety of allied health care professionals including physiotherapy, dementia specialists, speech pathology, podiatry, optometry, dietetics and dentistry. Referrals are made by registered staff following resident assessment, observation by staff and changes in resident health care needs. Staff coordinate visits to external health specialist including dental services, wound care nurses, audiologists and clinical specialists and ensure changes to care are reflected in care planning. Residents can access transport assistance through a locally based service and residents may be accompanied to appointments as required. Residents and/or their representatives are aware of available external health services and residents are provided with assistance to access them if needed

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

Residents receive medication via a medication system overseen by registered nurses, medical officers and pharmacists. Residents are offered the choice of using the contracted pharmacy or outside pharmacies for medication provision. Registered staff and medication competent care staff administer medications from multi dose packs prepared by a pharmacist. Ongoing education is provided to registered staff and medication competent carers who complete competencies annually, further education and resources are provided by the contracted pharmacist. Medications were observed to be stored safely and securely across the home. Medication regime reviews for individual residents are conducted by the pharmacist following requests from medical officers with reports provided to medical officers and the home. Evaluation of the medication management system is conducted through internal and external audits and observation of staff practices to ensure safe and correct administration. Medication incidents including non signings are documented and followed up by management. Residents and/or their representatives are satisfied with the management of medications at the home.

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

Pain assessments are conducted on entry to the home by registered staff in consultation with physiotherapists. Verbal and nonverbal pain assessments are conducted and previous history of pain is documented. Care plans are developed in consultation with residents/representatives, medical officers, allied health professionals and staff and are individualised to include location and intensity of pain and effective interventions. Care plan reviews conducted at regular intervals review pain and case conferences provide residents/representatives with a forum to discuss strategies implemented to keep the resident as free as possible for pain. Preventative and non pharmaceutical pain management strategies are used and include massage, heat and cold therapy and pressure area care. Regular and ‘as required’ (PRN) analgesia are provided as ordered by medical officers who

also review and evaluate the effectiveness of pain relieving medications. Residents are satisfied with current pain management strategies

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

The home has processes in place to provide appropriate care and comfort during end of life care. Residents’ end of life wishes are discussed with residents/representatives and documented in resident charts. An end of life pathway outlines the specific needs of residents during palliation. The home has established working relationships with local hospital based palliative care specialists who provide case management in consultation with medical officers, resident/representatives and staff. In addition the palliative care service supports residents through access to equipment, specialty knowledge and education. Staff receive education on end of life care and have access to appropriate equipment to ensure residents are comfortable.

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

On entry to the home, the dietary needs and preferences of residents are identified with ongoing review ensuring adequate nourishment and hydration. Care plans are developed, and they reflect individual likes and dislikes, allergies, medical dietary needs and care strategies. Individual strategies include special diets, thickened fluids and nutritional supplements. Modified cutlery is available for residents to support independence. Changing resident need is communicated to the kitchen through a diet profile which is used to develop drinks and meal lists to guide staff in the provision of meals. Resident weights are monitored monthly or more often if needed; registered nurses review residents who experience weight fluctuations in accordance with policy, with referral to medical officers, speech pathologist and dietician as required. Residents experiencing changes in weight are reported to the CC and DON and monitored through monthly reports. Residents and/or their representatives are satisfied that adequate of food and fluids are provided

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

Initial clinical assessments identify residents at risk of skin breakdown and immediate care requirements such as existing wound care. Care staff observe and report changes in skin care through monitoring tools and handover processes with redness, skin tears, rashes or bruising reviewed by the registered staff. Wound care is documented on individual treatment sheets and reviewed weekly by a designated wound care nurse in consultation with the CC. Referrals to medical officers are completed if needed and access to a specialist wound care

nurse is available. The incidence of skin tears, rashes and wounds are recorded and analysed for trends and evaluation of interventions by staff. Residents identified as at high risk of skin tears/condition are reviewed for hydration/nutritional deficits, manual handling requirement and pressure area care. Skin integrity is promoted through the use of pressure relieving devices, regular repositioning and the use of skin moisturisers during daily care. Residents and/or their representatives are satisfied with the skin care provided at the home

2.12 Contenance management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Assessments are undertaken to establish continence needs and plan interventions. Individualised care plans are developed and include strategies such as toileting programs, continence aides and the use of aperients. Ongoing assessments and monitoring tools identify changes in continence needs and individual requirements for aperients. Urinary tract infections are recorded and trended to establish patterns in occurrence and ensure effective and timely intervention. Specialised care needs including catheter care is provided by nursing staff and external specialist continence staff. Staff receive education on continence management and document relevant information to ensure ongoing care planning and management. Residents and/or their representatives are satisfied with the continence management provided by the home.

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

On entry, assessments identify actual or potential indicators for behaviours of concern. Further assessments are commenced after a settling-in period to aid identification of triggers and interventions to manage specific behaviours of concern. Consultation with residents/representatives, staff and the resident’s medical officer occurs to provide guidance care planning and care provision. Additional advice is available through specialist agencies, mental health teams and physiologists following referral. The home has reviewed the living environments of both the high care and low care secure dementia and semi-secure dementia areas. Relevant authority is attained for each type of restraint required by a resident. Staff assist residents to maintain their abilities/interests at levels reflecting their capacity and provide distraction and support during periods of anxiety or agitation. A designated leisure and lifestyle staff member conducts an activity program within the secure area and assists with diversion, exercise programs and care plan interventions. Interventions/interactions for individual residents are discussed at case conference with staff, medical officers and the resident and/or their representative. Residents and/or their representatives are satisfied with the management of behaviours of concern and the supportive nature of staff interventions.

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

The home maintains resident mobility at optimum levels through its system of assessment, care planning, review and intervention. Physiotherapy staff attend the home daily, consult with residents/representatives, and staff in the development of an individualised care plan. Rehabilitation and therapy programs are implemented by the physiotherapist who is supported by the leisure and lifestyle staff who conducts exercise and walking programs. Residents are reviewed post fall for correct manual handling techniques and interventions and preventative measures including sensor mats and environmental risks. Referral can be made to an external rehabilitation service for focused treatment. Ongoing review of incidents is used to identify trends, preventative strategies, changing health needs and referral opportunities. Residents are satisfied with the program and assistance they receive from staff.

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

The oral and dental needs and preferences of residents are identified through assessment and consultation on entry to the home. Information such as the presence of natural teeth, dentures and the condition of the resident's mouth are used in the development of care plans. Staff assist residents if needed during meal times and report any concerns or changes in eating patterns to registered nurses. Texture modified diets are available for those residents who experience difficulty chewing food. Allied health referrals are made by registered staff and residents are supported to access external dental care when required. Staff receive education on oral health and have access to a variety of products designed to maintain effective oral health. Residents are satisfied with the level of support provided to maintain oral hygiene and access to dental health services

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

Residents' sensory needs are assessed on entry to the home and as care needs change. A sensory profile is completed and used in the development of care plans. Residents are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the resident/representative and medical practitioner. A sensory program designed to stimulate the five senses and trigger pleasant memories is conducted in the secure dementia area and is incorporated into behaviour management care plans. Physiotherapy staff complete heat and cold assessments prior to implementing heat or cold therapy. Residents and/or their representatives are satisfied with the assistance provided by staff to identify and manage residents' sensory needs.

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 develops care plans designed to support residents to achieve natural sleep and rest patterns. Care plans are developed using focused assessment that document previous sleep patterns and settling routines. Monitoring tools identify residents’ sleep patterns and capture those residents experiencing sleep difficulties. Residents experiencing difficulty achieving natural sleep are reassessed. Strategies to assist sleep include environmental changes, low lighting, referral to medical officers and pharmaceutical interventions. Residents who do not wish to be disturbed during nightly security checks have a risk assessment conducted and are reviewed for the appropriateness of the intervention. Staff support natural sleep patterns through reduced noise level and closing curtains/doors. Residents and/or their representatives are satisfied residents are supported to achieve natural sleep.

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

Refer to expected outcome 1.1 Continuous improvement, for information about the organisation’s approach to continuous improvement.

Examples of improvements under this Standard include, but are not limited to the following:

- The home has obtained the use of a purpose built bus with wheel chair access. In addition, time has been allocated to the roster for a staff member to drive the bus. Management reported this has improved resident access to the community and provided additional support for residents to participate in activities away from the home.
- A snacks and drinks vending machine was installed in the hostel section of the home. Management reports this has improved resident choice and their access to convenient snacks and drinks other than those provided by the home.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems used to identify and ensure compliance.

With respect to this Standard, management has systems in place to ensure that residents are offered an agreement, residents have security of tenure and residents or their representatives are informed about the Charter of Residents’ Rights and Responsibilities.

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

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development processes. Recent examples of education/training provided in this Standard include but are not limited to the following: elder abuse and aged care and counselling.

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

The home ensures that each resident is supported in adjusting to their new environment. Prospective residents are interviewed prior to entry as required with clinical staff liaising with representatives and hospital staff to facilitate a smooth transmission. Leisure and lifestyle staff and registered staff liaise with residents and representatives on entry to identify emotional needs through assessment and case conferencing. Information about the home is supplied to residents through resident orientation and a resident handbook detailing the home's processes and key personnel available to them including ministers and advocates. Support is based on individual need, with one-on-one sessions implemented for residents who do not want to attend group activities. Residents report satisfaction in adjusting to the home's environment.

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

Assessment and care plan processes identify resident's individual needs and guide staff in the delivery of care. Residents are supported to develop and maintenance friendships both within and outside the home and residents have access to transport services to attend outside clubs and groups. Internal and externally based volunteers visit and spend one-on-one time with residents. Independence is promoted through flexibility in routine and the time required to complete activities of daily living. Residents are provided with assistive equipment and intervention by allied health staff to support independence while ongoing assessments document the level of support needed. A 'friendship' bracelet program can be used to allow resident the independence to access the community while providing the home's contact details in the event of an emergency. Community visitors are encouraged and the home has provided areas for visits separate from communal living areas. Residents are satisfied with the level of support and encouragement received to maintain independence.

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

The home's expectations for maintaining privacy, dignity and confidentiality are communicated to staff and reinforced through the staff handbook and during observation and supervision of staff practice. Staff obtain consent for entry to residents' rooms; close doors or draw curtains when residents are being attended to; have knowledge of individual resident's preferences, and interact with residents in a respectful manner. The home has processes to ensure the confidentiality of information. Assessment processes capture residents' care, lifestyle, cultural and spiritual beliefs and preferences on relocation to the home. Shift handover and group discussion are conducted in designated areas, management monitor

compliance through observation of practices, audits and satisfaction surveys. Residents and/or their representatives are satisfied that residents' privacy is respected and confidentiality and dignity is maintained.

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 leisure and lifestyle program at the home supports and encourages residents to participate in a wide range of activities and interests. Information is collected regarding details of current interests, social interest and activities and incorporated into individual care plans which include cognitive ability, mobility, sensory, spiritual and communication needs. Resident input is collected through meetings, informal feedback, comments and complaints and satisfaction surveys. The activity program is conducted in all areas of the home allowing residents to attend a variety of events and activities. Monthly newsletters provide information about activity programs and events and are available to residents and representatives. Internal and external volunteers are utilised to enhance the lifestyle program, in particular, providing one on one time with residents whose preference may not be to participate in-group activities. Leisure and lifestyle staff are members of professional bodies and local forums designed to share knowledge and skills in the development of an effective activity program. Activities are evaluated through review of attendance, annual review of each activity and feedback gathered from residents. Residents and/or their representatives are satisfied with the activity program and the support provided to residents to participate in activities of interest.

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 receive care that is specific to their individual interests, customs, beliefs and cultural background. On entry to the home registered staff and leisure and lifestyle staff gather information used to develop an individual care plan. The home is regularly visited by representatives from a various denominations with daily services held for all residents who are interested. Residents who are unable to attend services are visited in their rooms and spiritual support is available for palliative residents as needed. Culturally and socially specific events are celebrated based on the resident mix and residents' representatives are encouraged to attend. Residents are satisfied they receive care that is supportive of their spiritual and cultural needs.

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 are encouraged and supported to make decisions about care and routines. Information is provided to residents/representatives on entry outlining their rights. Input and feedback is sought from residents/representatives through resident interviews, case conferences, and one on one discussion with key personnel and care staff. Authorised decision makers are identified and a copy of the enduring power of attorney document is stored in the resident's file. Audits and satisfaction surveys are utilised to collect resident feedback and identify improvement opportunities. A compliment and complaints system is in place to provide residents and their families with further opportunities for input and feedback into the home's arrangements. Staff provide opportunities for choice and utilise strategies to incorporate choice into residents' daily routines. Residents are satisfied that they are able to exercise choice in care and service provision.

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/representatives are provided with an information pack which includes residents' rights and responsibility, services available, financial information and security of tenure. An agreement is signed following a meeting with a member of management who explains each section of the agreement and is available to answer questions. The agreement includes a copy of fees, information about external complaints mechanisms and resident rights and responsibilities; it also includes a cooling off period. Room changes are conducted after consultation with residents/representatives and only after receiving consent. Community based information sessions are held to provide information on aged care, dementia and financial requirements for entry into residential aged care. Ongoing information is provided at resident meetings and through notice boards and case conferencing. Residents and/or their representatives are satisfied there is security of tenure within 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

Refer to expected outcome 1.1 Continuous improvement, for information about the organisation’s approach to continuous improvement.

Examples of improvements under this Standard include, but are not limited to the following:

- Outdoor living areas have been improved. In the area outside Wattle unit, a concrete pad was installed, with a shade sail and seating bench to allow residents to take advantage of bush views. In addition, it was identified that concrete surfaces were starting to erode due to high pressure cleaning. To address this, exposed concrete patio areas and pathways were coated with a non-slip material. Management reported this material is more aesthetically pleasing, more durable and easier to clean.
- Reviews undertaken following resident feedback about catering services led to the provision of new dining tables, changes to the provision of table condiments, uniform cutlery and changes to staff practices to reduce noise during meal service. In addition, additional staff were appointed to manage catering services, the menu was reviewed to improve meal variety and new equipment was provided. Management reported these changes had improved residents’ dining experience.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems used to identify and ensure compliance.

With respect to this Standard, management has systems in place to ensure the home meets building certification requirements, the home’s food safety program is certified, and there are safe systems of work and emergency 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

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development processes. Recent examples of education/training provided in this Standard include but are not limited to the following: infection control, food

handling, manual handling, emergency response, role of the fire warden, risk management and chemicals.

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

Residents and/or their representatives are satisfied with the living environment. The home's clinical assessment process identifies residents' needs and preferences. Additional environmental security is provided for residents at risk from wandering behaviours. Residents are encouraged to improve their comfort with their own furniture and decorations. Incidents such as falls and skin tears are documented and reviewed by nursing staff. The home has effective processes for the identification and control of hazards. The safety of the living environment is monitored and action is taken when issues or risks are identified. The home has an effective maintenance program.

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

Management is actively working to provide staff with a safe working environment. Management uses a consultative approach with staff through a safety committee to ensure hazards are managed and incidents are reported and reviewed. Staff receive training in key aspects of work health and safety including manual handling, infection control and the management of hazardous substances. Staff have access to the home's safety policies and safety data sheets are available wherever hazardous goods are stored. Staff have access to and use appropriate personal protective equipment. Staff incidents are reported, documented and reviewed. The safety of the working environment is monitored through the audit program.

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

Management have established systems to manage fire, security and emergency risks. Fire detection and alarm systems plus associated equipment such as fire fighting equipment, hydrants, fire doors and emergency lighting are regularly inspected. There is a process to report system and equipment defects and ensure they are addressed. Key staff are trained in emergency coordination and general staff are trained in fire safety and evacuation procedures at orientation and then annually. Staff have access to emergency procedures, evacuation plans and resident evacuation lists. Fire practice drills are conducted to test systems and staff knowledge. Staff are aware of their responsibilities in an emergency and/or

evacuation. Management has established procedures/practices to minimise security risks and has consulted with local government to develop emergency response procedures.

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's infection control program is effective. The program, managed by senior clinical managers includes staff training, infection surveillance, outbreak management and practices designed to minimise risk of cross infection. Residents with symptoms of infection are referred to their medical officers for review and treatment; the effectiveness of treatments is monitored. Infection data is collated monthly and this data is used to monitor the effectiveness of the program and identify infection control issues. The home has outbreak management procedures and when required these are promptly implemented to minimise the number of people affected by the outbreak. Programs such as food safety, vaccination, waste management and pest management plus cleaning and laundry procedures contribute to the effectiveness of the home's infection control program.

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

Residents and representatives are generally satisfied with catering services and are satisfied with cleaning and laundry services. Residents' dietary needs and preferences are identified through clinical assessments and this information is accurately communicated to catering staff. The home's rotational menu offers choice and a copy is on display in each dining area. Residents have input into the development of the menu and it was reviewed by a dietician. Laundry services are provided at the on site laundry. There is a process to attach permanent labels to residents' clothing to minimise lost or missing clothing. Following laundering, clothing is returned to residents' rooms. The home's cleaning service covers bedrooms, bathrooms and communal areas plus outdoor areas and equipment. The home was clean and free from clutter. Staff providing catering, cleaning and laundry services were satisfied with the working environment.