Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredit
Pineshaven Residential Care Centre

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Pineshaven Residential Care Centre in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Pineshaven Residential Care Centre is 3 years until 22 June 2012.

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

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

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

Information considered in making an accreditation decision

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

Home and Approved provider details

Details of the home

Home's name:	Pineshaven Residential Care Centre
RACS ID:	5198

Number of beds:	50	Number of high care residents:	17

Special needs group catered for:	• Residents with dementia

Street/PO Box:	17 Applecross Way				
City:	ELANORA	State:	QLD	Postcode:	4221
Phone:	07 5534 5433		Facsimile:		07 5534 1846
Email address:	pineshaven@bluecare.org.au				

Approved provider

Approved provider:	The Uniting Church in Australia Property Trust

Assessment team

Team leader:	Beverley Wellington
Team member/s:	Stewart Brumm
Date/s of audit:	17 March 2009 to 18 March 2009

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

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

Assessment team's reasons for recommendations to the Agency

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

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Pineshaven Residential Care Centre
RACS ID	5198

Executive summary

This is the report of a site audit of Pineshaven Residential Care Centre – 5198, 17 Applecross Way, Elanora Qld 4221 from 17 March 2009 to 18 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance
The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Pineshaven Residential Care Centre.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 17 March 2009 to 18 March 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Beverley Wellington
Team member/s:	Stewart Brumm

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust

Details of home

Name of home:	Pineshaven Residential Care Centre
RACS ID:	5198

Total number of allocated places:	50
Number of residents during site audit:	48
Number of high care residents during site audit:	17
Special need catered for:	Residents with dementia

Street/PO Box:	17 Applecross Way	State:	Queensland
City/Town:	Elanora	Postcode:	4221
Phone number:	07 5534 5433	Facsimile:	07 5534 1846
E-mail address:	r.olley@bluecare.org.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Pineshaven Residential Care Centre.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations
The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

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

Interviews

	Number		Number
Manager, Residential Service	1	Residents/representatives	6
Residential Service Quality Coordinator Manager	1	Care staff	3
Residential Care Manager	1	Administration assistant	1
Human Resources Manager	1	Catering staff	2
Workplace Health and Safety Officer,	1	Laundry staff	1
Registered nurses	1	Cleaning staff	1
		Maintenance staff	2

Sampled documents

	Number		Number
Residents' files	5	Medication charts	6
Personnel files	5		

Other documents reviewed
The team also reviewed:
- Audit calendar
- Blue care Quality manual
- Blue Care quality improvement flowchart
- Blue Care quality improvement form
- Blue Care quality improvement action plan
- Blue Care quality improvement register

- Blue Care cleaning audit
- Blue Care fire drill audit
- Basic fire chemistry workbook
- Blue Care personnel file audit
- Blue Care record management review
- Blue Care workplace health and safety audit
- Blue Care security risk management audit
- Blue Care food services audit
- Blue Care residential care outcomes audit
- Blue Care medication chart audit
- Blue Care infection control audit
- Blue Care laundry services audit
- Blue Care Legislation tracking register
- Blue Care Policy Manual
- CQI policy and process
- Cluster infection control meeting minutes
- Cleaning schedules
- Duties lists
- Education calendar 2009
- Electrical safety workbook
- Emergency procedure manual
- Evacuation plans
- External service provider agreements
- Fire evacuation theory workbook
- Fire management systems workbook
- Fire system inspection reports
- Fire safety certificate
- Food safety workbook
- Infection control basic principles workbook
- Infection Control Manual
- Incident reporting policy and procedures
- Incident reports
- Infection control management outbreak workbook
- Infection surveillance
- Kitchen feedback book
- Kitchen temperature monitoring charts
- Kitchen cleaning carts
- Mandatory training matrix
- Maintenance schedule
- Maintenance request books
- Material Safety Data Sheets
- Medication Advisory committee meeting minutes 2008
- Mission/vision documentation
- Monthly incident statistics analysis
- Personal safety workbook
- Pineshaven Comments and Complaints Register 2008, 2009

- Pineshaven competency matrix
- Position descriptions
- Ward Diaries
- Handover folder
- Primary nurse responsibility list
- Weekly handover sheet – RN
- Pines haven table plan
- 2009 weight record chart
- Monthly report (weight)
- Nightly check folder
- Wound care folder
- Wound management assessment
- Registered nurse initiated medications
- Lifestyle program activity
- Resource folders
- Infection control manual
- Controlled drug register
- Fridge temperature monitoring chart
- Compliments and complaints repository training
- Complaints register
- Duties lists
- Incident analysis statistics
- Quality council meeting minutes 2008
- Resident satisfaction survey report Action Plan
- Residents handbook
- Residents dietary profiles
- Resident meeting minutes 2008, 2009
- Risk management workbook
- Staff orientation handbook
- Staff performance review and development matrix
- Staff performance review and development tools
- Staff meeting minutes 2008, 2009
- Sign in/sign out books
- Table seating plan
- Resident mobility list
- Workplace Health and Safety workbook

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Storage of medications
- Medication rounds
- Handover process
- Meal service

- Antibacterial gel dispensers located in public areas throughout the home
- Evacuation plans displayed in public areas
- Hallways, fire/smoke doors and egress pathways free of obstructions
- Medication storage
- Menu on display
- Mission statement and core values displayed throughout the home
- Notice advising residents of the date of the accreditation audit
- Notice boards
- Outbreak management kits
- Resident accommodation
- Residents' information board
- Secure suggestion boxes
- Sharps containers
- Spill kits
- Staff practising correct manual handling technique
- Staff using personal protective equipment
- Staff washing hands in between resident cares

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's recommendation
Does comply

Pineshaven Residential Care Centre pursues continuous improvement. The home identifies issues for continuous improvement by using feedback from residents and their representatives through the comments and complaints mechanism, resident meetings, resident satisfaction surveys and verbal feedback; from staff that use the comments and complaints mechanism and various meetings; and through data collection undertaken by the home such as audits and clinical indicators. The home uses a continuous improvement register, action plans and review to manage and monitor continuous improvement. Residents and staff are familiar with the home's various forums to initiate a suggestion and reported that management is receptive to their suggestions and responds a timely manner.

Examples of Continuous Improvement in Standard one are:
- Following the resident satisfaction survey, it was identified that the suggestion box may not have been easily identified in the foyer of the home. It has now been moved to a prominent position and is located beside the resident's pharmacy box. The suggestion box is now more available to residents who would like to make anonymous and/or written suggestions.
- The need for additional staff in the special care unit was identified through the staff's behaviour management meeting. An additional activities officer was employed for four hours in the evening. Staff commented that the activities officer is able to spend time with the residents and this has led to more appropriate levels of care for these residents.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems to ensure compliance with relevant legislation and regulatory requirements. The organisation monitors changes to legislation and provides regular updates to all facilities. At the home there are processes to ensure that legislative and regulatory changes are disseminated to staff and implemented via staff education, presentations at staff and resident meetings, memos and letters to staff members when required. The home also uses audits to monitor their compliance with the legislation. Staff confirmed that they are informed of all changes to legislation that affects them.

1.3 Education and staff development:

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

Team's recommendation

Does comply

The home ensures staff and management have appropriate knowledge and skills by the provision of education and training. New staff are provided with an orientation program which includes an orientation to the organisation and an on site orientation with observation of activities and roles, and information related to their role. An annual education program is developed, based on required mandatory training, performance appraisals and in response to issues that arise in the home's operations. Each staff member has their education record maintained at the home and attendance at mandatory training is monitored for compliance. Staff are regularly tested for competency relevant to their area of responsibility. Staff report that they have access to education as necessary and residents commented that they were satisfied that the staff were able to provide the care they needed.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has an internal comments and complaints mechanism for residents, resident representatives and other stakeholders which is detailed in the resident handbook and residential care agreement. Information displayed also provides residents and their representatives with details on advocacy services. Complaints are monitored at the home and by the organisation's monitoring systems to ensure that complainants receive appropriate and timely responses. Staff demonstrated knowledge of internal and external complaints mechanisms for residents and report they would assist residents in accessing these when appropriate. Residents and representatives interviewed were satisfied with their daily access to management to raise issues and were aware of formal internal and external complaints processes should they be required.

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

Team's recommendation
Does comply

The home has documented their mission, vision, values philosophy, objectives and commitment to quality, which is consistent with that of the organisation. This is on display within the home and in the organisations' staff orientation book.

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

Team's recommendation
Does comply

The home demonstrated that there are appropriately skilled and qualified staff to deliver services in accordance with the home's standards and philosophy. Staff recruitment and employment is based on matching employees with the identified skills of the position. Staff orientation to the organisation and the home, which includes discussions on the code of conduct and philosophy of the organisation and mandated training, is provided to all staff on entry to the organisation. Performance review and development processes for each employee occur annually and are used to monitor performance and identify further training needs. Staffing levels are reviewed by the manager and staff at staff meetings, providing the manager with regular

updates of staffing issues. Residents and staff reported that resident's needs are attended satisfactorily and in a timely manner.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home ensures that appropriate goods and equipment are available. There are processes to ensure that supplies including medical supplies and equipment, food and furniture are obtained and delegated staff have responsibility for ordering goods based on inventory lists. Suppliers are contracted through the organisation and the home may procure some goods locally where appropriate. Goods are stored according to manufacturers' instructions. New equipment is selected from a list identified by the organisation as having been risk assessed. There is a maintenance program in place that includes preventative and reactive maintenance. Residents and staff confirm there is a sufficient supply of the goods they require.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes to ensure that staff and management can access sufficient information to undertake their roles effectively and these processes are reviewed on a regular basis. Policies and procedures are developed by the organisation and the home is updated to changes as they occur; these are then made available to staff in manuals and communicated to the staff through formal and informal education sessions, staff meetings and memos. Residents have information given to them through residents' handbooks, and verbally. Staff are informed about the care needs of their residents from the resident's care plans, the communication diary and the handover at change of shift. Information is stored electronically, in locked files or in files in locked offices and can be accessed by only those people with authority to do so, or destroyed using appropriate processes to comply with legislation. Residents and staff confirm that they are well informed about the activities of the home.

1.9 External services

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

Team's recommendation
Does comply

The home has a process to ensure that all externally sourced services are provided in a way that meets their needs and quality goals. Preferred suppliers are identified by the organisation and contracts are developed that identify the parameters of the contract and the quality of the goods or service that is to be provided. Contracts are reviewed on a regular basis and there is a process to resolve problems with supply if necessary. The home is able to purchase goods locally if required. Residents and staff reported that they are satisfied with the services and good provided to 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 recommendation
Does comply

Pineshaven Residential Care Centre pursues continuous improvement. The home identifies issues for continuous improvement by using feedback from residents and their representatives through the comments and complaints mechanism, resident meetings, resident satisfaction surveys and verbal feedback; from staff through the comments and complaints mechanism and various meetings; and through data collection undertaken by the home such as audits and clinical indicators. The home uses a continuous improvement register, action plans and review to manage and monitor continuous improvement. Residents and staff are familiar with the home's various forums to initiate a suggestion and reported that management is receptive to their suggestions and responds a timely manner.

Examples of continuous Improvement in Standard Two are:
- The home has introduced a transfer of resident to hospital form. This form is a document for each resident's files to ensure that relevant information is provided for the ambulance service and hospital in the event that the resident is transferred. It reduces the amount of documentation required at a time when staff need to be providing care to the resident. Management commented that night staff have found the form helpful when managing the transfer of residents.

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

Team's recommendation
Does comply

The home has systems to ensure compliance with relevant legislation and regulatory requirements. The organisation monitors legislation and provides regular updates to all facilities. At the home there are processes to ensure that legislative and regulatory changes are

disseminated to staff and implemented via staff education, presentations at staff and resident meetings, memos and letters to staff members when required, for example clinical guidelines are incorporated into the policy and procedure manuals. The home also uses audits to monitor their compliance with the legislation. Staff confirmed that they are informed of all changes to legislation that affects them.

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

Team's recommendation
Does comply

The home ensures staff and management have appropriate knowledge and skills by the provision of education and training. New staff are provided with an orientation program which includes an orientation to the organisation and an on site orientation with observation of activities and roles and information related to their role. An annual education program is developed, based on required mandatory training, performance appraisals and in response to issues that arise in the home's operations. Each staff member has their education record maintained at the home and attendance at mandatory training is monitored for compliance. Staff are regularly tested for competency in specific areas. Staff report that they have access to education as necessary and residents commented that they were satisfied that the staff were able to provide the care they needed.

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

Team's recommendation
Does comply

Residents' care needs are assessed on admission and an interim care plan developed, a comprehensive assessment is then undertaken, supported by focused assessments as required, from this information a care plan is established. Care plans are reviewed three monthly. Care delivery is monitored by the clinical nurse, with support from the registered nurses. Residents are referred to specialist service as required. Staff are generally aware of the care requirements of residents. Residents/representatives are happy with the care being 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 recommendation
Does comply

Residents requiring specialised nursing care are identified on admission through the initial assessment process, specialised nursing care directives are recorded on the care plan. The registered nurse conducts the assessment and management of specialised nursing procedures. Staff have access to resources and specialist information via the organisation intranet. Equipment requirements are identified and are readily available to ensure residents' care requirements are met. Implementation of specialised care is monitored by the clinical nurse and the effectiveness of care is reviewed and processes are in place for ongoing evaluation. Residents /representatives advised that they are happy with the 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 recommendation
Does comply

The home has a system and processes in place to assess resident need for referral to health specialists such as dietician, speech pathologist, physiotherapist, audiologist, dentist, optometrist, wound specialist, and podiatrist. Nursing staff, in liaison with the resident's medical officer, co-ordinate health specialist appointments for residents in a timely manner. Staff and resident representatives support and assist residents to attend external appointments with health professionals of their preference. Residents/representatives are satisfied they receive referrals to appropriate health specialists of their choice when required.

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

Team's recommendation
Does comply

The home has processes in place to ensure that residents' medication

is managed safely and correctly by appropriately qualified and trained staff. Medical officers prescribe medication orders and these are dispensed by the external pharmacy service. The home utilises a multi dose sachet system. Resident medication is stored safely and securely and an imprest system, maintained by the pharmacy, provides after hour access to urgently required medications. Medication incidents are entered into an electronic database and reviewed by the clinical nurse. Effectiveness of the medication management system is monitored through the completion of audits and medical and pharmaceutical review. Staff administering resident medications demonstrated awareness of their responsibilities in relation to medication administration and of the guidelines in place to ensure residents medications are administered safely and correctly. Personal care staff are aware of their requirement to contact a registered nurse for direction and instruction on administering "PRN" as required medications. Residents/representatives are satisfied with the management of their medications, as well as with the assistance and support provided.

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

Team's recommendation
Does comply

Residents' pain is identified during initial assessment, and reassessment is
undertaken as required, when new pain is identified and/or when existing pain control strategies are ineffective. Care plans are developed from the assessed information and care plans are reviewed three monthly. The medical officer and allied health professionals are involved in the management of residents' pain; strategies to manage pain include non-pharmacological and pharmacological intervention. The effectiveness of interventions is monitored by the clinical nurse and registered nurses, including the use of 'as required' (PRN) analgesia which is documented with re-assessment as indicated. Non-verbal pain assessment tools are available for residents unable to articulate their pain. Residents/representatives are satisfied with current pain management strategies and the provision of additional assistance if and when pain persists.

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

Team's recommendation
Does comply

Residents' end of life care options are discussed on entry to the home or at a later stage if this is the preference of the resident and/or their representative. When possible residents are able to remain at the home, though the option to transfer to hospital is also assessed and discussed with the resident/representative. Once directives are known these are documented and accessible to staff involved in the provision of care. As a resident's needs change and their condition deteriorates, the staff of the home liaise with the resident and their family members or significant others to ensure that the resident's physical, spiritual, cultural and emotional needs are respected and provided for. Consultation with the resident's medical officer ensures pain relief is optimised. Staff are aware of interventions 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 recommendation
Does comply

Residents' dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and this information is forwarded to the catering staff. Residents are weighed on admission and then monthly, a weight management protocol guides staff practice and any variations are assessed, monitored and actioned with strategies implemented to manage unplanned weight loss or gain if required. Strategies include more frequent weight monitoring, dietician and/or speech pathologist assessment, and introduction of food supplements and/or special diets as required. Residents identified with swallowing problems, are assessed by the speech pathologist. Residents are assisted with meals and fluids, and special eating utensils supplied as necessary. The cook monitors food wastage and resident satisfaction with meals. Residents/representatives are satisfied that their nutrition and hydration requirements are met.

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

Team's recommendation
Does comply

On entry to the home residents are assessed for their skin care needs through comprehensive assessment and in consultation with residents to determine their needs and preferences. Care plans reflect strategies to improve and/or maintain residents' skin consistent with their general

health. Care strategies include the daily application of moisturisers, correct manual handling procedures, regular repositioning, pressure area care, and pressure relieving aids. Podiatry services are provided. The clinical nurse and registered nurses are responsible for wound management, completion of treatment records, documenting interventions and wound monitoring. The home has access to the organisation intranet resources and a "hospital in the home" wound specialist is available for consultation. Residents/representatives are satisfied with the assistance provided to maintain skin integrity.

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

Team's recommendation
Does comply

Processes are in place for ensuring that residents' continence is managed effectively. Residents' continence needs are assessed during the comprehensive assessment and supported with the use of focal assessments, reassessments occur as required for changes in resident condition. Continence management plans are in place and communicated to staff. Guidelines and resources are available to guide staff practices in relation to continence management via the organisation intranet, and programs are implemented and monitored by the registered nurse and clinical nurse. Care staff outlined continence management strategies for individual residents and understand reporting requirements should there be a change to residents normal patterns. Residents/representatives are happy with the care provided by staff in relation to continence management.

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

Team's recommendation
Does comply

On entry to the home residents with challenging behaviours are assessed and a behaviour care plan developed. Residents are reassessed as care needs change or current interventions are ineffective. Care plans are updated to reflect changes in resident need and staff provided alternative management strategies. Medical officer/resident/representative authorisation for the use of restraint is obtained and reviewed as required to ensure resident safety. Recreational activities are used to enhance effective behavioural management intervention through an afternoon program. The team observed staff interacting calmly with residents when attending to cares

or when re-directing residents.

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

Team's recommendation
Does comply

The home has processes in place to ensure that residents achieve optimum levels of mobility and dexterity. Residents are assessed through the comprehensive assessment on admission, including assessment by the physiotherapist and on an ongoing basis as resident needs indicate. Assessed needs and strategies for care are communicated to staff through the care plan, and care plans are reviewed three monthly. Falls are reported and entered into an electronic data base and are monitored by the clinical nurse for analysis and trending. Aids to maintain and improve mobility and dexterity such as walking aids and specific dietary utensils are available. Residents/representatives are satisfied with the assistance they receive in achieving optimum levels of mobility and dexterity.

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

Team's recommendation
Does comply

Residents' needs and preferences relating to teeth and denture management and other oral/dental care requirements are identified through the comprehensive assessment, focal assessments are completed as required. Care strategies are documented on the care plan. Care staff assist residents with their oral care and the clinical nurse co-ordinates dental referrals as necessary. Residents have a choice of dentist and are assisted to attend external appointments as arranged. Equipment to meet residents' oral hygiene needs is available. Residents/representatives are satisfied with the assistance given by staff to maintain their dentures and overall oral hygiene.

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

Team's recommendation
Does comply

Residents care needs in relation to sensory loss which include vision, hearing, speech and communication ability is collected through the comprehensive assessment and focused assessments are completed as indicated. Care plans generally identified needs and individual preferences and are reviewed three monthly. Residents are referred to specialists such as audiologists, optometrists and speech pathologists according to assessed need or resident request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the interventions required to meet individual residents' needs. The clinical nurse monitors ongoing needs. Residents are satisfied with the assistance provided by staff to optimise sensory function.

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

Team's recommendation
Does comply

Residents usual sleep patterns, settling routines and personal preferences are identified during the comprehensive assessment and on an ongoing basis. Care plans are developed and reviewed three monthly, including sleep. Residents experiencing difficulty sleeping are offered warm drinks and snacks and assisted with hygiene requirements should this be required. The clinical nurse monitors ongoing needs. Residents/representatives are satisfied with the care and comfort measures implemented by staff in relation to promoting sleep.

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

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

Team's recommendation
Does comply

Pineshaven Residential Care Centre pursues continuous improvement. The home identifies issues for continuous improvement by using feedback from residents and their representatives through the comments and complaints mechanism, resident meetings, resident satisfaction surveys and verbal feedback; from staff through the comments and complaints mechanism and various meetings; and through data collection undertaken by the home such as audits and clinical indicators. The home uses a continuous improvement register, action plans and review to manage and monitor continuous improvement. Residents and staff are familiar with the home's various forums to initiate a suggestion and reported that management is receptive to their suggestions and responds a timely manner.

Examples of Continuous Improvement in standard three include;
- The home has purchased a data projector that allows residents to view movies of their choice. This has added to the repertoire of activities available at all times but particularly at the weekends.
- The home has employed an additional recreation officer to assist in the special care unit in the evenings. This has provides assistance to the care worker and helped to reduce boredom for the residents.

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

Team's recommendation
Does comply

The home has systems to ensure compliance with relevant legislation and regulatory requirements. The organisation monitors legislation and provides regular updates to all facilities. At the home there are processes to ensure that legislative and regulatory changes are disseminated to staff and implemented via staff education,

presentations at staff and resident meetings, memos and letters to staff members when required, for example all staff have completed training in the compulsory reporting of assaults of the elderly. The home also uses audits to monitor their compliance with the legislation. Staff confirmed that they are informed of all changes to legislation that affects them.

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

Team's recommendation
Does comply

The home ensures staff and management have appropriate knowledge and skills by the provision of education and training. New staff are provided with an orientation program which includes an orientation to the organisation and an on site orientation with observation of activities and roles and information related to their role. An annual education program is developed, based on required mandatory training, performance appraisals and in response to issues that arise in the home's operations. Each staff member has their education record maintained at the home and attendance at mandatory training is monitored for compliance. Staff are regularly tested for competency in specific areas. Staff report that they have access to education as necessary and residents commented that they were satisfied that the staff were able to provide the care they needed.

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

Team's recommendation
Does comply

Residents/representatives are provided with information prior to entry and a resident handbook on admission which provides an overview of life within the home. Residents are assessed for their emotional support needs via a focal assessment. Residents are monitored for ongoing support needs via the care staff, chaplain and diversional therapists. Care staff are advised of any ongoing emotional support needs through the handover process. Staff provide residents with one to one support and will refer residents to the chaplain for additional support as required. Residents/representatives are happy with the level of emotional support provided, and residents are encouraged to furnish their rooms to their liking.

3.5   Independence
This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation
Does comply

The home assists residents to maintain independence through initial and ongoing review of their needs utilising clinical and social and cultural profile assessments. Strategies to promote and maximize independence are reviewed three monthly during the clinical and lifestyle care plan reviews. Residents are supported to access the local community with regular outings and local community bus services. Residents are encouraged to maintain friendships and external social networks, such as attending the multicultural respite centre; residents are supported by the diversional therapy team to achieve this. Care staff are aware of their responsibility to promote resident independence and follow care plans to assist residents to achieve a maximum level of independence. Residents are satisfied with the level of independence and autonomy they can exercise at the home, residents reported they are supported to maintain friendships and access the local community.

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

Team's recommendation
Does comply

The home has policies and procedures to govern staff practice in maintaining residents' privacy and dignity. Staff are provided training on privacy and dignity issues during orientation and staff also adhere to a code of conduct that governs practices in relation to resident privacy and dignity. Resident information is stored in a secure location, and staff handovers are conducted in a private manner. Staff practices are monitored by the registered nurses and the clinical nurse. Staff are aware of strategies to maintain residents' privacy and dignity when providing resident cares. Residents/representatives are satisfied with the level of privacy and respect for their dignity being provided by staff at the home.

3.7 Leisure interests and activities

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

Team's recommendation
Does comply

Residents leisure interests and activities are assessed on admission utilising an activities assessment and social and cultural assessment; an individual care plan is developed from the assessment information and these care plans are reviewed three monthly by the diversional therapist. An activities planner is developed from the assessed resident information, historical activities and resident requests; this planner is displayed throughout the facility. Activities undertaken have an accompanying work instruction and evaluation process. Resident participation is also assessed based on the level of involvement in the activity, and this information is used in the evaluation of individual activities. Residents have input into the ongoing activities planner through the resident meetings and via one to one feedback with the diversional therapist. Residents are satisfied with the choice and variety of activities available to them.

3.8 Cultural and spiritual life

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

Team's recommendation
Does comply

Resident's cultural and spiritual needs are assessed on admission through the social and cultural assessment; a care plan is developed as required from the assessment information. Residents have access to religious services at the co located church and others are visited by volunteers and ministers of their faith. The home has a chaplain who is available to support residents on an ongoing basis in relation to their spiritual needs. The diversional therapist makes referrals to the chaplain for residents with identified unmet spiritual needs. Residents are assisted to attend cultural activities conducted in the community, and days of significance are celebrated at the home. Residents are satisfied with the spiritual and cultural support provided.

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

Team's recommendation
Does comply

Residents are encouraged and supported to make decisions about their care, lifestyle and routines; information is provided to residents/representatives prior to and on admission outlining their rights and responsibilities. Staff provide opportunities for choice and utilise strategies to incorporate choice into residents' daily care routines and leisure interests and residents are provided a choice with meal selection where appropriate. Staff practice regarding choice and decision making is monitored by registered nurses and the clinical nurse. Residents/representatives are satisfied that they are able to exercise choice in most aspects of their care and lifestyle.

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

Team's recommendation
Does comply

Processes are in place to ensure that each resident/representative is provided with a resident agreement and handbook prior to admission; the contents of these documents are explained to the resident/representative. Information provided to residents/representatives includes the home's consultative process, residents' rights and responsibilities, fees and charges, security of tenure, circumstances in which a resident may need to be re-located within the home, internal and external complaint mechanisms, and the care, services and routines provided at the home. Residents and their representatives are notified about any changes relating to security of tenure, rights and responsibilities or fees payable via personal letters and one-to-one meetings when required. Residents indicated they felt their stay in the home was secure and are aware of 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 recommendation
Does comply

Pineshaven Residential Care Centre pursues continuous improvement. The home identifies issues for continuous improvement by using feedback from residents and their representatives through the comments and complaints mechanism, resident meetings, resident satisfaction surveys and verbal feedback; from staff through the comments and complaints mechanism and various meetings; and through data collection undertaken by the home such as audits and clinical indicators. The home uses a continuous improvement register, action plans and review to manage and monitor continuous improvement. Residents and staff are familiar with the home's various forums to initiate a suggestion and reported that management is receptive to their suggestions and responds a timely manner.

Examples of Continuous Improvement in standard three are:
- The residents identified that the dining room was openly visible from the front foyer and impinged on their privacy. The home has remodelled the foyer to provide some screening of the outlook. Residents commented on the improvement.
- The dining room has recently had air conditioning and an automatic door installed. The residents are now able to eat in a more comfortable environment and there is better access to the dining room for those with walking aids. Residents have commented individually and through the residents meeting that this changed has improved their environment.

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

Team's recommendation
Does comply

The home has systems to ensure compliance with relevant legislation and regulatory requirements. The organisation monitors changes to legislation and provides regular updates to all facilities. At the home

there are processes to ensure that legislative and regulatory changes are disseminated to staff and implemented via staff education, presentations at staff and resident meetings, memos and letters to staff members when required, for example the organisation has developed a food safety plan that is being implemented at the home. The home also uses audits to monitor their compliance with the legislation. Staff confirmed that they are informed of all changes to legislation that affects them.

4.3   Education and staff development

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

Team's recommendation

Does comply

The home ensures staff and management have appropriate knowledge and skills by the provision of education and training. New staff are provided with an orientation program which includes an orientation to the organisation and an on site orientation with observation of activities and roles and information related to their role. An annual education program is developed, based on required mandatory training, performance appraisals and in response to issues that arise in the home's operations. Each staff member has their education record maintained at the home and attendance at mandatory training is monitored for compliance. Staff are regularly tested for competency in specific areas. Staff report that they have access to education as necessary and residents commented that they were satisfied that the staff were able to provide the care they needed.

4.4   Living environment

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

Team's recommendation

Does comply

The home's environment reflects management's commitment to provide a safe and comfortable environment that is relevant to the needs of each resident. The residents reside in single rooms with en suite bathrooms, and, in the special care wing, in single rooms with shared bathrooms and have been encouraged to personalise their rooms. The many communal and outdoor areas vary in size and allow for large and small gatherings. Furniture and fittings are maintained and appropriate for the needs of the residents and there are security systems in place. The home monitors the environment with regular audits, and residents' satisfaction with their environment through resident meetings and

resident and representative satisfaction surveys. Residents confirmed that they are satisfied with their 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 recommendation
Does comply

The home has a Workplace Health and Safety (WH&S) system that ensures staff are trained, incidents identified and actioned and preventative measures are taken to ensure that there is a safe working environment. The home has a WH&S committee and two staff WH&S representatives that meets monthly to review hazards and incidents. Staff receive education at orientation and annually related to maintaining safety at work including identifying and reporting hazards, understanding risk assessments and manual handling. All staff incidents are reported to the manager who investigates the incident and informs the organistion's cluster workplace health and safety manager. The home monitors the environment through regular audits, reviews of accident and incident data and feedback from residents, representatives and staff. Staff report that management demonstrates its concern for staff safety.

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

Team's recommendation
Does comply

Systems and processes are in place for the prevention, detection and action in the event of a fire, security breach or other emergency incident within the home. Staff are provided with education at orientation and yearly through a compulsory training program; compulsory attendance is monitored by management. Fire drills are conducted for staff and residents are advised of emergency procedures each month at the residents meeting. Fire fighting equipment including fire blankets, extinguishers, hoses and fire identification panels are maintained as documented by external contractors and monitored by the fire safety officer, with home having a current fire safety inspection certificate. All electrical equipment within the facility is tested and tagged. Exits are clear of obstruction and clearly identifiable, evacuation plans are on display throughout the home, evacuation lists and emergency manuals are available for staff, and staff have knowledge of the fire warden and

their responsibility in the event of a fire or emergency situation.

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

Team's recommendation
Does comply

There is an infection control program in place that consists of a surveillance program, and policy and procedures to direct staff practice. Staff have infection control training at orientation and annually. Monthly monitoring of infections occurs and the data is analysed and action taken where necessary and data is sent to the organisation's cluster infection control group. Catering, cleaning and laundry services follow infection control processes and monitoring of these practices is generally followed. There is a monthly cluster infection control meeting and information from this is presented to staff and residents, where necessary, via the home's meeting forums. The home has an outbreak kit available for immediate use if necessary. Infection control audits are used regularly to monitor infection control practices.

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

Team's recommendation
Does comply

Catering, cleaning and laundry services are provided to meet the needs and expectations of residents and staff. The home's kitchen prepares all food, based on a rotating menu which is designed by the organization's head office and reviewed for nutritional content and food preparation; preparation and storage of food complies with the organisation's food safety manual. Residents have choices at each meal and are satisfied with the quality, quantity and temperature of the food. The cleaning of the home is managed by the care staff and the housekeeper, and the home is clean and free from odours. There are cleaning schedules for routine cleaning and processes in place to respond promptly to emergency and additional cleaning. The residents' laundry is done by the care staff on a daily basis, but the residents may choose to do their own laundry. Residents, representatives and staff are satisfied with the hospitality services.