Aged Care
Standards and Accreditation Agency Ltd

Parklands Retirement Haven
Approved provider: Torbay Retirement Villages Limited

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 7 October 2014. We made the decision on 18 August 2011.

The audit was conducted on 12 July 2011 to 13 July 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Parklands Retirement Haven
RACS ID:	5647

Number of beds:	48	Number of high care residents:	7

Special needs group catered for:	• Nil

Street/PO Box:	74-98 Emerald Park Way				
City:	Urangan	State:	QLD	Postcode:	4655
Phone:	07 4125 0800			Facsimile:	07 4125 0813
Email address:	Nil				

Approved provider

Approved provider:	Torbay Retirement Villages Limited

Assessment team

Team leader:	Richard Young
Team member/s:	Beverley Wellington
Date/s of audit:	12 July 2011 to 13 July 2011

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

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

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.	
Expected outcome	**Accreditation Agency decision**
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	
Expected outcome	**Accreditation Agency decision**
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met

Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Parklands Retirement Haven 5647

74-98 Emerald Park Way

Urangan QLD

Approved provider: Torbay Retirement Villages Limited

Executive summary

This is the report of a site audit of Parklands Retirement Haven 5647 from 12 July 2011 to 13 July 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 12 July 2011 to 13 July 2011

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

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

Assessment team

Team leader:	Richard Young
Team member/s:	Beverley Wellington

Approved provider details

Approved provider:	Torbay Retirement Villages Limited

Details of home

Name of home:	Parklands Retirement Haven
RACS ID:	5647

Total number of allocated places:	48
Number of residents during site audit:	20
Number of high care residents during site audit:	7
Special needs catered for:	Nil

Street/PO Box:	74-98 Emerald Park Way	State:	QLD
City/Town:	Urangan	Postcode:	4655
Phone number:	07 4125 0800	Facsimile:	07 4125 0813
E-mail address:	admin@torbay.org.au		

Audit trail

The assessment team spent 2 days on site and gathered information from the following:

Interviews

	Number		**Number**
Management Team	4	Residents/representatives	7
Enrolled Nurses	2	Volunteers	1
Care staff	2	Cleaning staff	1
House Keeper	1	Catering staff	2

Sampled documents

	Number		**Number**
Residents' files	5	Medication charts	19
Summary/quick reference care plans	10	Personnel files	6

Other documents reviewed

- Audit results
- Audit schedule: internal and external
- Communication diary
- Continuous improvement logs; Compliments/concern/complaint/suggestion forms
- Continuous improvement monthly action plans
- Continuous improvement program flow chart
- Continuous improvement reports
- Dietary preference list
- Education - clinical competencies
- Education - Orientation programs
- Education – self directed learning packages
- Education-training calendar 2010-2011
- Emergency procedure manual and emergency evacuation folder
- External contractor service agreements
- External Contractors and volunteers sign in book
- Food safety program
- Infection control policy
- Infection control statistics
- Kitchen temperature records for food and appliances
- Maintenance log book – routine
- Maintenance schedules – preventative program and service records
- Meeting minutes; managers meeting, residents and relatives meeting,
- Meeting schedule
- Monthly activity program
- Newsletter
- Occupational health and safety (OH&S): environmental audits, risk analysis assessments, return to work programs
- Police record checks
- Policy and procedures
- Preferred supplier list

- Quality indicators
- Register for reportable and non reportable assaults
- Residents' information handbook
- Staff performance appraisals
- Staff position descriptions and statement of duties
- Survey results
- Weight monitoring charts
- Wound monitoring charts
- Activities calendar
- Assessment charts
- Handover sheets
- Pharmacy online ordering process

Observations

The team observed the following:

- The team observed the following:
- Activities resources
- Aged Care complaints brochures on display
- Aged care complaints investigation scheme poster on noticeboard
- Charter of Residents' Rights and Responsibilities on display
- Chemical storage and cleaner's room
- Colour coded equipment for catering and cleaning staff
- Compliments, concerns, complaint forms accessible for stakeholders
- Equipment and supply storage areas
- Fire detection and fire fighting equipment, fire egress routes (clear of obstructions), fire panel, emergency procedures flipchart, evacuation plan, emergency list, fire safety statement
- First aid kit
- Gastroenteritis outbreak management resource
- Influenza information leaflets and notices on display
- Interactions between staff and residents
- Kitchen and food storage areas
- Living environment
- Material safety data sheets
- Medication round
- Menu for the day displayed
- Mission, vision, values on display
- Noticeboards: staff and residents
- Hervey Bay Council Food Safety Authority licence
- Nurse call system
- Outbreak management kit
- Personal protective equipment including gloves, gowns, masks, goggles
- Privacy statement displayed
- Suggestion box
- Activities in progress
- Equipment and supply storage areas
- Evacuation signage
- File and information storage areas
- Hand cleaning facilities
- Interactions between staff and residents
- Living environment
- Meal service

- Medical officers' clinic
- Medication administration
- Medication refrigerators
- Medication storage
- Mobility equipment
- Oxygen therapy in progress
- Personal protective equipment
- Policy and procedure manuals
- Pressure relieving devices
- Residents meal and diet lists
- Storage of medications
- Secure areas for residents
- Utility areas
- Wound management equipment

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's findings
The home meets this expected outcome

The home has systems in place to demonstrate that continuous improvement is actively pursued across the four Accreditation Standards. Since commencement of the service in November 2010 the organisation has continued to implement its quality improvement system which is monitored by the Quality Systems Coordinator. Information is obtained through continuous/confidential improvement logs, key performance indicators, results of audits and surveys, accident/incident reports, committee meetings and feedback from staff and residents. Key performance indicators are also monitored within the organisation. There is a process for the action and evaluation of feedback and issues which cannot be immediately dealt with are reviewed by the team and through relevant committee meetings. Action plans are developed to address identified deficiencies that require urgent attention. Feedback on improvement activities is provided to residents/representatives, staff and other stakeholders through meetings, notices, memoranda, personal contact and newsletters. Staff have opportunities to make suggestions for improvement.

Examples of continuous improvement activities related to Accreditation Standard One include:

- As the home commenced operation in November 2010 they have implemented a formal process of auditing and monitoring activities. This forms part of the ongoing review of systems following commencement of the new service.
- A computerised system of policies and protocols has been implemented. The system is accessible by all staff. All changes are made centrally by the management team and staff are notified via a circulation sheet which each staff member signs. The system has ensured all staff only refer to the most up to date polices and protocols.

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

Team's findings
The home meets this expected outcome

There are systems and procedures in place to enable the home to demonstrate that there is compliance with relevant legislations, regulatory requirements, professional standards and legislation. This includes membership of peak bodies, publications and circulars from Department of Health and Ageing and other government and non government agencies and the internet. Information is disseminated to staff through memoranda, staff orientation programs, meetings, notices, education sessions and resources. Staff are aware of regulatory requirements and/or professional guidelines relevant to their roles.

- The organisation maintains lists of staff, volunteers' and applicable contractors criminal history checks and informs the home when they are due for renewal.

1.3 Education and staff development

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

Team's findings
The home meets this expected outcome

The home has systems in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Systems include: recruitment and selection processes, staff orientation, competency assessments and education programs. Training needs are identified through: performance appraisals, accident/incidents reports, complaints, mandatory requirement, results of audits and staff requests. Training records are kept and include education across the four standards. Staff receive education at orientation and on an ongoing basis both internally and externally, which is relevant to their roles and responsibilities.
Education sessions and courses that relate to this Accreditation Standard and have been attended by management and staff include policies and procedures, Aged Care Funding Instrument (ACFI), elder abuse, code of conduct, comments and complaints. Other topics are provided for senior staff through seminars and workshops such as industry association conferences and the regional support programme.

1.4 Comments and complaints

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

Team's findings
The home meets this expected outcome

There are systems in place at the home to ensure that residents, their representatives and other interested parties have access to internal and external complaints mechanisms. Internal and external mechanisms include but are not limited to: the resident agreement, the resident handbook, brochures for the aged care complaints investigation scheme, residents meetings, continuous improvement logs for suggestions and concerns, confidential complaint forms, and discussions with management. Processes are in place for the management team to review the comments and complaints received and address the matters raised. This includes complaints being logged in a register and the number of complaints been monitored as part of the home's key performance indicator data.
Residents/representatives can express complaints to management or staff members and that the issues they have raised have been addressed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's values, mission and vision are documented in documents and displayed at locations throughout the home. Information is provided to staff, residents, external providers and suppliers through brochures, resident and staff handbooks, and at orientation and education sessions. A strategic plan has been developed along with the organisation business plan which has been implemented through the management team which disseminate this information, where necessary, throughout the organisation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure there are appropriately skilled and qualified staff sufficient to ensure that services to residents are delivered in accordance with the Accreditation Standards and the organisation's values and objectives. Human resource management is supported by the organisations policies and procedures, recruitment and selection, position descriptions outlining staff responsibilities and accountabilities, performance appraisal, education and competency assessments. On commencement of employment staff undertake orientation and buddy shifts. There is a master roster in place which is reviewed and evaluated on an ongoing basis. Staff feedback is considered when planning rosters.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. This includes but is not limited to: food, chemicals, furniture and linen. An assets register is maintained for the bigger items. Preventative and routine maintenance programs are in place to ensure equipment is safe for use. The home has continued access to the original builder regarding any immediate maintained needs. New equipment is trialled before purchase to ensure it is appropriate for the needs of the residents and staff have been educated in how to use the equipment. An impress system is in place for the ordering of medical supplies which is managed by the care manager.

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

Team's findings
The home meets this expected outcome

The home has implemented an information management system since commencement of operation in November 2010. The effectiveness of those systems remains under review. As a result of the ongoing review the management team have identified strategies to improve those systems. General information is disseminated through: staff and resident handbooks, memoranda and committee meetings, information provided prior to and on entry to the home, the resident agreement, education programs, noticeboards, staff handovers and care documentation, communication books and verbally. The organisation also provides information through an electronic information system which is password protected. The home has a system in place for the archiving of resident information as well as processes for the destruction of confidential information. Staff and residents/representatives are kept informed about matters relevant to them.

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

Team's findings
The home meets this expected outcome

The home has systems in place to ensure externally sourced services are provided in a way that meets the home's needs and quality goals. The home benefits from the regional support when agreeing to contracts with suppliers these include information on public liability insurance and licenses and the range of services they commit to providing for the home. The quality of work provided by the contractors is monitored through the management team, staff observation and feedback. Staff and residents/representatives are satisfied with the quality of the services provided by external services which attend the home.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's findings
The home meets this expected outcome

The home has systems in place to demonstrate that continuous improvement is actively pursued across the four Accreditation Standards. Since commencement of the service in November 2010 the organisation has continued to implement its quality improvement system which is monitored by the Quality Systems Coordinator. Information is obtained through continuous/confidential improvement logs, key performance indicators, results of audits and surveys, accident/incident reports, committee meetings and feedback from staff and residents. Key performance indicators are also monitored within the organisation. There is a process for the action and evaluation of feedback and issues which cannot be immediately dealt with are reviewed by the team and through relevant committee meetings. Action plans are developed to address identified deficiencies that require urgent attention. Feedback on improvement activities is provided to residents/representatives, staff and other stakeholders through meetings, notices, memoranda, personal contact and newsletters. Staff have opportunities to make suggestions for improvement.

Examples of continuous improvement activities related to Accreditation Standard Two include:

- Following input from staff regarding timely response to residents care needs walkie-talkies have been introduced. The effect is that staff are able to communicate through out the home when delivering care. The improvement in communication has positively impacted on the continence care of residents.
- The home has implemented a "paperless" system of care planning, monitoring and evaluation. Staff confirmed that the system enables the planned needs of residents to be identified and evaluated which are accessed by care staff through a lap top computer. This has improved the care information staff are able to access.

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

Team's findings
The home meets this expected outcome

There are systems and procedures in place to enable the home to demonstrate that there is compliance with relevant legislations, regulatory requirements, professional standards and legislation. This includes membership of peak bodies, publications and circulars from Department of Health and Ageing and other government and non government agencies and the internet. Information is disseminated to staff through memoranda, staff orientation programs, meetings, notices, education sessions and resources. Staff are aware of regulatory requirements and/or professional guidelines relevant to their roles.

- Authority to practice registrations for registered nurses and endorsed enrolled nurses are sighted and records maintained by the home.
- The care coordinator and team of registered nurses are responsible for the care planning and assessment processes and specialised nursing services implemented for all residents.
- The home ensures high care residents are provided with services, supplies and equipment as required under the Quality of Care Principles (1997).
- The home's storage of medication is in accordance with the relevant legislation including The Poisons and Therapeutic Drugs Act and Regulations.

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

Team's findings
The home meets this expected outcome

The home has systems in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Systems include: recruitment and selection processes, staff orientation, competency assessments and education programs. Training needs are identified through: performance appraisals, accident/incidents reports, complaints, mandatory requirement, results of audits and staff requests. Training records are kept and include education across the four standards. Staff receive education at orientation and on an ongoing basis both internally and externally, which is relevant to their roles and responsibilities. Education sessions and courses that relate to this Accreditation Standard that have been
attended by staff include pain management, wound care, hygiene, clinical care, documentation training, the medication system, mobility and dexterity, The effectiveness of education is measured through observation, audits, surveys and resident feedback. In addition, staff competency is assessed in various areas including medication administration and clinical skills.

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

Team's findings
The home meets this expected outcome

Residents are assessed by qualified nurses on admission using baseline health assessments and additional assessment tools, supplied by the home's electronic documentation system, as required. Interim care plans are developed on entry to the home with more comprehensive plans developed after the assessment process is complete. Care plans are developed to guide staff practice and are formulated in consultation with residents/representatives, care staff, allied health and the treating medical officer and are reviewed regularly. The home uses electronic processes to inform care staff of their duties each shift and these reflect changes in residents' care needs and preferences Staff are informed of amendments to care through hand over processes and one-to-one discussion and demonstrate knowledge of individualised resident's requirements that are consistent with documented plans of care. Residents/representatives are satisfied with the care that is provided.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Residents with specialised nursing care needs are identified through assessment processes in consultation with residents/representatives and the health care team and qualified nurses develop and review care plans three monthly or as residents' needs change. Complex and specialised nursing care is delivered by qualified nurses who demonstrate appropriate skills and who work within their scope of practice. Referrals to allied health professionals occur as necessary and changes are documented and communicated to relevant staff in a timely manner. Staff receive education and have access to resources and equipment to enable residents' specialised nursing care needs to be met. Residents/representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Residents have access to a range of allied health and specialist services including dietetics, speech pathology, podiatry, optometry, physiotherapy, audiology and psycho-geriatric services. Allied health professionals visit the home or alternatively residents are supported to independently access specialist treatment of their choice in the community as required. Referral to appropriate health specialists is as timely as possible and is initiated by the treating medical officer in consultation with the care staff and the residents and/or their representatives. Feedback from health specialists is documented in progress notes and care plans are revised to reflect changes. Resident/representative are satisfied with access to health specialists and other related services in accordance with their needs and preferences.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home utilises a multi-dose system for residents' medications. Qualified nurses oversee the medication management system and administer the medications and carers with specific training and testing in medication management assist the residents with their routine packed medications. Non packed medications are administered by qualified nurses. Medication charts are reviewed by the medical officer and pharmacist and includes information such as photographic identification, resident allergies and instructions for administration specific to the needs of the resident. 'As required' (PRN) medications are monitored for effectiveness and outcomes are documented in progress notes. Processes exist for ordering, delivery, monitoring and return of medication items, and the home has processes for management of medication incidents. Residents/representatives are satisfied with the management of medications and the assistance provided by staff.

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

Team's findings
The home meets this expected outcome

On admission each resident's history of pain is assessed by registered nurses and residents' experiencing acute or new episodes of pain are commenced on pain assessment and monitoring charts. Verbal and non-verbal pain assessment tools are available for staff to use as part of the electronic documentation system and interventions used to manage pain are recorded on the care plan. Strategies to manage pain involve a multidisciplinary approach and include pharmacological and non-pharmacological interventions such as massage, heat therapy, repositioning, exercise and distraction. Staff have access to information on the home's pain management approaches and demonstrate knowledge of specific pain management interventions for residents. Residents/representatives are satisfied that their pain is managed effectively and that staff are responsive to their changing needs.

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

Team's findings
The home meets this expected outcome

The terminal care needs and wishes of residents are identified on admission where possible and as residents' needs change. Copies of advanced health directives and enduring power of attorney documents are located within the residents' files for staff reference. The home has not been required to provide palliative care services since its opening; however systems are in place to provide these services. Residents' care plans are altered according to their needs and emotional support is provided to residents and their families by nursing staff and volunteers; alternative care options are discussed with the resident and their family as care needs increase; and staff have access to organisational and external resources when required and specialty equipment is available to ensure the comfort and dignity of residents.

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

Team's findings
The home meets this expected outcome

Residents' nutrition and hydration requirements are identified through the initial and ongoing assessment and review processes and care plans are developed to reflect residents' dietary needs and preferences. Residents' body weight is monitored and unplanned weight loss or gain is recorded with referrals made to the medical officer who identified the need for referral to the dietician and/or speech pathologist. Strategies recommended are implemented and include assistance with meals, provision of texture modified diets, dietary supplements and increased monitoring of food/fluid intake and weight. The menus utilised at the home are reviewed by the dietician, provide choice and variety and accommodate residents' needs and preferences. Staff ensure residents receive adequate nourishment and hydration, have an awareness of individual resident's needs and special preferences and provide appropriate diets and assistance. Residents/representatives are satisfied with the quantity and quality of food and fluid received.

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

Team's findings
The home meets this expected outcome

Qualified nurses identify the skin care needs of residents during assessment and reassessment processes and interventions used to maintain skin integrity are recorded in the care plan. Consultation occurs with residents/representatives and other health professionals and skin tears and wounds are documented on the wound management plan. Wound and skin care products are utilised and equipment such as pressure relieving mattresses, sheepskins, heel and limb protective devices are available to maintain, protect or improve residents' skin. Manual handling equipment is provided to support the safe transfer and mobility of residents and staff receive education in manual handling. The incidence of wounds is recorded and wound care is attended to by qualified nurses. Residents/representatives are satisfied with the care received in relation to skin integrity.

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

Team's findings
The home meets this expected outcome

The continence needs and preferences of residents are identified through assessment and reassessment processes using specific assessment tools that consider each resident's bowel and bladder patterns. Interventions are identified for residents and information is transferred to the care plan to guide staff practice. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded, implemented. Staff demonstrated an awareness of individual residents' specified requirements. Residents/representatives are satisfied that their continence needs are met.

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

Team's findings
The home meets this expected outcome

Residents identified with challenging behaviours are assessed on admission or when needs change and a plan of care is developed to effectively manage and provide care. Behaviour assessment tools are used to identify contributing factors to residents' behaviour patterns and techniques to manage behaviours. Evaluation of the effectiveness of management strategies is evaluated on an ongoing basis. Incidents of significance are reported to enable analysis, preventative action and referral. Staff are knowledgeable of interactions with residents with challenging behaviours that support their dignity and individuality.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has processes for assessing, planning, delivering and evaluating residents in relation to their mobility, dexterity and rehabilitation needs. Residents' mobility and falls risk is assessed by qualified nurses to maintain and/or enhance each resident's mobility and dexterity. Residents' mobility is monitored and resident falls are recorded as incidents and monitored. The home provides mobility aids and equipment to minimise the risk of resident falls and individual and group exercise programs are delivered by the care staff. Staff receive annual manual handling education to safely assist residents to mobilise and transfer using appropriate mobility aids as instructed. Residents are satisfied with the support provided by staff to achieve their optimal mobility and dexterity within and around the home.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The oral and dental care needs and preferences of residents are assessed on admission and when residents' needs change. Information detailing the daily care of teeth, mouth and dentures is documented in the care plan. Residents are assisted to maintain their oral and dental needs with referrals to external oral and dental care providers where possible. Staff have education in providing oral care for residents and have access to appropriate equipment and supplies for the management of residents' oral and dental care needs. Residents are satisfied with the assistance provided by staff in maintaining oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Information about each resident's sensory losses and the use of assistive devices is collected through initial and ongoing assessment processes and is incorporated into the resident's care plan. Staff assess residents to participate in programs and adapt activities to the needs of residents with sensory impairments utilising assistive devices and equipment such as large print books and sign boards. Staff demonstrate an awareness of these strategies and processes are in place to ensure the correct use and maintenance of sensory aids. Residents with sensory loss are satisfied with the assistance and support they receive from staff to maintain their optimal sensory function.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Information about residents' usual sleep patterns, settling routines and personal preferences are collected through initial and ongoing assessment and review processes. Strategies to promote adequate sleep and rest are developed in consultation with residents and consider their normal sleep patterns. Sleep monitoring charts are available for use for residents identified as having disturbed sleep patterns and referral to medical practitioners occurs for residents identified with sleep disturbances. Staff facilitate individual resting routines and flexible settling/rising times. Residents are satisfied with the home's approach to maintaining their natural sleep and rest patterns and with the assistance received from staff during times of sleep disturbances.

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

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

Team's findings
The home meets this expected outcome

The home has systems in place to demonstrate that continuous improvement is actively pursued across the four Accreditation Standards. Since commencement of the service in November 2010 the organisation has continued to implement its quality improvement system which is monitored by the Quality Systems Coordinator. Information is obtained through continuous/confidential improvement logs, key performance indicators, results of audits and surveys, accident/incident reports, committee meetings and feedback from staff and residents. Key performance indicators are also monitored within the organisation. There is a process for the action and evaluation of feedback and issues which cannot be immediately dealt with are reviewed by the team and through relevant committee meetings. Action plans are developed to address identified deficiencies that require urgent attention. Feedback on improvement activities is provided to residents/representatives, staff and other stakeholders through meetings, notices, memoranda, personal contact and newsletters. Staff have opportunities to make suggestions for improvement.

Examples of continuous improvement activities related to Accreditation Standard Three include:

- The residents and staff identified that it was difficult to provide hot water to the coffee shop. The shop is popular with residents and visitors normalising the home's environment for residents. A hot water urn has been purchased which is used by the volunteers in the provision hot drinks to residents and visitors. Volunteers and residents confirmed the increased use of the area because of the availability of hot drinks.
- Volunteers who support the home's activity program requested additional recourses to enhance the opportunities for residents to pursue their interests. As a result the home has purchased a computer program which enables production of posters, cards and other notices. There has been additional musical and film titles added to the existing library. Residents confirmed that the addition resources particularly the music discs are well used.

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

Team's findings
The home meets this expected outcome

There are systems and procedures in place to enable the home to demonstrate that there is compliance with relevant legislations, regulatory requirements, professional standards and legislation. This includes membership of peak bodies, publications and circulars from Department of Health and Ageing and other government and non government agencies and the internet. Information is disseminated to staff through memoranda, staff orientation

programs, meetings, notices, education sessions and resources. Staff are aware of regulatory requirements and/or professional guidelines relevant to their roles.

- All residents are issued with a residency agreement on admission which incorporates clauses required by law such as a 14 day cooling off period, reference to the User Rights Principles (1997) and the provision of specified care and services. The resident agreement is regularly reviewed to ensure that legislative requirements are met.

- As required by privacy laws the home provides a secure computer network for the storage of residents information, which is password protected.

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

Team's findings
The home meets this expected outcome

The home has systems in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Systems include: recruitment and selection processes, staff orientation, competency assessments and education programs. Training needs are identified through: performance appraisals, accident/incidents reports, complaints, mandatory requirement, results of audits and staff requests. Training records are kept and include education across the four standards. Staff receive education at orientation and on an ongoing basis both internally and externally, which is relevant to their roles and responsibilities. Education sessions attended by staff that relate to this standard include but are not limited to elder abuse, residents' choice and decision making, independence, confidentiality, privacy and dignity.

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

Team's findings
The home meets this expected outcome

Processes are in place to identify residents' emotional support needs on entry to the home and on an ongoing basis. Prior to admission residents and their families where possible are provided with a tour of the home and given opportunity to have their enquiries addressed. On entry residents are given a handbook, orientated to the environment, services, staff and other residents. Regular review processes identify changes or concerns experienced by residents, strategies used to support residents are discussed and family care consultations occur and are documented in progress notes. Management, staff, and volunteers provide social and emotional support to residents. Residents with the emotional support provided on entry and on an ongoing basis to enable them to adjust to life within 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 findings
The home meets this expected outcome

The home has systems in place to support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' preferences are assessed on entry to the home and are documented on care plans. Residents requiring alternative decision makers have relevant information documented and those with special needs are provided with appropriate equipment and support by staff to promote independence. Staff assist residents to pursue activities of preference, encourage residents to maintain friendships within the home and wider community and are aware of individual resident's preferences and limitations. Residents with the assistance they receive in maintaining personal independence.

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

Team's findings
The home meets this expected outcome

The home has processes in place to recognise and respect each resident's right to privacy, dignity and confidentiality. Residents are provided with information about their rights on admission and strategies are implemented to ensure that residents' privacy and dignity are maintained during all aspects of resident care. Staff receive information relating to confidentiality and respect for residents at orientation, through meetings, handbooks and education sessions and systems are in place to identify and monitor staff practices. Residents' personal information is stored securely. Staff demonstrate strategies to maintain residents' privacy and dignity and interact with residents respectfully.
Residents/representatives staff are courteous, respect their privacy and treat them with dignity when caring for them.

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

Team's findings
The home meets this expected outcome

Residents' past and current interests, social history, likes and dislikes, beliefs, customs, abilities are identified on entry to the home and documented in the social needs care plan. The activities program is developed by the home's manager and incorporates the activities provided by the organisation for residents of the other aged care home within the group and activities and interests identified by residents and staff. Residents are provided with the organisation's activities calendar and a local activities calendar. Volunteers and care staff assist residents with the activities and residents are assisted and encouraged to attend. Residents/representatives with the leisure and activity program offered by the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' specific interests, preferences, cultural and spiritual needs are identified on entry to the home and information is documented on the admission data base, the social history form and on the care plan. Provision is made for the celebration of significant cultural and religious days and residents' food requirements are maintained with the assistance of family. Christian church services are provided on an organisational level and residents are able to attend. Staff support residents to meet their spiritual and cultural requests and residents are satisfied with the home's approach to their individual interests, beliefs and backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Individual care and lifestyle preferences are identified through assessment and review processes and information regarding residents' alternative decision-makers is documented and accessed if required. Residents receive information about internal and external complaints mechanisms, advocacy services and their rights and are enabled to participate in decisions and exercise choices through direct discussions, satisfaction surveys, resident meetings and the comments/complaints process. Staff interactions with residents support residents' choice and decision making in the planning and provision of care. Residents are able to exercise choice and are satisfied with their involvement in decision making.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents/representatives are supplied with written and verbal information regarding service provision prior to entering the home. The documents provided contain information about security of tenure, internal and external complaint mechanisms, orientation processes as well as information regarding each resident's rights and responsibilities. Management ensures that all parties understand the terms of the agreement and prospective residents/representatives are encouraged to seek independent advice on the terms of the agreement prior to accepting the contract. The organisation ensures there is current information about specified care and service obligations, accommodation fees and charges. Ongoing information is provided through letters, newsletters and discussions at resident meetings. Residents/representatives feel secure in their tenure and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's findings
The home meets this expected outcome

The home has systems in place to demonstrate that continuous improvement is actively pursued across the four Accreditation Standards. Since commencement of the service in November 2010 the organisation has continued to implement its quality improvement system which is monitored by the Quality Systems Coordinator. Information is obtained through continuous/confidential improvement logs, key performance indicators, results of audits and surveys, accident/incident reports, committee meetings and feedback from staff and residents. Key performance indicators are also monitored within the organisation. There is a process for the action and evaluation of feedback and issues which cannot be immediately dealt with are reviewed by the team and through relevant committee meetings. Action plans are developed to address identified deficiencies that require urgent attention. Feedback on improvement activities is provided to residents/representatives, staff and other stakeholders through meetings, notices, memoranda, personal contact and newsletters. Staff have opportunities to make suggestions for improvement.
Examples of continuous improvement activities related to Accreditation Standard Four include:

- Following feedback from staff a new laundry transport trolley has been purchased. The trolley reduces the amount of staff handling and enabled the appropriate storage of residents laundry.
- Staff identified the risk of residents leaving the iron switched on when using the residents laundry facilities. The home was committed to ongoing support of residents independence. and did not wish to take or restrict the access to the facilities. It was agreed as a risk reduction strategy that a timer push button would be fitted to the iron. This has been fitted.

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

Team's findings
The home meets this expected outcome

There are systems and procedures in place to enable the home to demonstrate that there is compliance with relevant legislations, regulatory requirements, professional standards and legislation. This includes membership of peak bodies, publications and
circulars from Department of Health and Ageing and other government and non government agencies and the internet. Information is disseminated to staff through memoranda, staff orientation programs, meetings, notices, education sessions and resources. Staff are aware of regulatory requirements and/or professional guidelines relevant to their roles.
Example of responsiveness to legislative requirements relevant to Accreditation Standard Four include:

- The home has met the legislative requirements in relation to the catering services. A local council audit has been completed and the home has a food license on display.
- Fire safety checking records are maintained by the fire service which visits the home and are stored in the fire panel.
- The home has an outbreak kit and a mandatory reporting mechanism is in place with Queensland Health for the notification of any outbreaks.

4.3   Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Systems include: recruitment and selection processes, staff orientation, competency assessments and education programs. Training needs are identified through: performance appraisals, accident/incidents reports, complaints, mandatory requirement, results of audits and staff requests. Training records are kept and include education across the four standards. Staff receive education at orientation and on an ongoing basis both internally and externally, which is relevant to their roles and responsibilities.

Education sessions and activities that relate to this standard include, but are not limited to, manual handling (theory and practical), infection control (including outbreak management), fire safety training (theory and practical), occupational health and safety (including manual handling, risk assessment and management, living environment, chemical safety.

4.4   Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with the residents' care needs. Residents requiring high and low care are accommodated over two levels all bedrooms have ensuites. Residents have opportunities to personalise their rooms and are advised prior to admission regarding their personal preferences regarding furnishings. Nurse call bells are installed in residents' rooms and their ensuite bathrooms. Residents have access to recreational activities rooms, lounge or sitting areas, and a hairdressing salon. Corridors are equipped with handrails. Specialised equipment is available including pressure reducing mattresses in all bedrooms. External gardens and courtyards are newly formed and fully maintained. The home provides a secure living environment, residents / representatives are allocated a key pad code for access to the home. The living environment is generally free of clutter. Ducted air conditioning units supply the communal and resident's rooms, residents are able to individually set the temperature to their own comfort level. There are preventative and maintenance programs in place and regular environmental inspections are under taken. Residents/representatives are satisfied with the living environment provided.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

The home has systems and processes that actively support the provision of a safe working environment that meets regulatory requirements. Occupational Health and Safety (OHS) is a standard agenda item at all meetings. An OHS committee meets regularly and reviews information from accident/incident reporting, hazard reporting, risk assessment, staff observations, maintenance logs, audits and survey results.
Chemicals are stored and material safety data sheets and personal protective equipment are available at point of use. The staff orientation program includes manual handling, fire safety and infection control and ongoing education and regular updates are provided. Staff have knowledge and understanding of OHS issues
and responsibilities, and the team observed safe practices in operation.

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

Team's findings
The home meets this expected outcome

The home has systems in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. Systems to support this include: mandatory fire safety and evacuation training for all staff carried out ten times a year, audits, fire and smoke detection systems and, main fire panels identify the location of any problems. Servicing and checking of fire equipment by an approved external provider occurs and emergency flip charts on fire and other emergency procedures are accessible to staff. The home's access to the building is keypad controlled. External lighting provides security for staff and residents after dark. Contractors, visitors and residents are required to sign in and out when attending the home. Emergency management procedures detail contingency plans should an emergency such as failure of utilities occur.

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

Team's findings
The home meets this expected outcome

The home has an effective infection control program in place. The system includes the completion of audits, monitoring infection rates, pest control, cleaning, maintenance, food safety programs, linen handling procedures, disposal of waste and use of spills kits. Staff receive training at orientation and annually, this includes competency assessment. Hand washing facilities are in place throughout the home. An outbreak kit for use in the event of influenza and gastroenteritis outbreaks is available and includes guidelines and appropriate signage; adequate and necessary equipment is available to manage an infectious outbreak. A vaccination program is available for residents and staff. There is a program for appropriate stock rotation of food in the kitchen and temperature checks occur in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. The laundry is divided into areas to promote work flows to minimise cross infection. All

laundry is processed off site. The home has sharps containers and facilities for managing clinical and general waste. Staff have knowledge of the systems of infection control practices relevant to their area.

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

Team's findings
The home meets this expected outcome

The home has in place systems, processes and safe work practices to ensure that hospitality services are provided to enhance residents' quality of life and staff working environments. The home receives " cook-chill" services form a central kitchen. The menu offers choices over a four week cycle. The menu offers a dietary balanced diet to residents. The catering services provide for residents' needs and preferences, for example residents are given a choice of what is on the day's tea time menu, religious and cultural requirements are respected and a range of diets provided for. Assistance is given to those who require it. Cleaning services are outlined within the cleaning manual and work schedules. The home is newly built and presents a clean and fresh appearance with no obvious unpleasant odour. Cleaning equipment is colour coded, personal protective equipment is available and staff have received training in manual handling and infection control. The home provides additional cleaning procedures to be undertaken in the event of an infectious outbreak. Linen services are provided by external provider with designated clean and dirty areas with separate entrances. Procedures are in place for the handling of all laundry including personal items and contaminated linen. Residents and representatives are very satisfied with the provision of hospitality services.