Aged Care
Standards and Accreditation Agency Ltd

Decision not to revoke accreditation
Nerang Nursing Centre

Following a review audit the Aged Care Standards and Accreditation Agency Ltd has decided not to revoke the accreditation of Nerang Nursing Centre in accordance with the Accreditation Grant Principles 1999.

The home's period of accreditation remains unchanged and will expire on 10 December 2012.

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 review 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 review audit report; and
- information (if any) received from the Secretary of Department of Health and Ageing; and
- information (if any) received from the approved provider; and
- information (if any) from current or former residents (or their representatives); and
- any other relevant information; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards.

Home and approved provider details

Details of the home

Home's name:	Nerang Nursing Centre
RACS ID:	5222

Number of beds:	81	Number of high care residents:	53

Special needs group catered for:	Not applicable

Street/PO Box:	6 Mylor Street

City:	NERANG	State:	QLD	Postcode:	4211

Phone:	07 5578 4888	Facsimile:	07 5596 0923

Email address:	Sue.watson@clanwilliam.com.au

Approved provider

Approved provider:	Clanwilliam Pty Ltd

Assessment team

Team leader:	Mark Rankin
Team member/s:	Dee Kemsley
	Elizabeth White
Date/s of audit:	16 December 2010 to 22 December 2010

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations	Agency findings
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations	Agency findings
2.1 Continuous improvement	Does comply	Does comply
2.2 Regulatory compliance	Does comply	Does comply
2.3 Education and staff development	Does comply	Does comply
2.4 Clinical care	Does comply	Does comply
2.5 Specialised nursing care needs	Does comply	Does comply
2.6 Other health and related services	Does comply	Does comply
2.7 Medication management	Does comply	Does comply
2.8 Pain management	Does comply	Does comply
2.9 Palliative care	Does comply	Does comply
2.10 Nutrition and hydration	Does comply	Does comply
2.11 Skin care	Does comply	Does comply
2.12 Continence management	Does comply	Does comply
2.13 Behavioural management	Does comply	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply	Does comply
2.15 Oral and dental care	Does comply	Does comply
2.16 Sensory loss	Does comply	Does comply
2.17 Sleep	Does comply	Does comply

Executive summary of assessment team's report		Accreditation decision
Standard 3: Resident lifestyle		

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

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

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

REVIEW AUDIT REPORT
NOT TO REVOKE/TO VARY

Name of home	Nerang Nursing Centre
RACS ID	5222

Executive summary

This is the report of a review audit of Nerang Nursing Centre 5222, 6 Mylor Street NERANG, QLD 4211 from 16 December 2010 to 22 December 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 the audit of the home indicates that the home complies with:

44 expected outcomes

Assessment team's recommendation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd not revoke accreditation of Nerang Nursing Centre.

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 recommendation

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.

Review audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 16 December 2010 to 22 December 2010.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 3 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:	Mark Rankin
Team member/s:	Dee Kemsley
	Elizabeth White

Approved provider details

Approved provider:	Clanwilliam Pty Ltd

Details of home

Name of home:	Nerang Nursing Centre
RACS ID:	5222

Total number of allocated places:	81
Number of residents during review audit:	53
Number of high care residents during review audit:	53
Special needs catered for:	Not applicable

Street/PO Box:	6 Mylor Street	State:	QLD
City/Town:	NERANG	Postcode:	4211
Phone number:	07 5578 4888	Facsimile:	07 5596 0923
Email address:	Sue.watson@clanwilliam.com.au		

Assessment team's recommendation:
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd not revoke accreditation of Nerang Nursing Centre.

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 recommendation
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 3 days on-site and gathered information from the following:

Interviews

	Number		**Number**
Facility Manager	1	Residents/representatives	9
Registered nurses	3	Representatives	3
Clinical Services Manager	1	Area Manager	1
Diversional therapist	1	Hospitality Environmental Services Manager	1
Administration officer	1	Care staff	5
Cleaning staff	2	Endorsed Enrolled Nurse	1
Physiotherapist	1	Catering staff	3
Maintenance officer	1	Laundry staff	1

Sampled documents

	Number		**Number**
Residents' clinical files and care plans	12	Medication charts	22
Weight charts	46	Continence records	10

Other documents reviewed

The team also reviewed:

- Activity program
- Acute care needs/nursing care plan
- Additional pad usage
- Admission care pathway
- Allied health folders
- Appointment diaries
- Audits
- Behaviour evaluations
- Comments and complaints feedback form
- Complaints register
- Continuous quality improvement plan March-September 2010
- Controlled drug register
- Credentials list-mandatory education
- Credentials list-police checks
- Credentials report
- Defect reports
- Dietary details form
- Education folder Instructions for kitchen staff
- Education schedule
- Education/training-internal attendance records
- Emergency supply list (medications)
- Falls/safety assessment
- Fire manual
- Fire safety log books
- Fire safety work order tickets
- Fire systems and equipment annual condition report: July 2010
- Fire systems maintenance program 2010/2011
- Handover sheet
- Hazard register
- Hygiene record chart
- Incoming food safety checklist
- Infection control surveillance data analysis 2010
- Lifestyle information check list
- Mandatory education program
- Manual handling competency-nursing
- Manual of quality practice
- Material safety data sheets
- Meeting minutes
- Menu
- Multipurpose forms
- Organisational value statements
- Orientation program
- Palliative care plan
- Performance criteria handbooks
- Pharmacy order and change notification book
- Policies and procedures
- Position descriptions
- PRN medication signoff and evaluation
- Progress notes writing schedule
- Record of wound treatments
- Referral pastoral care information

- Register of hazardous chemicals
- Resident activity calendar
- Resident and relative handbook
- Resident care competencies for personal care workers
- Resident information handbook
- Resident newsletter
- Residential age care clinical resource manual
- Residents outings schedule
- Residents records of activities
- Restraint authorisations
- Restraint use audit=February 2010
- Risk assessments
- Rosters
- Shower list
- Staff handbook
- Suite of assessments
- Supplement listing
- Surveys
- Temperature logs-fridges, freezer, dishwasher
- Three monthly care plan review
- Wandering resident checklist
- Weight management audit- February 2010
- Workplace health and safety questionnaire
- Wound and skin management plan and evaluation

Observations

The team observed the following:

- Activities in progress
- Administration of medication
- Allied health specialist attending to resident care needs
- Board displaying the day, date, month, year, season and weather in communal area
- Brochures on display
- Call bell system
- Chemical spill kit
- Chemical storage
- Comments and complaints box
- Computerised clinical/information systems
- Equipment and supply storage areas
- Fire evacuation plan displayed
- Fire exits, paths of egress and assembly points
- Fire panel
- Fire safety equipment
- Gastro enteritis outbreak kits
- Hand washing facilities
- Interaction between staff and residents
- Internal and external living environment
- Keypad access to living environment
- Kitchen facilities
- Laundry practises
- Manual handling and mobility aids
- Personal protective equipment in use
- Resident activity room
- Resident meal service
- Secure storage of medications
- Staff notice board
- Staff practice and provision of care
- Staff room
- Storage of medications
- Waste disposal area
- White board with residents dietary needs displayed in kitchen

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

Nerang Nursing Centre (the home) has a continuous improvement system in place to identify, plan and implement improvement opportunities across the four Accreditation Standards. Improvement initiatives are identified through meetings, multipurpose forms, outcomes of audits, support contacts and direct feedback from residents and/or representatives and staff. Improvements are monitored and evaluated by the Facility Manager, assisted by corporate personnel, with results tabled at relevant meetings. Feedback mechanisms to residents, representatives and staff include meetings, the home's electronic database, memos, newsletters and noticeboards. Residents/representatives and staff are aware of ways to raise improvement requests and contribute to continuous improvement processes.

Examples of continuous improvement activities in Standard One include:

- In response to the fluctuating number of residents at the home, staff rosters were reviewed to allow flexibility with staffing hours, considering residents' changing care/service needs and management's fiscal responsibilities. Staff work routines were reviewed and amended as required to reflect roster changes; staff report that the amended routines are appropriate overall, residents reported satisfaction with care and service delivery at the home.

- Students assigned to the home for training purposes were arriving without identification badges; this caused some confusion to residents and to permanent staff. Management contacted the program coordinator, appropriate badges were available by March 2010 and the students are now easily identified by residents, relatives and staff.

- In response to an identified increase in resident falls and skin tears, the home's manual handling program was reviewed and updated to include falls prevention strategies. Selected staff members attended a 'train the trainer' program to ensure manual handling trainers were readily available to address identified needs. All staff are currently involved in retraining and assessment of their manual handling competencies to ensure compliance with required practice.

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 organisation's management has implemented systems to identify relevant legislative and regulatory requirements and systems to ensure compliance. Management are informed of relevant legislative/regulatory changes by external organisations, professional associations and government bodies, with requirements incorporated into the home's policies, procedures and practices. Staff are informed of relevant regulatory requirements through the home's documentation, by mandatory training and through the electronic database accessed by management, clinical and environmental services staff. Attendance at mandatory training is monitored and staff practices are supervised and audited to ensure compliance. The home has processes in place to ensure that relevant persons have a current police certificate, to notify residents and their representatives of accreditation audits and to monitor the qualifications of licensed staff.

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

Management ensure staff have appropriate knowledge and skills to perform their roles effectively. Position descriptions describe required qualifications, skills and experience, staff attendance at orientation, mandatory and specific role related education/training is monitored. The education program reflects identified training needs and regulatory requirements; staff have the opportunity to undertake a variety of internal and external training programs. Training needs are identified through performance appraisals, competency assessments, observation of practice, audits, incident reports and the changing needs of residents.

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

There are processes in place to ensure that residents/representatives are informed about internal and external complaints mechanisms that include the resident/relative handbook, residents' agreement and related brochures/ information displayed at the entrance to the home. Comments and complaints are received verbally or in writing via suggestion boxes available and accessible to residents, staff assist residents with written complaints if required. There is an organisational policy and procedure for complaints management, a register is in place to enable trending of issues and all complaints are managed by the Facility Manager. Residents' meetings are used as a forum for raising issues of concern and as a means of reinforcing the complaints mechanism to residents, as is the monthly newsletter of which residents/representatives receive an individual copy. Residents report

they are confident in the use of the internal system and that management attend to issues raised.

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 organisation has documented, published and displayed its vision, values, philosophy, care objectives and commitment to quality.

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

Policies and recruitment processes are in place to ensure that employed staff have appropriate skills and qualifications. New employees are screened for suitability using position descriptions, interview questions, reference checks and professional registration. Processes to monitor adequacy of staffing levels include the current needs of residents, staff/resident feedback, audits and analysis of resident incident data. A 'buddy' system is used to help orientate new employees and to ensure that staff are trained in specifics of their roles. Staff are flexible in meeting the homes needs including replacements for planned and unplanned leave. Registered staff are available at all times to support care and service delivery. Staff reported they have sufficient time to complete their allocated work; residents and representatives indicate satisfaction with the provision of care and services.

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 in place to ensure adequate supply, quality and availability of goods and equipment. Key personnel are responsible for the regular ordering of stock through preferred suppliers; established processes ensure goods are checked on delivery, returned if incorrect or unsatisfactory in quality and that stock items are regularly rotated. Supplies are appropriately and securely stored in designated areas throughout the home Assessment of residents' care and service needs is used to identify additional equipment needs; new equipment is trialled before purchase whenever possible, with staff education and risk assessments conducted as required. Residents and staff are satisfied with the response to maintenance requests and the availability of goods and 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

Management has implemented information management systems to support the delivery of care and services to residents. Assessments, care plans, lifestyle plans and dietary assessments are documented, reviewed regularly, securely stored, monitored for effectiveness and available to guide care and support staff. Other information systems such as the continuous improvement system, safety system, records of education, meeting minutes and the reporting of clinical data are in place and operating effectively. The home's electronic database is a key tool for information management, with access password protected and restricted appropriately. Staff report that information systems are effective, providing them with up to date and relevant information about residents' care and service needs. Residents are satisfied that the home's information processes including care plans, newsletters, resident meetings and individual contact with staff keep them informed about their care and about current and future events.

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

Residents and staff are satisfied with the quality of services provided by external service providers. These services are managed through individual service agreements monitored by the facility manager and appropriate corporate personnel. Agreements establish service specifications, delivery requirements and the home's expectations of external staff when visiting the home. All service providers must meet established key criteria as outlined in the written contracts such as relevant certificates/licences and are required to work within the home's workplace health and safety guidelines. The performance of external providers is reviewed regularly and action is taken to address service deficiencies

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 has a continuous improvement system in place to identify, plan and implement improvement opportunities across the four Accreditation Standards. Improvement initiatives are identified through meetings, multipurpose forms, outcomes of audits, support contacts and direct feedback from residents and/or representatives and staff. Improvements are monitored and evaluated by the Facility Manager, assisted by corporate personnel, with results tabled at relevant meetings. Feedback mechanisms to residents, representatives and staff include meetings, the home's electronic database, memos, newsletters and noticeboards. Residents and/or representatives and staff are aware of ways to raise improvement requests and contribute to continuous improvement processes.

Examples of continuous improvement activities in Standard Two include:

- In response to a request from the physiotherapist, the home purchased a transcutaneous electrical stimulation (TENS) machine in April 2010. Management and staff report that this has improved resident care, particularly in the area of pain management.

- Management and staff observed that regular resident movement in and out of the home had the potential to cause resident identification problems, particularly for new staff; in response all resident photographs were updated in the electronic data base and on resident medication charts. Staff report this action has improved resident safety, particularly in the administration of medications.

- Dietary folders on all food service trolleys were upgraded in June 2010 to provide enhanced information to catering and care staff relating to residents' food and fluid requirements. Staff reported satisfaction with this improvement.

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 organisation's management has implemented systems to identify relevant legislative and regulatory requirements and systems to ensure compliance. Management are informed of relevant legislative/regulatory changes by external organisations, professional associations and government bodies, with requirements incorporated into the home's policies, procedures and practices. Staff are informed of relevant regulatory requirements through the home's documentation, by mandatory training and through the electronic database accessed by management, clinical and environmental services staff. Attendance at mandatory training is monitored and staff practices are supervised and audited to ensure compliance. The home

has processes in place to ensure that 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

Management ensure staff have appropriate knowledge and skills to perform their roles effectively. Position descriptions describe required qualifications, skills and experience, staff attendance at orientation, mandatory and specific role related education/raining is monitored. The education program reflects identified training needs and regulatory requirements; staff have the opportunity to undertake a variety of internal and external training programs. Training needs are identified through performance appraisals, competency assessments, observation of practice, audits, incident reports and the changing needs of residents.

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

Team's recommendation
Does comply

The home has processes in place to assess residents' initial and ongoing clinical care needs and preferences. On entry to the home the residents' interim care plan is completed from information provided by the resident and/or representative, hospital discharge notes and medical referral notes. Comprehensive and focus assessments are then completed to form individualised care plans that direct staff's provision of care; summary care plans are made available in each wing's nurses station for ease of reference. Care plans are evaluated every three months, or as care needs change; all care staff contribute towards resident progress notes on an 'exceptional reporting' basis. Residents/representatives are enabled to input into the ongoing provision of their care during the three monthly care plan review process. Clinical care assessments, planning and monitoring data is recorded in resident clinical care records. Staff have an understanding of individual resident care needs and preferences; with staff indicating satisfaction with the communication processes utilised to inform them of resident clinical care needs and changes. Residents/representatives are satisfied that the clinical care they receive is appropriate to their needs and preferences.

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 needs and preferences of residents' requiring ongoing specialised nursing care are identified on entry to the home, or as care needs change; this information is included in the resident's individualised care plans to guide staff practises. Further focus assessments are initiated where a particular risk or need has been identified. Registered nurses are available on-site (or on call) 24 hours a day, seven days a week, to assess and oversee specific care requirements; which currently include diabetic management, oxygen and nebuliser therapy, catheter management, complex pain and complex wound management. Professional

development training, the use of external specialist services and clinical resource material are available to support staff to care for residents with specialised needs. Appropriate equipment and sufficient stock is available to enable residents' specialised nursing care needs to be met. Residents/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

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

Residents have access to a wide range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, dietetics, optometry, dental care, audiology and pathology. A written, telephone or fax referral mechanism is initiated by registered staff, after consultation with the residents' attending doctor, as a result of resident assessments, care staff observations, or a change in care needs. Health specialists regularly attend the home and staff coordinate external appointments when necessary. The outcome of referrals, including instructions for ongoing care, are documented and retained in residents' clinical records with changes incorporated into the residents' care plan as necessary. Residents/representatives are satisfied with choice and access to other health specialists.

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

Team's recommendation
Does comply

Registered nurses, endorsed enrolled nurses and competency assessed care staff administer residents' medications, with registered nurses being available 24 hours per day, seven days per week for administration of 'as required' (PRN) medication. Resident medications are supplied in a sachet system that is delivered to the home on a weekly basis. Medications are stored securely and medications such as eye drops are dated on opening. Registered staff generally have an awareness of procedural and legislative requirements relating to the administration and storage of medications and controlled drugs. Review of residents' medications is undertaken three monthly by the residents' attending medical practitioner; evaluation of the medication administration system is conducted through the monitoring of medication incidents, the auditing processes and annual medication competencies. Residents/representatives are satisfied that their medication is administered safely and correctly.

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

Team's recommendation
Does comply

Residents' pain management needs are identified and assessed on entry to the home, and on an ongoing basis as required. Verbal and non-verbal pain assessment occurs and interventions are recorded on the resident's care plan to guide staff's provision of care. Strategies to manage pain include the application of transcutaneous electrical nerve stimulation (TENS) machine, massage, the application of heat packs, exercises, regular

pressure area care and repositioning and as required analgesia. Pharmacological measures include regular prescribed oral narcotic analgesia, and topical slow-release narcotic patches. Effectiveness is assessed and monitored by nursing staff, with any changes being recorded in the residents' PRN medication charts and progress, and referred to the residents' attending doctor as required. Residents/representatives are satisfied that their pain is managed effectively and staff respond to requests for assistance if they experience 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

The home has processes in place to provide appropriate care and comfort for terminally ill residents. Resident's end of life wishes are discussed with the resident and/or representative on entry to the home, or as the residents' health status changes. Residents are supported to remain in the home during the palliative phase of care and family are enabled to stay with residents during this time if they so desire. Care needs are managed in consultation with residents/representatives, their medical practitioners, allied health specialists and pastoral care workers as are required. Specialised equipment is available for staff to assist residents to remain as free from pain as possible. Staff have an awareness of the care needs and measures required to provide comfort and dignity for terminally ill residents and support for their families.

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

Team's recommendation
Does comply

Residents' dietary requirements are identified and assessed on entry to the home including their personal likes and dislikes, and medical dietary needs. Care strategies required tosupport residents' nutrition and hydration needs are incorporated into their care plans and communicated to all staff, including kitchen staff. Care strategies include assistance with meals, regular beverage rounds, specialised crockery, thickened fluids and modified texture diets; with referral to medical practitioner, speech pathologists and dietitians as required. Residents are routinely weighed on admission and then monthly; variances in weights are monitored further by registered nurses and unintended weight loss is generally analysed for causative factors, with supplements and referral to a dietitian initiated as is required. Residents/representatives are satisfied with the meals and fluids provided by the home.

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

Team's recommendation
Does comply

Residents' skin integrity is assessed on admission and planned interventions are included in the resident's care plan to guide staff. The potential for compromised skin integrity is also assessed and preventative strategies are implemented as appropriate, which include

assistance with personal hygiene, the use of ph neutral soaps, regular pressure area care and repositioning, the use of aids/equipment such as specialised mattresses and continence aids, skin/limb protectors and the use of moisturising creams. Wounds and treatments are monitored via wound and skin management plans, with wound care provided by registered staff; specialist advice is available through referral to 'hospital in the home' wound care team. The incidence of injury/skin tears is captured and analysed for trends/triggers; interventions are implemented as appropriate. Staff receive education in manual handling at orientation and on an annual basis with the view to ensuring that residents' skin integrity is not compromised in any way. Residents/representatives' are satisfied that residents' skin condition is consistent with their general health.

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

Team's recommendation
Does comply

Residents' continence status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Residents' individual continence programs are developed and are detailed on care plans to guide the provision of care. A daily continence (including bowel) record is maintained for each resident which is monitored by registered staff, with management programs being put in place that include the addition of dietary fibre in the form of prunes and fruit juice at breakfast, fluids being encouraged, exercise and the administration of aperients as is required. Care plans record strategies to promote and manage resident's continence needs, including assistance with personal hygiene and provision of appropriate continence aids. The home has a continence link nurse who monitors initial and ongoing continence aid use for appropriateness, in conjunction with registered staff. Staff have an understanding of resident's individual toileting schedules and continence needs. Residents are satisfied with the level of assistance and aids provided to manage 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

The needs of residents with challenging behaviours are identified during the initial assessment phase and on an ongoing review basis. Behavioural assessments are conducted to identify the types of behaviours exhibited and effective management strategies; individualised care plans are then developed to guide and inform staff practises. Strategies implemented to manage challenging behaviour include one-on-one interaction, distraction, involvement in group activities, and medication review. Specialist advice is available to guide ongoing management of challenging behaviours through referral to Alzheimer's association and Older Persons Mental Health, as required. Staff have an understanding of managing residents with challenging behaviours and interact with residents in a manner that encouraged positive outcomes.

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

A physiotherapist conducts a detailed initial assessment in relation to each resident's specific mobility, transfer and therapy needs; a falls risk assessment is completed where indicated. Individualised care plans are developed which include manual handling instructions and these are evaluated for their effectiveness on a three monthly basis. Residents are assisted by the physiotherapist to trial and select mobility and dexterity aids appropriate to their needs. Residents and staff are instructed in the use of mobility and transfer aids and staff undergo training on an annual basis. Care staff initiate passive exercise programs with residents during their morning shower routine. Resident's at risk of falls are identified and falls are monitored, with actions being taken to improve outcomes for the individual residents. Residents/representatives are satisfied with the level of support and assistance provided to maintain optimum levels of mobility.

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

Team's recommendation
Does comply

Residents' oral and dental needs are identified on entry to the home through the completion of oral assessments, with the level of assistance required to maintain the residents oral and dental hygiene determined. Care plans include strategies to assist residents to maintain their oral and dental health and identify the presence of dentures or own teeth. Oral hygiene is provided as part of the resident's activities of daily living with care staff informing the registered nurses of any concerns, which initiates further referral as appropriate. Mouth swabs are available for residents as is necessary. A dental specialist will visit the home as is required and any external dental appointments are arranged and coordinated by the home, with suitable follow-up noted in resident's clinical records. Residents are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

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

Team's recommendation
Does comply

Residents' sensory needs are assessed on entry to the home or as care needs change; this information is included in the resident's care plan's to guide staffs' provision of care. The home has implemented strategies that include the provision of sensory/activity aids (large bingo cards, large screen televisions and large print books) and care staff provide assistance with activities of daily living. 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 doctor. Staff coordinate external appointments as required with any changes being incorporated into the residents' care plan as necessary. Residents are satisfied with the assistance provided by staff to identify and manage their sensory needs.

2.17   Sleep

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

Team's recommendation
Does comply

Each resident is assessed on entry to the home and information about their usual sleep patterns, settling routines and personal preferences are documented to form part of the individualised care plan. Night routines maintain an environment that is conducive to sleep and staff implement support and comfort measures such as a regular settling routine, supper, attending to toileting, and minimising noise. Pharmacological interventions are administered according to the residents' attending general practitioners' orders. Staff are aware of each resident's sleep and rest patterns and personal preferences/routines. Residents are able to sleep comfortably and are satisfied with the support provided by staff.

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 has a continuous improvement system in place to identify, plan and implement improvement opportunities across the four Accreditation Standards. Improvement initiatives are identified through meetings, multipurpose forms, outcomes of audits, support contacts and direct feedback from residents and/or representatives and staff. Improvements are monitored and evaluated by the Facility Manager, assisted by corporate personnel, with results tabled at relevant meetings. Feedback mechanisms to residents, representatives and staff include meetings, the home's electronic database, memos, newsletters and noticeboards. Residents and/or representatives and staff are aware of ways to raise improvement requests and contribute to continuous improvement processes.

Examples of continuous improvement activities in Standard Three include:

- In response to residents' requests additional outdoor/external activities have been included in the activity program; monthly picnics have been introduced and a volunteer or designated staff member accompanies male residents on outings to a local service club. Feedback from residents is positive.

- The diversional therapist introduced foot spas for residents in May 2010; residents report these provide comfort and increased contact with staff, the diversional therapist and care staff report that residents appear more relaxed after their foot spa.

- A form was implemented In October 2010 to improve communication between residents and the hairdresser; the form is used to confirm appointments and to outline what services the resident requires. Staff assist residents to complete the form as required, both residents and the hairdresser report satisfaction with this development.

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 organisation's management has implemented systems to identify relevant legislative and regulatory requirements and systems to ensure compliance. Management are informed of relevant legislative/regulatory changes by external organisations, professional associations and government bodies, with requirements incorporated into the home's policies, procedures and practices. Staff are informed of relevant regulatory requirements through the home's documentation, by mandatory training and through the electronic database accessed by management, clinical and environmental services staff. Attendance at mandatory training is monitored and staff practices are supervised and audited to ensure compliance. The home

has systems in place to manage the mandatory reporting of assaults and missing residents and to ensure residents' privacy and dignity and security of tenure.

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

Management ensure staff have appropriate knowledge and skills to perform their roles effectively. Position descriptions describe required qualifications, skills and experience, staff attendance at orientation, mandatory and specific role related education/raining is monitored. The education program reflects identified training needs and regulatory requirements; staff have the opportunity to undertake a variety of internal and external training programs. Training needs are identified through performance appraisals, competency assessments, observation of practice, audits, incident reports and the changing needs of residents.

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 are satisfied with support provided in adjusting to life in a new environment and ongoing when required. Residents are provided with an information handbook upon entry, which details the homes processes, and are welcomed via invitations to attend morning tea, activities and social events as a means to assist in meeting others and familiarising themselves with the environment. Therapy and registered staff liaise to identify and address residents' emotional needs and ensure they are provided with appropriate support initially, when critical episodes occur and ongoing when required. Individual one-on-one sessions are implemented for those who prefer not to engage in group social events. Brochures are on display regarding advocacy and community support groups at the entrance to the home.

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

Residents are satisfied they are provided with support and encouraged to maintain independent within their capabilities. Information regarding residents' capacities and interests are assessed upon admission and care plans developed to guide staff in ensuring individual needs are met. Staff (including therapy and care staff) support and promote residents' independence through flexibility in care routines, providing appropriately prepared meals, assistive cutlery; allowing autonomy and time to undertake activities of daily living and providing relevant equipment to enable them to do so. Residents are encouraged to maintain friendships and associations within the community, therapy staff and volunteers assist residents to attend individual and group outings and residents are encouraged and supported to participate in individual interests and develop friendships.

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 are satisfied with the manner in which staff treat them and confirm that their privacy and dignity is respected. Curtain devised areas within rooms provide privacy and ensure confidentiality is maintained when staff are attending to resident's cares; agreements of understanding are signed by staff upon commencement of employment. Staff are provided with education and training regarding maintaining privacy and dignity when attending to resident's care and ensuring privacy is maintained for residents by knocking and requesting permission to enter individual rooms. Staff refer to residents by their preferred names, conduct discussions and handover process in allocated areas and management ensure compliance through observation of practices, audits and satisfaction surveys. Residents' records, personal and financial information is stored appropriately with restricted access to management and relevant personnel.

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

Residents and representatives are satisfied with the activities program, confirm their choice whether to attend is respected and that staff support them to participate in activities of their choosing. Information is obtained from residents and their representatives regarding details of past/present social interests and activities, cognitive ability, level of independence and mobility, spiritual, sensory and communication needs and is used to develop care plans. Residents have input into the program through meeting forums, satisfaction surveys, informal feedback and the comments/complaints process and are provided with an individual copy of the monthly program; staff remind and invite residents to activities each day. Those who prefer not to, or are not able to, attend group activities are provided with one-on-one activities according to their capabilities and choice.

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

Residents are satisfied their spiritual and cultural needs are met and valued and confirm they are encouraged and supported to participate in spiritual activities of their choosing. Information regarding residents' beliefs, language, cultural and spiritual preferences is collected upon admission and used to develop care plans which guide staff. Representatives from various denominations visit the home on a monthly basis to conduct church services and prayer groups and provide individual spiritual care to those who prefer not to, or cannot attend group settings. A chaplain is available to provide additional support at the request of the residents and their representatives.

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

Residents are satisfied their individual choices and right in making decisions relating to their care and lifestyle is encouraged and supported by both management and staff. Mechanisms to do so include participating in discussions with management and staff, meeting forums, comments and complaints processes and participation in satisfaction surveys. Residents provide feedback regarding the menu, have input into the activity program and preferred times regarding activities of daily living and choice regarding clinical care is offered. Staff practice to ensure resident choice is respected is monitored for compliance by the Facility Manager.

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 and their representatives are satisfied that residents have secure tenure within the home, are aware of their rights and responsibilities and are confident management deal with any concerns to their satisfaction. Information regarding security of tenure is provided to residents upon admission in copies of information handbooks, residential care agreements and brochures, posters detailing rights and responsibilities are displayed in communal areas of the home. Consultation takes place when changes occur to fees/charges and if resident's acuity status alter resulting in the need for a change in room.

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 has a continuous improvement system in place to identify, plan and implement improvement opportunities across the four Accreditation Standards. Improvement initiatives are identified through meetings, multipurpose forms, outcomes of audits, support contacts and direct feedback from residents and/or representatives and staff. Improvements are monitored and evaluated by the Facility Manager, assisted by corporate personnel, with results tabled at relevant meetings. Feedback mechanisms to residents, representatives and staff include meetings, the home's electronic database, memos, newsletters and noticeboards. Residents and/or representatives and staff are aware of ways to raise improvement requests and contribute to continuous improvement processes.

Examples of continuous improvement activities in Standard Four include:

• Daily menu sheets have been laminated and located to provide easy access for residents to inform them of the meals to be served; residents report that the menus are easier to read in their current form.

• Following discussion during a support contact visit, an open storage area underneath the home has been cleared of as many items as possible; items no longer in use have been transferred to another organisational site. This has improved safety in regard to the risk of fire and of pest contamination; management reported they are monitoring the area to prevent reaccumulation of unused items.

• In response to resident and staff feedback a new meat supplier has been sourced to ensure that supplies consistently meet the home's quality requirements. Management is satisfied with the supplier's tender/response and a service contract was being finalised at the time of the team's visit.

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 organisation's management has implemented systems to identify relevant legislative and regulatory requirements and systems to ensure compliance. Management are informed of relevant legislative/regulatory changes by external organisations, professional associations and government bodies, with requirements incorporated into the home's policies, procedures and practices. Staff are informed of relevant regulatory requirements through the home's documentation, by mandatory training and through the electronic database accessed by management, clinical and environmental services staff. Attendance at mandatory training is monitored and staff practices are supervised and audited to ensure compliance. The home has systems in place to ensure compliance with relevant requirements such as building

certification, fire system and equipment inspections, a food safety program and the provision of a safe working environment.

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

Management ensure staff have appropriate knowledge and skills to perform their roles effectively. Position descriptions describe required qualifications, skills and experience, staff attendance at orientation, mandatory and specific role related education/raining is monitored. The education program reflects identified training needs and regulatory requirements; staff have the opportunity to undertake a variety of internal and external training programs. Training needs are identified through performance appraisals, competency assessments, observation of practice, audits, incident reports and the changing needs of residents.

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

 Management has established processes to assess residents' environmental needs, to monitor residents' safety, to monitor/manage incidents and to remove or control hazards. The majority of residents occupy/use shared rooms and bathrooms and are encouraged to bring their own items to help identify their personal space. Residents with specific needs such as those at the end of life are accommodated in the small number of single rooms. Residents have access to dining rooms, lounge areas, walking paths and outdoor areas. The home is secure and is maintained according to the preventative maintenance schedule or in response to maintenance requests from staff and/or residents.

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's management has implemented occupational health and safety processes that meet regulatory requirements. The safety system is managed by a workplace health and safety officer and includes staff education in occupational health and safety, the reporting, investigation and analysis of staff incidents, hazard management and ongoing safety/environmental audits. Incidents are monitored, incident data is reviewed and analysed, with results provided to/discussed with staff. Staff demonstrated appropriate understanding of the home's occupational health and safety processes and were observed carrying out their work in a safe manner.

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

Staff are provided with initial and ongoing instruction in fire safety and evacuation procedures and have access to relevant information including emergency procedures, resident evacuation lists, fire fighting equipment and evacuation plans. Staff demonstrated accurate knowledge of the home's fire and emergency procedures and their role in the event of an alarm and/or evacuation. The home's fire safety system and installations have been assessed and meet current building certification requirements. Records of inspection indicate that the fire detection and alarm system, fire exits, fire fighting equipment and emergency lighting are inspected and maintained regularly. Fire exits and pathways to exit were free from obstacles. Processes are in place to ensure resident and staff security is maintained and monitored.

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

Team's recommendation
Does comply   Does not comply

Policies and procedures are available to guide staff practice regarding infection control and the Facility Manager monitors the surveillance system, trends and analyses monthly results. Staff are provided with infection control education at orientation and are required to complete competencies and ongoing education thereafter; supervisors and manager observe staff practices and audits are conducted to monitor compliance. Colour coded equipment is used in the clinical, cleaning, laundry and catering areas to minimise risks of cross infection and temperature monitoring of food goods occurs upon delivery during preparation and prior to serving. Cleaning schedules and work instructions guide cleaning practices, a pest control program is maintained, hand washing facilities and sanitising lotion are located throughout the home. Outbreak management kits, spills kits, sharps containers and stocks of personal protection equipment is available, as is updated information of current outbreaks within the community. The home has a food safety program and a food safety supervisor.

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

The home prepares all meals on site. An initial assessment of resident's needs / preferences is used when serving and planning meals for residents. A change dietary form is used to modify resident's diets and communicated to the kitchen through the Registered Nurse. Resident's meal preferences are located in the servery area of the home to guide staff practice. A rotating menu is in use and is reviewed on a regular basis by a dietician. Resident feedback regarding meal satisfaction is sought at meal times and through resident meetings and surveys. Food safety processes such as food temperature recording have been established and are monitored with a food safety plan in place.
Cleaning staff are on an established roster each week with cleaning programs used to guide staff in relation to cleaning requirements. Colour-coded cleaning equipment is used and work

practices are designed to minimise infection control risks with chemical safety adhered to by staff.

All laundry is performed on site with input into the homes computer system to guide any changes in residents laundry needs. The separation of clean and dirty areas promotes infection control; duties lists are available to guide staff practice. Residents laundry is sorted and bagged from their rooms with name tags ensuring lost items are minimized. Privacy and dignity is ensured through the use of individual containers with residents/representatives expressing satisfaction with catering, cleaning and laundry services provided by the home.