



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Nangarin Lodge Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Nangarin Lodge Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Nangarin Lodge Hostel is three years until 7 November 2013.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details					
Details of the home					
Home's name:		Nangarin Lodge Hostel			
RACS ID:		5196			
Number of beds:		33	Number of high care residents:		4
Special needs group catered for:			Dementia and related disorders		
Street/PO Box:		26 Redmonds Road			
City:	WOOMBYE	State:	QLD	Postcode:	4559
Phone:		07 5442 1570		Facsimile:	07 5442 2296
Email address:		tracyh@woombyecare.org.au			
Approved provider					
Approved provider:		Woombye C.A.R.E. Inc			
Assessment team					
Team leader:		Stewart Brumm			
Team member/s:		Glenda Cherry			
Date/s of audit:		17 August 2010 to 18 August 2010			

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Nangarin Lodge Hostel
RACS ID	5196

Executive summary

This is the report of a site audit of Nangarin Lodge Hostel 5196 26 Redmonds Road WOOMBYE QLD from 17 August 2010 to 18 August 2010 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 Nangarin Lodge Hostel.

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 17 August 2010 to 18 August 2010.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two 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:	Stewart Brumm
Team member/s:	Glenda Cherry

Approved provider details

Approved provider:	Woombye C.A.R.E. Inc
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Details of home

Name of home:	Nangarin Lodge Hostel
RACS ID:	5196

Total number of allocated places:	35
Number of residents during site audit:	33
Number of high care residents during site audit:	4
Special needs catered for:	Dementia and related disorders

Street/PO Box:	26 Redmonds Road	State:	QLD
City/Town:	WOOMBYE	Postcode:	4559
Phone number:	07 5442 1570	Facsimile:	07 5442 2296
E-mail address:	tracyh@woombyecare.org.au		

Assessment team's recommendation regarding accreditation

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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
Director of care services	1	Residents/representatives	12
Registered nurse	1	Endorsed enrolled nurse	2
Care staff	2	Deputy director of care services/workplace health and safety officer	1
Catering staff	1	Maintenance staff	1
Quality coordinator	1	Diversional therapist/personal carer	1
Dental technician (consultant)	1		

Sampled documents

	Number		Number
Residents' files	9	Medication charts	20

Other documents reviewed

The team also reviewed:

- Action plans
- Active/passive exercise assessment documentation
- Activity attendance records
- Audit report
- Audit schedule 2010
- Care plan – monthly review listing
- Checklist for induction of new staff
- Checklist for wheelie walkers
- Cleaning checklists
- Cleaning duties list
- Communication book/diary
- Complaints form
- Complaints register
- Daily bowel chart listing
- Daily cleaning schedules
- Daily record sheet
- Dietary profile
- Diversional therapy report for July 2010
- Documents control register
- Emails
- Enduring Power of Attorney documentation
- Family conference questionnaire form
- Fire systems maintenance records
- Fire training records
- Food business inspection reports
- Food safety plan
- Grounds and maintenance checklist
- Guidelines for carers regarding 'as required' (PRN) medications
- Hazardous chemical register
- Hazardous report and evaluation
- Incoming goods log
- Infection control manual
- Information handbook for new staff
- Interim assessment and care plan documentation
- ITMS activity reports (fire systems)
- Maintenance communication book
- Maintenance, service and supply agreements
- Management manuals
- Material safety data sheets
- Medication administration consent form
- Medication refrigerator temperature monitoring record
- Meeting minutes
- Meeting minutes
- Monthly cleaning schedule
- Monthly infection data report (January 2010 to July 2010)
- Monthly summary of accident/incident reports (January to July 2010)
- Nebuliser procedure and check list documentation

- Occupiers statement
- Palliative care manual containing resource materials
- Participation lifestyle program chart
- Pharmacy medication review report dated June 2010
- Police check list
- Policies and procedures
- Referral and appointment records
- Register of Dangerous Drugs
- Resident and visitors sign in/out registers
- Resident entertainment information (July 2010 to December 2010)
- Resident monthly totals of incident, injury, illness occurrences
- Resident newsletter
- Resident welcome handbook
- Residential agreement documentation
- Residents' information package
- Restraint consent/waiver documentation
- Risk assessment analysis form
- Schedule for meetings July 2010 – June 2011
- Service agreement folder
- Special diet requirements
- Staff telephone listing
- Suggestion form
- Suggestion register
- Summer menu
- Systems condition report
- Vital call register
- Weekly cleaning schedule
- Wound care management folder containing monitoring charts, dressing guide and treatment records

Observations

The team observed the following:

- Activities in progress
- Advocacy, complaints investigation scheme and other information brochures and posters on display including Charter of Residents' Rights and Responsibilities
- Clinical and personal care equipment, supplies, resource material and texts
- Dressing trolley
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Medication administration and storage facilities
- Midday meal service
- Mission and values statement on display
- Morning and afternoon tea
- Notice boards for staff
- Outbreak kit
- Personal protective equipment in use and supplies
- Sharps containers
- Spill kit
- Staff room
- Storage facilities for resident and staff personal information
- Treatment room
- White board in carers/medication room detailing residents care needs

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 recommendation

Does comply

Nangarin Lodge Hostel (the home) identifies opportunities for continuous improvement using suggestion forms, surveys, audits, resident and staff meetings, comments/complaints mechanisms and one on one discussion with management/key personnel. Monitoring of improvements is achieved through action plans, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes in a timely manner.

Examples of continuous improvement include:

- Following a review of the homes systems and process by an external consultant, it was identified that information could be recorded and displayed in a more efficient manner. The home has amended the presentation of action plans and reports to include presenting the information in a landscape format. Management of the home reported that this has improved the use and management of information.
- The home has reviewed the resident billing at the home and has upgraded the computer program for resident billing. Management reported that this has resulted in an improved format for the presentation of information to residents and families, and reported they have received positive feedback from families on the new format.

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 recommendation

Does comply

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard One, through the intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised policies, protocols and/or guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices. Processes are in place to monitor staff’s awareness and compliance with relevant legislation and these include: performance appraisals, competency assessments, and education. Management monitor relevant staff and volunteers’ police checks and registrations. There is a system in place to ensure residents and their representatives are informed of accreditation audits.

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 recommendation

Does comply

The home provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, and organisational needs. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time. Key personnel maintain records and use a journal to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

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 recommendation

Does comply

Residents/representatives, staff and other stakeholders have access to internal and external complaint mechanisms. Forms are available, the Director of Care Services has an open door policy and staff are trained to complete forms on behalf of residents where necessary. Issues and complaints raised through a range of forums including the comments and complaints system, meetings and verbal discussions are responded to in a timely manner and may, if appropriate, be discussed at resident and staff meetings. Residents and staff indicate they are familiar with the home's compliments and complaints system and they are satisfied that management deal with issues in a timely manner.

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 recommendation

Does comply

The home has documented its commitment to quality throughout the service and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents including the resident handbook and displayed throughout the home.

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 recommendation

Does comply

There are processes for the recruitment and selection of appropriately qualified and skilled staff. Staff roles are outlined in position descriptions; orientation processes ensure a shared understanding of the home's philosophy and vision, residents' rights and responsibilities and other relevant policies and procedures. Staffing levels and skills mix are monitored using, but not restricted to, information from residents, staff and key personnel feedback and the monitoring of residents' care needs. A base roster is maintained with flexibility to increase hours as required. Planned and unplanned leave is covered by internal staff. Staff performance is monitored and there are performance appraisals. Performance management and mandatory training requirements ensure consistency in the quality of service provision and these are undertaken as per the home's procedures. Residents/representatives are satisfied with the ability of staff to provide appropriate care and services in a timely manner.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management, maintenance and workplace health and safety personnel ensure that equipment is suitable for its intended use. Minimum stock levels are maintained across all areas of the home in consideration of variations in staff and residents' requirements. A preventive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and management have procedures/authority to repair equipment and goods as necessary and have access to emergency contacts for urgent and after hours repairs. Residents and staff have access to a consistent supply of stock and suitable equipment to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes to manage information effectively and ensure its security and confidentiality. Computer based information facilitates resident care provision, and aids reporting requirements and supports service provision. Access to residents' and staff files is restricted and they are stored in a secure area; archived material can be retrieved readily and back-up systems are in place for computer records. Handover processes communicate residents' care information to nursing staff and all staff groups are kept informed with one-to-one directions, communication books, meetings, memos, meeting minutes, electronic mail and notice boards. Residents have meetings, noticeboards and other correspondence to

keep them informed. Resident and staff feedback indicates communication of information is timely and effective.

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 recommendation

Does comply

The home has a list of selected external providers with service agreements to ensure their compliance with the home's quality, workplace health and safety and legislated requirements. Arrangements are in place to ensure alternative and after hour's availability as needed. The maintenance staff monitor the activities of external providers; a register of scheduled servicing is used to track and ensure requirements are being met as planned. Service agreements are reviewed as required with input from relevant stakeholders. A list of external providers is accessible to staff who can obtain authority to contact these providers when issues occur. Resident and staff feedback identified external services are maintained to ensure a standard that meets their needs.

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 recommendation

Does comply

The home identifies opportunities for continuous improvement using suggestion forms, surveys, audits, resident and staff meetings, comments/complaints mechanisms and one on one discussion with management/key personnel. Monitoring of improvements is achieved through action plans, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes in a timely manner.

Examples of continuous improvement include:

- Following a review of the medication system, it was identified that the communication of medication changes to staff could be enhanced. A system of alert tags has been implemented to aid in the quick identification of residents whose medications have been altered. Management reported that this has improved the medication management system.
- A review of resident access to fluids was undertaken and a water cooler purchased for the home. The installation of this water cooler has provided residents access to cold drinking water when not in their rooms.
- Refurbishment of the home has resulted in an increased size of the nurses' station and adjacent resource/equipment workroom. As a result, all medications (including dangerous drugs) are now securely stored in this area. Registered staff confirm this has resulted in easy accessibility to medications plus a more secured dedicated double-lock cupboard for the storage of dangerous drugs and drug imprest supply.

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 recommendation

Does comply

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Two, through the intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised policies, protocols and/or guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices. Systems are in place to monitor and ensure compliance with relevant regulatory

requirements; nursing services are provided as per the *Quality of Care Principles 1997* and medications are administered according to relevant 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 recommendation

Does comply

The home provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, and organisational needs. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time. Key personnel maintain records and use a journal to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles

2.4 Clinical care

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

Team’s recommendation

Does comply

The clinical needs and personal preferences of residents are collected upon admission, in consultation with residents and their families/representatives. This information is used by a registered nurse (RN) in developing an interim care plan to guide staff whilst assessments are conducted to enable an individualised care plan to be implemented. Three monthly reviews are conducted by the RN, or sooner when/if changes are identified. Referrals to medical officers and allied health specialists are managed by an RN and doctors’ notes, progress notes and care plans reflect current strategies. Communication books, verbal handover discussions, checklists and whiteboards are mechanisms in place to inform staff of residents’ current status. The RN provides clinical supervision/guidance to care staff and monitors/reviews implemented strategies to evaluate effectiveness. Analysis of clinical indicators to identify trends and/or educational requirements occurs monthly. Residents/representatives are satisfied with cares provided and the timeliness of management and staff in responding to needs.

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 recommendation

Does comply

The registered nurse ensures resident’s identified specialised nursing requirements are appropriately met through referrals to medical officers and specialists. There are monitoring processes in place to ensure care is maintained. If complex and specialised nursing needs are required, RN’s refer to appropriately qualified specialists to provide care, for example complex wound and palliative care. Care staff receive appropriate education/training to

support specialists' requirements; monitoring of practises is conducted by the RN. When resident's acuity levels escalate beyond care able to be provided by the home, transfer to hospital and/or a nursing home occurs. Residents with specialised care needs are satisfied with the care and management provided at the home.

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 recommendation

Does comply

Processes are in place for a registered nurse to arrange referrals to appropriate health specialists in accordance with the identified care needs and preferences of residents. When a need is identified for referral to a specialist, consultation with the resident and their nominated representative is undertaken regarding alternative treatment therapies to ensure that informed decisions are made; transportation arrangements are implemented if/when required. The home has mechanisms in place to ensure that planned referrals are documented and residents' needs and preferences are communicated to the health specialists and back to the home. Current strategies and interventions are communicated to care staff through care plan updates, progress notes, communication books and handover discussions. Residents/representatives are satisfied referral to appropriate and preferred specialists occur as per needs.

2.7 Medication management

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

Team's recommendation

Does comply

A registered nurse manages the process of ensuring that medication orders prescribed by medical officers' are faxed to and dispensed by pharmacy and delivered to the home. Medications are stored in accordance with safe practices and processes are in place to ensure currency/disposal of outdated products and continuation of required supplies. Competency assessed care staff refer to medical officer specific guidelines prior to use of 'as required' (PRN) medications, and refer to a RN/medical officer if not effective. Medical officers are contacted if regular ongoing use of PRN occurs and/or effectiveness is not achieved. Medication management processes are monitored through auditing and analysis of medication related incidents and observation of practises. A medication committee meet to review the management of residents' medication and conduct analysis of pharmacy related incidents. Residents are satisfied with the way medications are managed and that their medications are provided in a correct and timely manner.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s recommendation

Does comply

The pain management needs of residents are identified during initial and ongoing care plan review. As changes in health status occurs; the RN consults with medical officers regarding appropriate and effective management of resident’s pain. The requirements and effects of non-pharmacological methods of pain relief (for example massage and emotional support) are discussed during shift handovers and regular evaluation of pharmacological methods occur. Individual responses to pain management strategies are monitored by care staff and overseen by registered nurses through verbal communication and progress notes. Residents are satisfied with the cares provided by staff in assisting them to manage pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s recommendation

Does comply

Residents and their representatives are advised of the care and services able to be provided at the home prior to and upon admission. Copies of information such as enduring power of attorney are securely located in residents’ records and available for staff referral. Care plans are developed in consultation with residents’ family members and representatives and form part of the resident’s pain management interventions. Staff have knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. Access to external palliative care services and or hospital services is available when required and transfer to an alternative nursing home and/or hospital occurs when the acuity needs of residents is beyond care available at the home. Residents/representatives are satisfied with the support received by staff at the home and arrangements in place should residents’ needs escalate.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s recommendation

Does comply

Information regarding specific dietary requirements, food allergies and preferences is collected upon entry and used to create a care plan for staff reference. Dietary requirements are reviewed three monthly (or as changes occur), consultation with a medical officer and/or speech pathologist occurs when required and registered staff communicate dietary changes to hospitality staff in a timely manner. Methods to promote independence are implemented, regular drink rounds ensure residents’ hydration needs are met. Encouragement of fluids is discussed at handover and staff encourage residents to maintain hydration requirements when attending to their cares. Weight is monitored and managed by the registered nurse and textured modified fluids and foods provided. Residents/representatives are satisfied with the manner in which the home ensures nutritional and hydration needs are met.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s recommendation

Does comply

Assessment tools are used to determine residents’ skin integrity status and changes are communicated to staff through care plans, progress notes, communication books and handover processes. Management monitors/reviews incident/accident forms and subsequent strategies and/or equipment is implemented when needs are identified. Wound management documentation contains details of required interventions and specialists are referred to when/if complex wounds require care. Residents have access to podiatry and hairdressing services; staff apply emollient when attending to hygiene cares and hydration needs are monitored. Residents/representatives are satisfied that staff effectively maintain residents’ skin integrity.

2.12 Contenance management

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

Team’s recommendation

Does comply

The assessed continence management needs of individuals are reviewed on a regular basis. The registered nurse manages and monitors the continence regime of each resident to determine appropriateness in meeting their needs and ordering processes are in place to ensure adequacy of stocks and equipment. Bowel charts are implemented when a need is identified and referral to a medical officer occurs when required; orders are in place regarding the use of aperients and staff review and evaluate effectiveness. Care plans record strategies including assisting residents to toilet regularly and upon request, the type of continence aids used, dietary and fluid requirements and processes are in place to ensure that residents comfortable and dignity is maintained. Staff receive training and demonstrate knowledge of residents’ requirements; residents confirm that staff provide them with assistance when required and support them to maintain their continence.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s recommendation

Does comply

Identified behavioural needs of residents’ are assessed on entry to the home and reviewed by the registered nurse three monthly or when changes occur. Care plans detail strategies to be implemented, for example preferred activities and individual interests for diversion. Identified issues are discussed during handover processes, reported in progress notes and communication diaries and staff have knowledge of strategies to be implemented and the use of techniques such as one-on-one time and diversional activities. The reporting process regarding incidents/accidents, agitated/wandering behaviour is monitored and specialised care including mental health specialists are contacted when needs are identified. Residents/representatives are satisfied with the processes in place to manage residents’ needs.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Processes are in place to ensure that resident's level of mobility and dexterity is promoted, mechanisms in place to capture and identify changes in residents' needs include incident/accident/falls reporting procedure, environmental audits, shift handover discussion, feedback from staff and input from allied health professionals. Residents' needs are communicated to relevant health professionals, such as physiotherapists and subsequent strategies and interventions are communicated to care staff through care plan updates, progress notes and mobility instructions. Exercises are encouraged by care staff while assisting residents with daily cares and staff assist residents with walking activities via one-on-one communication sessions. Residents are satisfied they are supported to ensure their levels of mobility and dexterity is optimised and staff provide support.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents and their family/representatives are consulted regarding preferences and individual choice is respected. The RN facilitates access to health providers such as dental technicians and speech pathologists on a needs basis; details are communicated to staff through care plans, progress notes, communication books and handover processes. Residents are assisted (if they request) to manage their dental and oral hygiene care; service providers visit the home and if required transportation arrangements are made to attend appointments and staff accompany residents if requested. Residents/representatives are satisfied with the assistance provided in regard to oral and dental care.

2.16 Sensory loss

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

Team's recommendation

Does comply

Appropriate referrals are made for residents to access medical and allied health professionals such as optometrists and hearing specialists and a system is in place to ensure implementation of individual care interventions and follow up appointments. Staff have the knowledge to assist residents to utilise and maintain sensory aids and this information is conveyed via individual care plans, progress notes, communication books and handover processes. Staff facilitate access to hearing, speech pathology and optical services in response to individual residents identified needs. The diversional therapy program includes activities to stimulate resident's senses such as craft, music and tactile stimulation. Residents confirm staff are aware of their individual sensory needs and provide support with their aids as required.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s recommendation

Does comply

Residents sleep patterns and preferences are identified on entry to the home through assessment and observation and care plans detail current strategies to guide staff practice. Residents reside in single rooms, lights are dimmed, curtains drawn, ventilation and fans are in place, a lock-down procedure occurs at night and noise is kept to a minimum to promote a restful sleeping environment. Staff provide interventions such as warm drinks and snacks, pharmacological and non-pharmacological methods of pain relief, emotional support or assist with toileting/showering to promote residents achieving nature sleep patterns. Residents are supported to awaken when they choose and are encouraged and supported by staff to obtain rest throughout the day. Residents are satisfied with the assistance they receive to promote 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 recommendation

Does comply

The Home identifies opportunities for continuous improvement using suggestion forms, surveys, audits, resident and staff meetings, comments/complaints mechanisms and one on one discussion with management/key personnel. Monitoring of improvements is achieved through action plans, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes in a timely manner.

Examples of continuous improvement include:

- The home has reviewed the information available in an emergency when on an outing. To improve resident safety on outings a new folder has been created with a copy of a resident health profile for all residents. The management informed the team that this has improved safety and access to information when on resident outings.
- The home has purchased a new stereo system. This allows for background music to be played during meals and especially at the weekly happy hour. Residents commented on their enjoyment at attending happy hour.
- New dining tables have been purchased and the layout of the communal room as a result of this purchase enables residents to be seated together for meals and/or entertainment. Management report this has increased communication and discussions between residents.

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 recommendation

Does comply

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Three, through the intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised policies, protocols and/or guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices. Systems are in place to monitor and ensure compliance with relevant regulatory requirements, there is a process in place to manage the reporting of assaults to the police and Department of Health and Ageing in accordance with regulatory requirements.

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 recommendation

Does comply

The home provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, and organisational needs. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time. Key personnel maintain records and use a journal to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles

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 recommendation

Does comply

Residents and their family/representatives are welcomed to the home by management and staff who provide an orientation tour of the facility. The cultural/spiritual needs and personal lifestyle preferences of residents is collected upon admission, in consultation with residents and their families/representatives. This information is used in developing an individualised care plan to guide staff. Therapy and registered staff liaise to ensure that residents' emotional needs are identified and they (and their families) are provided with appropriate support throughout the initial period and ongoing when/if residents experience critical episodes. An information handbook containing relevant details is provided to all residents and regular one-on-one discussions with registered staff and therapy staff occurs. Invitations to attend activities, social events and outings is extended to assist residents in meeting others and familiarising themselves with the environment. Brochures and information regarding advocacy and community support groups is displayed. Residents are satisfied that management provide initial support in adjusting to life in a new environment and ongoing when required.

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 recommendation

Does comply

Information regarding residents' capacities, care requirements and interests are assessed upon admission and care plans developed to guide staff in ensuring individual needs are met. Staff support and promote residents independence through flexibility in care routines, allowing time, autonomy and equipment in completion of activities of daily living to enable residents to capably attend to their own needs. Residents are encouraged to maintain friendships within the community and develop new friendships and interests within the home.

Residents are satisfied they are provided with support and encouraged to maintain independence within their capabilities.

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 recommendation

Does comply

Residents inhabit individual en-suited rooms. Training and education is provided to staff regarding privacy and dignity when attending to residents' cares and discussing individual needs and requirements. Staff ensure privacy is maintained for residents by conducted discussions in subdued tones and private areas, by requesting permission when entering residents' rooms and address residents by their preferred name. Residents' records, personal and financial information is stored appropriately with restricted access to management and relevant personnel. Residents are satisfied with the manner in which staff treat them and confirm that their privacy and dignity is respected.

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 recommendation

Does comply

Staff obtain a profile regarding residents' past/present social interests and activities, capabilities, level of independence and mobility, spiritual, sensory and communication needs. This information is used to develop care plans which guide staff in ensuring individual needs are met and also in developing new group and one-on-one activities. Residents have input into the activities calendar through meeting forums, comments/complaints process and one-on-one discussions with staff; future entertainment plans are on display for resident comment/discussions. Surveys enable therapy staff to ensure that activities provided meet residents' preferences; one-on-one activities are provided to residents who are unable to or prefer not to participate in group activities. Staff and volunteers accompany residents on outings and provide company for reminiscing activities and emotional support. A copy of the current activity program is on display throughout the facility and staff remind/invite residents to activities each day. Residents are satisfied with the activities offered and the support provided by staff to enable them to participate.

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 recommendation

Does comply

Information regarding residents' beliefs, language, cultural and spiritual preferences is collected upon admission and used to develop care plans which guide staff in ensuring individual needs are met. Cultural, spiritual and significant special days are celebrated, catering appropriate to each activity is provided and families and friends are encouraged to attend and join in celebrations. Representatives from various denominations visit the home to conduct church services and provide individual spiritual care. Staff contact pastoral carers

when and if residents and/or families request support and guidance. Residents are encouraged and supported to participate in cultural and spiritual events and are satisfied their needs are appropriately met and valued.

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 recommendation

Does comply

The individual choices and decision making rights of residents is encouraged and supported by management and staff. Comments and complaints processes, meeting forums, one-one-one discussions with management and staff and active communication with families and representatives are mechanisms in place to ensure the home provides information to residents and representatives and they are afforded the right to make decision relating to their care and lifestyle. Residents have input into the menu, activity program, timeframe of activities of daily living and decisions regarding the choice of clinical care to be provided and are satisfied they are enabled to exercise choice in their care and lifestyle.

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 recommendation

Does comply

Residents' rights and responsibilities and security of tenure information is provided pre and upon admission. This information is detailed within the handbook, residential agreement and on display. The home is predominantly low-care and issues are discussed and explained to residents, their family and/or representatives prior to signing of the residential agreement regarding the cares provided by the home. Consultation takes place when residents acuity status alter resulting in the need for a change in level of care required and assistance is provided regarding entry into local nursing homes. Residents are satisfied they have secure tenure within the home, are aware of their rights and responsibilities and confirm they are confident to raise issues should they have any concerns with management.

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 recommendation

Does comply

The Home identifies opportunities for continuous improvement using suggestion forms, surveys, audits, resident and staff meetings, comments/complaints mechanisms and one on one discussion with management/key personnel. Monitoring of improvements is achieved through action plans, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes in a timely manner.

Examples of continuous improvement include:

- The home has recently completed a series of renovations and extensions. An additional four rooms have been constructed and general improvements made to the home, including the replacement of flooring within the secure accommodation, repainting of rooms, renovations to en-suites and an increased size of the nurses’ station and workroom. Residents and staff commented on the improvement to the home made through the recent works.
- The home has purchased an additional 22 hospital beds. Management reported that this provides for all residents to have height adjustable beds and staff improved work conditions for bed making.
- Hot water taps (eliminating the need to boil water) have been installed in the kitchenettes of the home. As a result, residents and staff are able to access water to make morning and afternoon tea with ease and in a less time consuming manner. Residents and staff confirm satisfaction with this outcome.
- A new key coded access system has been installed for entry into the nurses’ station and secure environment. Previously access was required via a ‘swipe card’ and staff report the new system has resulted in a more convenient manner of entry/exit.

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 recommendation

Does comply

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Four, through the intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised policies, protocols and/or guidelines.

Residents/representatives are kept informed of legislative changes via meetings and notices. Systems are in place to monitor and ensure compliance with relevant regulatory requirements. There is a system to ensure certification and other environmental requirements are met including a food safety plan that is in place.

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 recommendation

Does comply

The home provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, and organisational needs. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time. Key personnel maintain records and use a journal to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles

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 recommendation

Does comply

Residents/representatives expressed satisfaction with the living environment and indicated they felt safe and comfortable living at the home. Residents have single rooms with en-suites, residents are able to personalise their space. The home provides a variety of meeting areas available to residents and their families, with seating and amenities that are maintained via preventive/reactive maintenance and cleaning routines. Environmental audits, hazard and risk assessment processes are in place to identify potential risks and support decisions concerning the living environment. Security procedures including a keypad access system, staff lock up procedures, and nightly security patrols promote resident and staff safety.

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 recommendation

Does comply

The home has systems in place to orientate and train staff in workplace health and safety at induction and re-assess this on an ongoing basis. There are processes to assess the workplace using environmental and process audits. Hazard reporting and risk assessment processes generally guide appropriate actions, including management and evaluation of residents' and staff incidents/risks. Signage and information posters alert residents, visitors and staff to safety issues and the workplace health and safety officer monitors work practices

and provide support as required; staff are kept updated through staff meetings and mandatory training. Staff demonstrate effective knowledge and understanding of workplace health and safety obligations and use of incident reporting processes as required.

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 recommendation

Does comply

The home has processes in place to ensure management and staff are actively working to provide an environment and safe systems that minimise fire, security and other emergency risks. There are fire fighting and evacuation procedures in place; records of maintenance of fire equipment, fire safety inspections, certification inspection reports and education are available and current. There is a system to monitor staff attendance at training for fire and other emergencies, and equipment and procedures in place to respond to emergencies such as power failure, personal threat, chemical spills, and natural disasters. Staff are aware of security and other emergencies procedures as they relate to their position and have practiced the specific fire fighting procedures required to be implemented until support from emergency services arrives.

4.7 Infection control

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

Team's recommendation

Does comply

There is an established infection control program that is based on the reporting of all infections, gathering data on the nature of infections, data analysis, staff education in cross-infection minimisation practices and monitoring performance. Staff are provided with training in relation to infection control during their orientation and infection control resources and guidelines are available for staff referral. The infection surveillance monitoring system is used to track and assess all infections; infection data is discussed at staff meetings and actions/practices are implemented to address any trends. Management and staff demonstrate appropriate understanding of infection control practices; cleaning and temperature recording schedule are in place as is a food safety plan and outbreak management kit. The organisation's audit program is used to monitor and improve 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 recommendation

Does comply

Catering services are provided to meet residents' dietary needs and preferences. The four weekly cycle menu varies seasonally, and reflects changes made in response to resident feedback; a dietician ensures that the menu meets residents' nutritional requirements. Meal alternatives are available at residents' request or if changes to their health status require it; staff follow safe food handling practices throughout preparation and meal service. Routines and schedules are in place to guide cleaning of residents' rooms, common areas, high

surfaces, windows and external areas. Laundry services are provided to residents. Management monitor the effectiveness of services, and skills and knowledge of staff, using audits, competency assessments and observation of practice and provide support as required. Residents are satisfied with the hospitality services at the home.