



Aged Care
Standards and Accreditation Agency Ltd

Pinaroo Roma Inc

RACS ID 5068
50-56 Bowen Street
ROMA QLD 4455

Approved provider: Pinaroo Roma Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards. This home remains accredited until 01 February 2014.

We made our decision on 08 May 2013.

The audit was conducted on 16 April 2013 to 23 April 2013. The assessment team's report is attached.

The period of accreditation will allow the home the opportunity to demonstrate that the recent improvements in care standards are sustainable, and will mean that the home is subject to another full audit in a relatively short period of time.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Pinaroo Roma Inc 5068

Approved provider: Pinaroo Roma Inc

Introduction

This is the report of a review audit from 16 April 2013 to 23 April 2013 submitted to the Accreditation Agency.

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

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

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

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to make any changes to its accreditation period.

Assessment Team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by Accreditation Agency conducted the review audit from 16 April 2013 to 23 April 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Gayle Wain
Team members:	Glenda Cherry
	Lynette Harding

Approved provider details

Approved provider:	Pinaroo Roma Inc
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Details of home

Name of home:	Pinaroo Roma Inc
RACS ID:	5068

Total number of allocated places:	50
Number of residents during audit:	50
Number of high care residents during audit:	28
Special needs catered for:	Dementia and other related disorders

Street/PO Box:	50-56 Bowen Street	State:	QLD
City/Town:	ROMA	Postcode:	4455
Phone number:	07 4622 1061	Facsimile:	07 4622 6461
Email address:	badrob51@bigpond.net.au		

Audit trail

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

Interviews

	Number		Number
Acting Facility Manager	1	Residents/representatives	17
Clinical Manager	1	Administration Officer	1
Registered staff	1	Physiotherapist	1
Personal Care staff	7	Laundry staff	2
Catering staff	3	Cleaning staff	2
Diversional Therapist/Workplace Health and Safety Officer	1	Contractor	1

Sampled documents

	Number		Number
Residents' clinical files	15	Medication charts	14
Personnel files	11	Residents' financial files	4

Other documents reviewed

The team also reviewed:

- 'Key to Me' pack
- Action plans
- Assessments
- Audit schedule, audit tools, surveys and analysis reports
- Behaviour management charts
- Blood glucose monitoring flowchart
- Bowel monitoring folder
- Care review plan schedule
- Certificate of Classification
- Cleaning schedules
- Clinical Indicators data
- Comments/suggestions forms, register and monthly analysis documentation
- Comprehensive medical assessments
- Continence allocation forms
- Continuous improvement plan
- Controlled drug register
- Diary and communication book
- Disaster management plan

- Duties lists
- Education calendar and attendance records
- Emergency Procedure Manual, evacuation sign and diagram
- Food Safety Plan
- Guidelines for managing suspected outbreak
- Handover sheet
- Hazard reports, risk assessments and disaster event log
- Incident reports
- Individual resident review form
- Leisure and lifestyle calendars
- Maintenance records
- Malnutrition prevention flowchart
- Medication profiles
- Memoranda
- Menu
- Minutes of meetings
- Monitoring charts and forms
- Newsletters
- Observation records
- Plan for continuous improvement
- Policies and procedures
- Quality activity reports
- Reportable assaults log
- Resident handbook
- Resident of the day forms and monitoring matrix
- Residential care agreements
- Residents' admission package and information handbook
- Respite assessment and care plan documentation
- Restraint authorisation and protective assessment evaluation forms
- Risk assessment register
- Roster
- Safety data sheets
- Staff movement register
- Staff orientation pack
- Supplement listing
- Weekly documentation alert matrix
- Weight charts

- Workplace Health and Safety action plan
- Wound management plans

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Advocacy, internal and external complaints brochures and posters
- Charter of Residents' Rights and Responsibilities brochure on display
- Chemical and cleaning storage areas
- Colour coded cleaning equipment
- Emergency assembly areas
- Equipment and supply storage areas
- Fire panel
- Fire/emergency evacuation instructions, signage and maps
- Hand washing facilities
- Information brochures and posters on display
- Interactions between staff and residents
- Internal and external living environment
- Meal and beverage service
- Noticeboards for residents and staff
- Outbreak management kits
- Secured suggestion box
- Spills kits
- Supply storage room

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement. There are processes to support resident, representative and staff input into the home's continuous improvement system. These processes encompass the four Accreditation Standards and include audits, surveys, comments and complaints system, resident/representative case conferences, incident and hazard reporting and management's 'open door' policy. Residents/representatives and staff have the opportunity to attend regular meetings to raise improvement opportunities. The home maintains policies and procedures to guide management and staff in care and service delivery. Monitoring of the home's systems and processes occurs through the use of the auditing program with any deficiencies identified followed up, rectified and evaluated in a timely manner. Residents/representatives and staff are satisfied the home actively pursues continuous improvement.

Examples of recent improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The home has implemented a training needs analysis survey to encourage staff to identify education and training opportunities on an annual basis. Education and training topics identified through the survey are added to the annual education calendar. While this improvement is yet to be evaluated, one care staff interviewed stated they now have more input into training provided at the home.
- Management has developed and implemented a 'standing agenda' to drive all meetings at the home. The Acting Facility Manager stated the 'standing agenda' ensures staff are provided with current information relevant to their role. One care staff interviewed stated they now "feel like they are told what is happening" at the home.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify and ensure compliance with relevant legislation, regulations and professional standards. The home uses subscriptions to legislative update services and electronic mail alerts from key industry organisations to keep abreast of changes to legislative requirements. Key personnel have access to legislation relevant to their role. Policies and procedures are reviewed and updated in response to legislative changes. Staff are informed of legislative requirements and/or changes relevant to

their roles through the orientation process, attendance at education and training sessions and through internal communication methods such as meetings, memoranda, communication books, electronic mail or verbally.

Particular to this Standard, the organisation has systems to ensure police certificates are current and residents/representatives are advised of scheduled reaccreditation audits.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Education and training needs of staff are identified through staff annual performance appraisals, hazard and incident data, complaints mechanisms, audits, annual training needs analysis and the observation of staff practice by key personnel. Staff are encouraged to identify and participate in both internal and external education opportunities. New staff complete an orientation process prior to commencing their duties. Staff complete annual mandatory training sessions relevant to their role to maintain their skills and knowledge around key topics such as manual handling, infection control, mandatory reporting, fire safety, food safety and chemical safety. Education records are maintained and the effectiveness of education is monitored through staff feedback and formal evaluations of education and training sessions. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills to enable them to perform their roles effectively.

Particular to this Standard, staff have attended education sessions in documentation skills and quality improvement.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home's processes ensure residents and representatives are aware of the internal and external mechanisms in relation to comment, complaints and suggestions. This information is contained within residential care agreements and via the handbook and discussed through admission processes and meetings/gatherings. Brochures and posters are on display in relation to avenues available and a secured suggestion box offers confidentiality when via written format. Complaints are captured through feedback forms, group gatherings and individual discussions with management and staff and ongoing communication occurs with the complaint through to closure/satisfaction has been achieved. Management register all complaints and conduct a monthly analysis in relation to any identifiable trends and the register enables identification of trending on an ongoing annual basis. Residents and representatives are satisfied they have an awareness of and access to complaints mechanisms.

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 has documented their vision, values, philosophy, objectives and commitment to quality. This information is displayed in the foyer of the home, is available in the staff orientation information and the newly developed resident handbook.

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 an effective process to ensure the skills and knowledge of staff are identified, monitored and updated in response to resident care needs. The home maintains policies and procedures for the recruitment, selection, orientation and monitoring of staff including reference checks, police checks and ensuring current professional registrations. New and existing staff are aware of the requirements of their roles and maintain their skills and knowledge through the orientation process, completion of buddy shifts, duty lists, position descriptions, cleaning schedules and ongoing education and training sessions. Staff skills, knowledge and performance is formally monitored through attendance at annual performance appraisals and informally on a daily basis by key personnel. There are mechanisms to ensure management is available to staff and a registered nurse is on duty 24 hours seven days a week to guide staff in the delivery of residents' care. Management monitors residents' changing care needs, staff availability and skill mix to ensure adequacy of staffing. There is a process to monitor planned and unplanned leave to ensure staffing levels are maintained with adequately skilled staff. Residents/representatives are satisfied with the skill and responsiveness of staff to resident care needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure appropriate goods and equipment are available for service delivery. There is a preventative and reactive maintenance program to monitor and maintain equipment in good working order. Nominated personnel have responsibility for ensuring adequate and appropriated stocks and there is a process to ensure quality of equipment and supplies are maintained. New equipment purchases result in education and training provided to staff to ensure usability. Equipment supplies are monitored in line with infection control guidelines and safe work practices for staff. Residents and staff are satisfied adequate stocks of goods and equipment are available.

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

Management and staff at the home have access to information to perform their roles including management systems, health and personal care and cleaning, catering and laundry services. The home has processes to guide the confidential collection, use, storage and destruction of information and utilises a combination of paper based and electronic information systems for the dissemination and storage of resident and staff information. Information is provided to staff and residents/representatives through the orientation process, minuted meetings, resident and staff newsletters, communication books and memoranda that are regularly distributed and/or displayed. Monitoring of the information management system occurs through auditing processes as well as staff and resident/representative feedback. Staff are aware of individual resident care needs and preferences and reported there is sufficient information available to enable their duties to be carried out effectively. Residents/representatives are satisfied the communication of information is timely and management provides them with the information to make informed decisions.

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 to ensure external service providers meet the home's needs and quality service requirements. Preferred contractors' service agreements outline the home's requirements and the quality of service to be provided. A listing is available to guide nominated personnel when making purchases and sourcing external service providers and contractors are required to register at reception upon entry and exit. There is a system to ensure external contractors have a current police certificate and contractors attending the home are generally supervised while on site. Management, staff and residents are satisfied with the home's externally sourced services.

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 actively pursues continuous improvement. There are processes for identifying, monitoring and implementing continuous improvements relating to Standard 2 Health and personal care including audits, surveys, comments and complaints system, resident/representative case conferences, incident reporting and management's 'open door' policy. Residents/representatives and staff have the opportunity to attend regular meetings to raise improvement opportunities. The home maintains policies and procedures to guide management and staff in care delivery. Monitoring of the home's systems and processes occurs through the use of the auditing program with any deficiencies identified followed up, rectified and evaluated in a timely manner. Residents/representatives and staff are satisfied the home actively pursues continuous improvement.

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- Management has relocated the Clinical Manager's office from the administration area at the home's entrance to the secure unit. The Clinical Manager stated the closer proximity to the registered nurses station has resulted in the increased clinical oversight and monitoring of registered and personal care staff. One care staff interviewed stated the office relocation has resulted in staff having faster access to the Clinical Manager if they are having “problems with a resident with behaviours”.
- Management have implemented a 'vital care bag' to accommodate items such as a blood pressure machine, thermometer, blood glucose kit and urinalysis sticks that registered staff can carry throughout the home. The 'vital care bag' also includes a list identifying acceptable parameters for residents' vitals. The Acting Facility Manager stated the feedback from staff regarding this improvement has been positive. One registered nurse expressed satisfaction with the bag.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, the organisation has systems to ensure registrations of registered staff remain current and the reporting of unexplained absences of residents is in accordance with legislative requirements.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

Particular to this Standard, staff have attended education sessions in medication management, continence management, wound care, dementia care 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' clinical needs are assessed on entry to the home through interviews with residents and their representatives and discharge summaries as provided. Interim care plans are formulated which guide staff practice until individualised care plans are established. Completion of individualised assessment tools guide staff in the development of care plans. Registered nurses review care plans every three months following input from care staff across all shifts. Personal care staff are knowledgeable of individualised resident's requirements and their knowledge is consistent with care plans. Information relating to residents' health status is discussed at shift handover and recorded in progress notes and communication diaries. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Residents are satisfied with the clinical care provided at the home.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Residents' specialised nursing care needs are identified and met by appropriately qualified staff. The home is able to access specialised care equipment; staff are aware of care interventions relevant to their role to support residents' complex nursing care management. Registered nurses review care plans every three months following input from personal care staff across all shifts. Personal care staff are knowledgeable of individualised resident's requirements, and their knowledge is consistent with care plans. Information relating to residents' health status is discussed at shift handover and recorded in progress notes and communication diaries. Residents requiring specialised nursing care are satisfied their needs are met by appropriately qualified staff.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents have access to medical and allied health specialist who provide services such as physiotherapy, speech pathologist, podiatry, dietetics, optometry, dental care, audiology, pathology and mental health services. Referral mechanisms are initiated by registered staff when a need is identified through resident assessments, personal care staff observations or a change in care needs. Health specialists attend the home and staff coordinate external appointments when necessary. The outcome of referrals, including instruction for ongoing care are documented and retained in residents’ clinical records with changes incorporated into residents’ care plans as necessary. Residents are satisfied with access to other health specialists.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Registered staff administer medications and personal care staff assist residents with their medication. Policies and procedures guide staff in ensuring residents’ medication is managed safely and correctly. Medications are stored securely and records of controlled medication are maintained in accordance with State regulatory requirements; those medications required to be stored at specific temperatures are stored within refrigerated confines. Residents who prefer to self administer their medication have been assessed as competent and are provided with secure confines to store their medication. Medication incidents capture information related to medication errors and staff practice is reviewed following incidents. Medication charts contain information to guide staff in the administration or assistance required when administering medication to residents. Residents indicated they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, heat packs, gentle exercise and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use. Pain monitoring is completed by registered staff and detailed pain assessments are commenced on residents identified as requiring regular ‘as required’ pain relief or experiencing acute pain. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are

current and changes are communicated to staff as required. Residents are as free from pain as possible and are satisfied with the care they receive to minimise pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home or at a time which is suitable. Information such as Enduring Power of Attorney and end of life wishes are located in the resident records if required. The home is supported by its own palliative care resources (including a syringe driver) and is supported by local hospital services as required. Specific care instructions are communicated to staff using care planning guidelines, handover processes, communication diaries and progress notes. Staff have access to palliative care resources such as mouth care products, specialised bedding and pain relief to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill 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’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and nutritional documentation to guide staff practice. Registered staff alert catering staff to changes in resident dietary and fluid requirements. Residents are weighed in accordance to their individual requirements and unplanned weight loss/gain is monitored weekly by the Clinical Manager. In response to unplanned weight loss/gain, registered nurses employ weight management strategies including the implementation of supplements, referral to the dietician and/or speech pathologist, increased staff assistance during mealtimes and/or the use of assistive devices as required. Residents are satisfied they receive adequate nourishment and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the residents’ care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, limb protectors, sheepskins and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in daily handover reports, communication diaries, care plans and progress notes. Wound care is managed by registered and personal care staff (following competency based training) guided by wound care pathways, which are reviewed regularly for

effectiveness. Staff have an understanding of factors associated with risks to residents' skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents are satisfied with the management of their skin integrity.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

Residents' continence needs are assessed on entry to the home and on an ongoing basis. Residents' individual continence programs are assessed and developed by the registered nurses in consultation with personal care staff trained in continence management. Care plans and continence profiles direct staff practice and ensure individual residents' preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Individualised bowel management programs are developed and include medication and other natural methods. Residents are satisfied with the assistance by staff to maintain their continence.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Residents are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Personal care staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual resident needs and risks. Personal care and lifestyle staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist residents with challenging behaviours is discussed during handover processes and communicated in progress notes. Staff have access to a psychogeriatrician and older person's mental health specialists to assist in identifying behavioural management strategies for residents with challenging behaviours. Residents are satisfied with the way challenging behaviours are managed and state staff are discreet and supportive in their interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents' mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs following identified issues relating to mobility. A mobility and balance assessment is completed by a physiotherapist with

registered staff assessing residents' dexterity. Care plans are developed and reviewed regularly and as required. Personal care staff, physiotherapy and lifestyle staff provide assistance to residents with exercise, balance and range of movement activities. Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls, for example the reduction of clutter in residents' rooms. Staff are provided with mandatory training in manual handling techniques. Residents are satisfied with the assistance provided to maintain mobility and maximise independence.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents' oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in the resident's care plan to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Dental services are provided locally and assistance is provided to access resident's preferred dental provider when required. Resources such as mouth care products are utilised to meet residents' oral hygiene needs. Residents are satisfied with the assistance given by staff to maintain 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

Residents' care needs in relation to senses such as hearing, vision, taste, smell, touch, speech and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. Residents identified with impaired sensory function have specific care planning guidelines to assist staff in their daily care. The lifestyle program includes activities to stimulate residents' senses such as musical activities. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of specific storage areas with adequate egress. Staff assist residents to clean and fit sensory aids. Residents are satisfied with the care and support offered to minimise the impact of any sensory loss.

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

Residents' preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans to guide staff

practice. Staff at the home maintain a quiet environment to assist residents to settle and remain asleep. Residents' medical officers are consulted if interventions are considered to be ineffective. Residents are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include:

- The home purchased and installed raised garden beds in the secure unit in early February 2013. Diversional therapy staff are in the process of purchasing a second lot of plants for the residents to plant in the garden beds. This improvement is yet to be evaluated however the Diversional Therapist/Workplace Health and Safety Officer (DT/WHSO) stated the residents enjoy tending to the garden.
- Management has installed a flag pole at the home. The DT/WHSO stated the flag pole will be used in the Anzac Day activities. One resident interviewed stated they “are looking forward to the service” and “seeing the flag fly”.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Resident lifestyle.

Particular to this Standard, the organisation has systems to ensure reportable and non-reportable events are managed according to legislative requirements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have attended education in advocacy and Residents’ Rights and Responsibilities.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and their representatives are satisfied with the support and encouragement received from staff to assist residents in adjusting to life in the home and ongoing. Clinical and lifestyle staff welcome residents and assist them during the first few days to settle in and become accustomed to the environment and activities. Leisure and therapy staff meet with new residents daily during the first few weeks to offer support, provide information, offer encouragement to participate in group activities or provide one-to-one company if preferred. Residents and their representatives are encouraged to participate in social functions, maintain friendships in the community and establish new friendships at the home. Changes to residents' needs and information relating to emotional requirements are transferred between clinical and lifestyle staff and discussed at handover processes. Staff were observed to respond to residents' needs and provide support and encouragement.

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

Processes identify residents' social, civic and cultural needs and ensure they are supported to achieve maximum independence and preferences. Regular mobility reviews and assessment of ability to perform activities of daily living are undertaken, resulting in care plans to guide staff on individual care needs. Residents are supported to attend social outings and activities within the community and those who are able to safely undertake social leave are supported to do so. Aids and equipment are available to assist residents and staff demonstrate knowledge of individual strategies to support resident's independence. Residents are satisfied with the support they receive relating to independence, maintaining friendships and participating in community life within and external to the home.

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

Residents and representatives are satisfied residents' privacy is respected and confidentiality and dignity maintained. Individual needs are identified via assessment and discussion and are communicated to staff via care plans and handover discussions. Staff receive education through orientation processes and management and key staff observe practices to ensure compliance. Staff obtain consent prior to entering individual rooms, communicate with residents in a confidential and respectful manner and have knowledge of resident's individual requirements. Private environments are used for allied health referrals and when external consultants attend to residents. Residents' records are kept in secured areas and staff discussions in relation to residents' cares occur in privacy.

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 are satisfied with the support and encouragement provided to enable them to participate in a variety of activities of interest to them. The DT/WHSO implements the leisure and social activities program with support from volunteers. Representatives and members from the community are invited to attend social events and participate in the program. New activities are implemented upon identification of declining attendance and by residents' requests and residents are satisfied with the timely response to introducing new activities and changes to the program. Individual activities of choice are available for those residents who experience sensory impairment or who do not wish to attend group programs. Monitoring mechanisms include surveys, review of individual attendance, meetings and informal discussions.

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 are satisfied they are supported in relation to their cultural needs and spiritual beliefs and staff respect their needs. Processes ensure residents' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Representatives from religious denominations conduct regular services and visit residents in their rooms for one-on-one counsel if preferred. Residents are supported to attend religious services outside the home if they choose. Assessment and consultative processes identify residents' individual interests, spiritual and cultural beliefs and care plans guide staff in meeting these needs. Celebrations occur for days of spiritual, cultural and personal significance to which representatives and members of the community are invited to attend and memorial services are held within the home for deceased residents. Culturally appropriate diets are provided to residents when required.

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

Processes ensure residents/representatives are able to exercise choice and make decisions regarding the care and services through ongoing consultation with management and staff. Monitoring processes include surveys, meetings and comments/complaints mechanisms. Residents' hygiene preferences, sleep patterns and other daily living routines are assessed on entry to the home and ongoing. Assessment processes identify those residents unable to make decisions and alternative decision makers are appointed on their behalf. Information to enable informed decisions is communicated to residents and their nominated decision makers via written and verbal methods and meetings. Staff interactions with residents support their right to choices and provide them with the opportunity to make their own

decisions on a daily basis. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and representatives are provided with information in relation to residents' rights, responsibilities and security of tenure. This is discussed during the admission process, in group meetings and individual discussions. The Charter of Residents' Rights and Responsibilities and relevant brochures are on display throughout the home and these details are contained in the residential care agreement and in the resident handbook. Processes ensure residents are consulted in relation to room changes and have knowledge of their rights and responsibilities. There is a process to assist residents to vote. Residents and representatives are satisfied residents have secure tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of recent improvements undertaken in relation to Standard 4 Physical environment and safe systems include:

- The home has purchased an ultra violet light to conduct ‘spot checks’ of staff hand washing practices. The Acting Facility Manager stated the light was used following recent staff hand washing training and staff were “very surprised” at what the light highlighted. One care staff interviewed stated they were “shocked” to see what was highlighted by the light as being left on their hands after they had washed them.
- In response to a February 2013 audit, the home has purchased seven bedside sensor beams to assist in the prevention of resident falls. The Acting Facility Manager stated the sensor beams are linked to the personal care staff beepers allowing for staff to respond quicker to residents who are mobilising without the required staff assistance. This improvement is yet to be evaluated.
- The home has purchased a mixer for the kitchen. The Head Chef stated the mixer allows catering staff to make milk shakes for residents “faster than before”. One catering staff interviewed stated the mixer “saves time”.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory Compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Physical environment and safe systems.

Particular to this Standard, the organisation has a food safety program and processes for monitoring fire and occupational health and safety requirements.

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 ensures staff have appropriate knowledge and skills relevant to their roles regarding food safety, fire, workplace health and safety and infection control through the provision of ongoing education and staff development. The training needs of staff are identified through staff annual performance appraisals, hazard and incident data, complaints mechanisms, audits, annual training needs analysis and the observation of staff practice by key personnel. Staff are encouraged to identify and participate in both internal and external education opportunities. Staff complete annual mandatory training sessions relevant to their role to maintain their skills and knowledge around key topics such as manual handling, infection control, mandatory reporting, fire safety, food safety and chemical safety. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills to enable them to perform their roles effectively.

Particular to this Standard, staff have attended education sessions in manual handling, food safety, infection control, chemical handling and fire 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 is actively working to support a safe and comfortable environment for residents in accordance with their care needs. Residents are accommodated in single rooms with en-suites and have access to common lounge and dining areas located throughout the home. Individual assessment of residents requiring a secure environment is undertaken as required. There are processes for the reporting of safety issues, hazards and incidents. The living environment is monitored and maintained through mechanisms including cleaning schedules, preventative maintenance schedules, maintenance request system and the auditing program. Any deficiencies are identified, rectified and evaluated in a timely manner. A process to support the routine replacement and improvements to furniture, equipment and the environment occurs through the home's replacement program. Residents are satisfied with the safety and comfort of the living environment.

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

Systems and processes guide management and staff in providing a safe working environment and to meet regulatory requirements. Staff receive education and training through orientation and induction processes and ongoing thereafter. Monitoring occurs through regular auditing practices and observation by management and staff; identified

issues are discussed at meetings. There is a preventative and reactive maintenance program to ensure maintenance of equipment and the environment and purchases of new equipment result in staff training to ensure correct and safe operation. Staff have opportunities to provide input into the safety program verbally and through the use of hazard and incident forms and via meetings.

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

Systems and processes guide management and staff in the processes to provide safe systems to minimise the risk of fire, security and other emergencies. Staff receive education and training through orientation and induction processes and ongoing thereafter. Staff demonstrate knowledge of the emergency procedures, the actions to be taken and who has responsibility in the event of a fire or other emergency. Monitoring processes ensure exits are clear of obstruction and evacuation plans are located across the home in accordance with regulatory guidelines. External contractors maintain fire systems, equipment and signage. Emergency procedures (including a disaster management plan) are documented and available to staff and residents. The home has processes for maintaining the security of the building after hours.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program to identify and monitor infections and minimise the risk of cross contamination. Processes are established for the identification of individual resident infections and in the event of an outbreak. Staff receive education and training through orientation and induction processes and ongoing thereafter; hand washing competencies are conducted during orientation. Staff demonstrate appropriate infection control practices and stocks of personal protective equipment are available. Monitoring occurs through regular auditing practices and observation by management and staff; identified issues are discussed at meetings. Laundry processes minimise the risk of cross infection and monitoring ensures safe food practices are adhered to in relation to food preparation and delivery. Cleaning is via documented schedules, audits and observation.

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

Catering, cleaning and laundry services are provided in a way to enhance and support residents' needs and preferences. Residents' dietary needs are assessed on entry including allergies and preferences. This information is documented in care plans and nutritional information to ensure individual residents' dietary needs and preferences are met. The home has an eight week cyclic menu, with allowances made for residents' alternative meal

preferences if requested. Residents have input into menu planning through resident meetings, surveys or verbal feedback directly to the Head Chef. There is a program to guide cleaning staff to ensure the regular cleaning of residents' rooms and the internal and external living environment. All laundry items are processed at the home using equipment and practices that minimise risks of cross infection. The home has processes for the replacement of linen and for returning lost laundry items to residents. Residents are satisfied with the catering, cleaning and laundry services provided at the home.