



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Prescare Alexandra Gardens

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Prescare Alexandra Gardens in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Prescare Alexandra Gardens is three years until 6 October 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 progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Prescare Alexandra Gardens				
RACS ID:	5142				
Number of beds:	94	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street/PO Box:	Withers Street				
City:	NORTH ROCKHAMPTON	State:	QLD	Postcode:	4701
Phone:	07 4999 3000		Facsimile:	07 4999 3011	
Email address:	artuttle@dsm.org.au				

Approved provider

Approved provider:	Prescare - Presbyterian Church in QLD
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Assessment team

Team leader:	Denise Edwards
Team member/s:	Sharon Dart
	Elizabeth Palmer
Date/s of audit:	1 July 2009 to 2 July 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply

Agency findings
Does comply
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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	Prescare Alexandra Gardens
RACS ID	5142

Executive summary

This is the report of a site audit of Prescare Alexandra Gardens 5142 Withers Street North Rockhampton QLD from 1 July 2009 to 2 July 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 Prescare Alexandra Gardens.

The assessment team recommends the period of accreditation be 3 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 1 July 2009 to 2 July 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Denise Edwards
Team member/s:	Sharon Dart
	Elizabeth Palmer

Approved provider details

Approved provider:	Prescare - Presbyterian Church in QLD
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Details of home

Name of home:	Prescare Alexandra Gardens
RACS ID:	5142

Total number of allocated places:	94
Number of residents during site audit:	91
Number of high care residents during site audit:	66
Special need catered for:	Dementia and other related disorders

Street/PO Box:	Withers Street	State:	QLD
City/Town:	North Rockhampton	Postcode:	4701
Phone number:	07 3223 4444	Facsimile:	07 3223 4411
E-mail address:	rtuttle@prescare.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Prescare Alexandra Gardens.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Care manager	1	Residents/representatives	10
Clinical nurse consultant	1	Hotel services team leader/fire safety officer	1
Endorsed enrolled nurse	2	Laundry staff	1
Registered nurse	3	Cleaning staff	3
Operations manager	1	Maintenance staff	1
Lifestyle team leader	1	Lifestyle coordinator	1
Assistant in nursing	5	Physiotherapist	1
Physiotherapy aide	1	Infection control coordinator	1
Cook	1	Catering staff	5
Food safety supervisor	1	Residential acute care service nurse practitioner	1
Administration assistant	1	Administration officer	1
Workplace health and safety officer/fire officer	1		

Sampled documents

	Number		Number
Residents' files	11	Medication charts	15
Care plans	11	Personnel files	10

Other documents reviewed

The team also reviewed:

- Aged care certification assessment instrument
- Activities calendar
- Advance care assessment
- Allied health matrix 2009
- Annual fire safety declaration 2008
- Annual maintenance declaration
- Asbestos re-assessment report and register 2009
- 'As required' medication outcome sheet
- Audits and audit schedule
- Building emergency procedures
- Cleaning schedules and check lists

- Clinical pathway for wound care
- Closed circuit television screens
- Colour coded emergency guidelines
- Comments and complaints forms and register
- Communication folders
- Contractor handbook
- Diet information folder
- Dietician communication and menu report
- Dressing change calendar
- Educational workbooks, questionnaires, training packages and competencies
- Emergency documentation manual
- Emergency drug record for observed weekly check
- Emergency procedures guidelines and training records
- Emergency procedures self learning package
- Employment letters of offer
- Enduring power of attorney
- Environmental audit
- Episodes of infection folder
- External contractor agreements
- Falls register
- Fire and emergency response drill records
- Fire fighting equipment register, and inspection records
- Food and appliance temperature forms
- Food business license
- Food safety audit 2009
- Food safety program
- Gastroenteritis outbreak flow chart
- Handover sheets
- Hand washing information sheets
- Have your say forms
- Hazard and associated risk register and reports
- Human resource manual
- Infection control audits
- Infection control training materials
- Infection control policies
- Infection control outbreak procedures
- Kitchen and laundry communication books
- Kitchen and laundry maintenance request books
- Laundry work schedules and task descriptions
- Lifestyle manual
- Material safety data sheets and expiry check list
- Local protocols folder
- Mandatory and general education calendar, training programs and attendance records
- Mandatory reporting of abuse educational materials
- Mandatory training record books for individual staff
- Manual handling competency records
- Material safety data sheets
- Meeting minutes
- Medication alert cards
- Medication incident report
- Memoranda, letters, facsimiles and electronic mail messages
- Menu and choices
- Mission, vision, and core values statements
- New staff orientation package and training program
- Newsletters
- Nurses work sheet

- Performance appraisals
- Permission to have a pet form
- Pest control records
- Pest control policy
- Police certificates and statutory declarations
- Policies and procedures
- Position descriptions
- Preferred supplies list
- Preventive and routine maintenance schedule and records
- Probationary review forms
- Recipes and costings folder
- Record of discarded linen
- Resident activity evaluation records
- Resident activity identification lists
- Resident admission and finance check list
- Resident and relative meeting minutes
- Resident lifestyle profile
- Resident permission form
- Resident meal satisfaction survey
- Resident survey results and actions
- Residents property and valuable record
- Residential care agreements
- Residential care and lifestyle policy and procedure manual
- Residents activity participation and evaluation forms
- Resident clothing labels request forms
- Residents' dietary requirements/preferences
- Resident information handbook
- Resident information package and surveys
- Resident outings form
- Spiritual pastoral service improvement team communication
- Support services meeting minutes
- Syringe driver check list
- Quality assurance review report
- Quality improvement plan
- Quality team meeting minutes
- Queensland Nursing Council registrations
- Resident of the day charts
- Resident incident folder
- Recruitment policies and procedures
- Request for assistance with medication form
- Resident incident folder
- Resident influenza vaccination records
- Resident mobility list
- Resident welcome booklet
- Residual circuit device testing records
- Resource folders
- Restraint authorisation forms
- Rosters, shift signing sheets and shift allocation list
- Smoking policy
- Supplies check list for outbreak
- Staff handbook
- Staff hand washing competencies
- Staff health audit
- Staff incidents documents
- Swine Flu fact sheets
- Training needs survey and analysis

- Verbal counselling report
- Visitor sign in/out register
- Waste management policy
- Weight charts
- Work instructions
- Wound charts
- Workplace health and safety manual, meeting minutes, forms and reports

Observations

The team observed the following:

- Activities in progress
- Activity noticeboards
- Advocacy brochures
- Adapted cutlery in use
- Cot side protection
- Chapel
- Charter of Residents' Rights and Responsibilities on display in the home's entrance
- Chemical storage areas with signage
- Cleaners' trolley, cleaning equipment and cleaning regime in progress
- Colour coded chemical dispensing system
- Colour coded equipment
- Communal areas
- Dining room whiteboard
- Drinking fountains and supplies located throughout the facility
- Emergency communication telephones
- Equipment and supply storage areas
- Evacuation plans on display in public areas
- Exits, hallways, pathways of egress and fire/smoke doors
- Exit lighting in operation
- External assembly points with signage
- Falls risk stickers on wheelie walkers and resident doors
- Fire fighting equipment and inspection tags
- Gastroenteritis outbreak kit
- Hand sanitising gel dispensers on resident dining tables
- Hand washing stations and supplies
- Influenza guidelines posters displayed in public areas
- Information on display in public places
- Interactions between residents, family members and staff
- Internal and external environment
- Kitchen chemical safe
- Kitchen operations
- Large print resident documentation
- Laundry operations
- Linen transport vehicle
- Lost clothing rack
- Lunch meal service
- Main fire panel and mimic fire panels
- Maintenance shed
- Manual emergency call points
- Material safety data sheets on display
- Meal service
- Menu and choices
- Modified food whiteboard
- Music equipment
- Medication administration
- Multipurpose room

- Nurse call system
- Nurses' stations
- Outdoor entertaining areas
- Pan room
- Personalised resident rooms
- Resident accommodation
- Resident laundry
- Resident noticeboard
- Residents receiving palliative care
- Secure environment
- Spa Bath
- Spill kits
- Staff practice in administrative, clinical, hospitality and maintenance service areas
- Staff smoking area
- Staff using personal protective equipment
- Suggestion boxes
- Therapy room

Assessment information

This section covers information about 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 recommendation

Does comply

The home has processes and forms to capture, document, review and action continuous improvement suggestions from resident/representatives, staff and other interested parties verbally or in writing. Improvement suggestions are received via a standardised form, comments/complaints, meetings, surveys, audits and individual discussions. Residents unable to complete an improvement form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Continuous improvement forms are collected, reviewed and entered into the home’s electronic database by key personnel; management utilises meetings/meeting minutes and individual discussions as monitoring and resolution strategies. Feedback is provided to originators of suggestions verbally, electronically or in writing. Residents and staff are familiar with the home’s various forums to initiate a suggestion and reported that management is receptive to their suggestions, responding to their requests in a timely manner.

Improvements reported by management and staff in relation to Standard One include, but are not limited to, the following examples:

- Management identified that during the 2008 calendar year, a minimal number of “improve it” forms were received from residents/representatives and staff. This form was subsequently revised and the new form and a memorandum was distributed to enhance the awareness of residents/representatives and staff of the importance of their contributions to continuous improvement activities. This has resulted in an increase in the number of continuous improvement forms from eight received in 2008, to twenty two received in the first six months of 2009.
- While auditing and benchmarking occur at the home, a documented audit schedule was not in place and it was identified that an audit schedule would enhance the ability of management to regularly monitor auditing activities. As a result, a flexible audit schedule that reflects the four Accreditation Standards has been developed and has been in place at the home since January 2009. Audits, audit results and audit scheduling are monitored at the home’s regular quality team meetings.
- Staff identified that the contents of files in a nurses’ station in a unit of the home were continually falling out and causing disruption to staff access to information. As a result, an adjustable and lockable storage area has been installed. This has resulted in staff access to a secure storage area for resident files.
- An information management strategy that is now utilised at the home is to include a “fact sheet” in payslips for staff. Management provides information such as upcoming mandatory and general training dates, new policies or procedures or information about the accreditation process. Staff reported satisfaction with this information management strategy.

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

Management is informed regarding relevant regulatory issues by organisational officers, external organisations, peak bodies and by key personnel at the home; senior management is primarily responsible for the provision of regulatory information. Policies and procedures are developed or adjusted to align with regulatory requirements by organisational officers and provided to staff at the home. Management utilises discussions with key personnel and meetings as monitoring and review strategies. Legislative and regulatory information and results of accreditation audits are communicated to residents and staff electronically, verbally or in writing; documents are available to all staff in hardcopy format or on the home's computerised database. Compliance with regulatory requirements is monitored and non-compliance is addressed as appropriate. All staff, volunteers and identified service providers are required to provide a current police certificate prior to commencement of work. Expiry dates of police certificates are monitored by management and staff/volunteers are notified in a timely manner regarding relevant expiry dates. Staff are satisfied with the home's provision of regulatory and legislative information.

1.3 Education and staff development

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

Team's recommendation

Does comply

Management demonstrates a general and mandatory education and staff development program that includes an orientation program and booklet for all new staff, supervision shifts, monthly education planners, self directed learning packages, questionnaires and competency assessments. Mandatory training sessions are scheduled as needed and management has a process in place to manage staff who do not attend training as required. Education topics in relation to Standard One are identified based on operational requirements of the home, audit/survey results, knowledge/skills gaps identified in performance appraisals, acquisition of new equipment/supplies, observation of staff practice and new/revised policies and procedures. Attendance at education sessions is documented and monitored by supervisors. Staff are supported and encouraged to self nominate their interest to attend internal and external educational opportunities; the home has resources to facilitate the provision of educational sessions. Staff demonstrated knowledge and skills appropriate to their roles and reported satisfaction with the support they receive from management to participate in internal and external education and staff development opportunities.

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 a comments and complaints system that captures concerns and suggestions from resident/representatives, staff and other interested parties verbally and in writing. Resident/representatives are informed about internal and external avenues of complaint in the resident handbook, at admission, via brochures and posters displayed throughout the home, at residents' meetings and individual discussions. Comment/complaint forms and suggestion boxes are available and accessible to residents and are located throughout the home. Comment/complaint forms are reviewed regularly by management and actioned as appropriate by relevant personnel. A register is utilised to monitor the status of complaints and discussions with key personnel is used as a strategy to monitor progress toward resolution. Management provides feedback to the originator of a comment/complaint verbally or in writing. Residents and staff are familiar with the various forums to raise a concern and reported that management is receptive to their suggestions, responding to their requests in a timely manner.

1.5 Planning and leadership

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

Team's recommendation

Does comply

Management incorporates a documented organisational mission, vision and core values statements into the home's operational practices; these statements are available to residents/representatives, staff and other interested parties via posters displayed throughout the home. The home's quality statements are provided to resident/representatives in the resident information booklet and to staff/volunteers during orientation and in relevant handbooks. Documents containing the home's quality statements have consistent content.

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 has organisational recruitment/selection processes in place that are managed by senior staff at the home and by organisational personnel that include an orientation program and booklet, performance appraisals and supervision shifts for all new staff. Management recruit/hires new staff with relevant experience and identified qualifications and provides both mandatory and general training according to a planned education program. All staff are required to provide a valid police certificate and/or statutory declaration prior to commencement of work; staff are notified in a timely manner of police certificate expiry dates. Position descriptions are provided to staff prior to commencement of work and staff are required to sign their position description indicating that they understand and accept their assigned duties. Key personnel manage the home's rosters and shifts are filled with permanent or casual staff; planned and unplanned leave of permanent staff is managed utilising a casual pool of staff. The changing care needs of residents is managed by adjusting staff hours/shifts when necessary. Staff practice is monitored and performance appraisals are conducted following a probationary period and annually or as needed thereafter. An employee assistance program is available to assist staff as needed. Management communicates with staff verbally, electronically and in writing. Residents are satisfied with the ability of staff to meet their needs across a range of care and service areas.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has processes, forms and personnel in place to monitor and maintain goods and equipment for the delivery of care and services to residents. The repair of faulty equipment is actioned by the maintenance officer or external providers to ensure the safety and useability of equipment; maintenance issues are identified via a standardised form and these forms are available to all staff. Maintenance staff or external contractors complete preventative, corrective and routine maintenance work at the home as required. Stock levels are monitored, maintained and rotated by key personnel to ensure availability of goods to meet health and personal care needs of residents and environmental service requirements of the home; stock is ordered from a preferred suppliers list that is maintained by the home's head office. Resident/representatives and staff reported that equipment and goods meet their needs and equipment is adequately maintained.

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 and procedures in place to manage information in a secure and confidential manner, including, restricted access to service information and resident and personnel files, locking of storage areas and offices and restricted password access to computers. The home collects and uses information in relation to incidents, hazards and infections related to residents and staff; computerised data is backed-up regularly by organisational personnel. Management has access to current information via external providers, peak bodies, key personnel at the home and by the home's head office. Information is communicated to staff verbally, electronically or in writing. Food/drink items, medical, chemical and other goods and equipment are ordered by key personnel utilising an organisational process and forms. Management provides information and feedback to resident/representatives verbally and in writing. The home has procedures in place for archiving and destroying documents as per the home's policies. Resident/representatives and staff reported that they are satisfied with information management at 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

Service agreements are established, maintained and reviewed by the home's organisational head office and key personnel at the home have access to these agreements. Service agreements outline the home's requirements and the quality of service to be provided including special conditions; identified contracts specify that contractors are required to provide valid police certificates. Services provided by external contractors are monitored and action is taken by management as required to address unsuitable performance. Staff are trained in the use of new chemicals, equipment and goods. External service providers must sign-in/out in a book located at reception and are required to report to the maintenance officer, or other relevant personnel, prior to commencing work at the home. Chemicals, equipment and goods are appropriately stored and areas containing hazardous materials are secured, have limited access and are identified by signage. Management utilises an approved supplier list for the provision of services and supplies. Staff reported satisfaction with the quality of external services provided by 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

The home has processes and forms to capture, document, review and action continuous improvement suggestions from resident/representatives, staff and other interested parties verbally or in writing. Improvement suggestions are received via a standardised form, comments/complaints, meetings, surveys, audits and individual discussions. Residents unable to complete an improvement form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Continuous improvement forms are collected, reviewed and entered into the home's electronic database by key personnel; management utilises meetings/meeting minutes and individual discussions as monitoring and resolution strategies. Feedback is provided to originators of suggestions verbally, electronically or in writing. Residents and staff are familiar with the home's various forums to initiate a suggestion and reported that management is receptive to their suggestions, responding to their requests in a timely manner.

Improvements reported by management and staff in relation to Standard Two include, but are not limited to, the following examples:

- As a strategy to enhance the medication administration knowledge and skills of nursing staff, the home's mandatory education schedule has been revised to include twice yearly competency assessments for care staff. This has enhanced medication administration practices at the home.
- As a strategy to reduce resident falls, a falls register has been developed and is now in use at the home. This falls register enables staff to identify time of day and contributing factors in relation to resident falls and to action as appropriate. Resident falls are discussed at relevant team meetings and this falls register has had positive comments from staff.
- As a strategy to reduce skin tears, wheelchair footplate covers are now in use at the home. Positive comments have been received regarding the new footplate covers. This has resulted in improved outcomes for residents.
- Colour coded cards have been placed above identified residents' beds to alert staff regarding individual resident needs such as dietary needs such as manual handling requirements, falls risk and pressure area care. This has resulted in improved outcomes for 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

Management is informed regarding relevant regulatory issues by organisational officers, external organisations, peak bodies, local medical facilities, health care professionals and by key personnel at the home; senior management is primarily responsible for the provision of regulatory information. Policies and procedures are developed or adjusted to align with regulatory requirements by key personnel and provided to staff at the home. Management utilises discussions with key personnel and meetings as monitoring and review strategies. Legislative and regulatory information and results of accreditation audits are communicated to residents and staff verbally and in writing; documents are available to all staff in hardcopy format or on the home's computerised database. Compliance with regulatory requirements is monitored and non-compliance is addressed as appropriate. All registered nursing staff are required to provide a current Queensland Nursing Council certificate prior to commencement of work and as required thereafter; expiry dates of nursing certificates are monitored by management and registered staff are notified in a timely manner of relevant expiry dates. In addition, identified allied health providers are also required to

provide current practicing certificates as necessary. Staff are satisfied with the home's provision of regulatory and legislative information.

2.3 Education and staff development

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

Team's recommendation

Does comply

Management demonstrates a general and mandatory education and staff development program that includes an orientation program and booklet for all new staff, supervision shifts, monthly education planners, informational flyers, self directed learning packages, questionnaires and competency assessments. Mandatory training sessions are scheduled as needed and management has a process in place to manage staff who do not attend training as required. Education topics in relation to Standard Two are identified based on the care needs of residents, operational requirements of the home, audit/survey results, knowledge/skills gaps identified in performance appraisals, acquisition of new equipment/supplies, observation of staff practice and new/revised policies and procedures. Nursing staff who administer medication are required to complete medication competency assessments regularly or as needed. Attendance at education sessions is documented and monitored by supervisors. Staff are supported and encouraged to self nominate their interest to attend internal and external educational opportunities; the home has resources to facilitate the provision of educational sessions. Staff demonstrated knowledge and skills appropriate to their roles and reported satisfaction with the support they receive from management to participate in internal and external education and staff development opportunities.

2.4 Clinical care

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

Team's recommendation

Does comply

The clinical nurse consultant or registered nurses assess the resident on admission to the home and develop an interim care plan to guide staff whilst the resident is settling into their new environment. A comprehensive care plan is written after evaluating information from focal assessments which is displayed in the residents' bedroom and easily accessible for nursing staff. Clinical reviews and resident of the day observations are conducted monthly to monitor effectiveness of the care provided. Medical officers visit the home regularly and any changes to health status are documented in the residents' progress notes. Nursing staff regularly document episodes of care in the progress notes and residents changing needs are communicated through handover reports, handover sheets, communication books and diaries. Regular contact with residents/representatives is maintained related to changes in residents' condition, incidents, general care and progress. Residents expressed satisfaction with the caring and timely service provided by staff in relation to their clinical care.

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

Specialised nursing care needs of residents are identified on entry to the home and on an ongoing basis as a resident's health status changes. Focus tools are used to assist the assessment process such as pain, falls risk, pressure area risk and continence. Care interventions are planned and evaluated by the clinical nurse consultant and registered nurses in consultation with the resident/representative, care staff and other health professionals. Specialised nursing care interventions such as oxygen therapy, insulin management and anticoagulant therapy management are provided. Wound treatment sheets document treatment and evaluation information. Other

resources such as the Residential Acute Care Services based at the local hospital, who provide advice, education, and resources are utilised to meet the specialised nursing and clinical needs of residents should the need arise. Residents reported satisfaction with the care provided for their specialised nursing needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents have current care plans reflecting assessed care needs which are reviewed as part of the ‘resident of the day’ process. Residents are referred to health specialists when an assessed need is identified in consultation with the resident/representative and the resident’s medical officer. A range of allied health and related services are accessible to residents at the home and include visits to residents from a podiatrist, speech therapist, physiotherapist, dietician, and audiologist. Referral to other health related services such as other allied health services, specialists, community services and hospital outpatients/clinics is facilitated by staff and families. Residents stated that they were satisfied with referrals to appropriate health specialists.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nursing staff, endorsed enrolled nurses, and assistant in nurses who have been appropriately educated, administer residents’ prescribed medications from a multi-dose sachet medication administration system. Residents that self administer are assessed as competent and locked drawers are provided to keep their medications stored safely. The medication records contain information such as; the drug, dose, commencement date, cease date, administration time, resident photograph, medication alerts, special administration instructions, contraindications or allergies and doctor’s signature. Medications within the medication trolleys, dangerous drug cupboards and cold storage areas are stored securely. An incident reporting system, competencies and audits are in place as part of the safe medication management system and any deficiencies are actioned. The contracted pharmacy service conducts reviews of residents’ medications, possible adverse interactions and this information is provided to the medical officer and nursing staff. A medication advisory meeting is held three monthly, identified safety issues are discussed and action instigated. Residents confirmed their prescribed medications were provided in a timely manner and requests for ‘as needed’ medication are provided promptly.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems and processes in place for the identification, assessment, care planning, review and ongoing management of residents’ pain. The pain management needs of residents are identified on entry and on an ongoing basis as residents’ health status changes. Focus assessment tools are used when a need is identified, and non-verbal and verbal signs of pain are recorded, monitored and evaluated. Residents’ individual pain management programs and care plans are monitored and evaluated to determine the effectiveness of pain management interventions and the residential and acute care services based at the hospital provide equipment, education and advice on pain management. Treatment for pain includes interventions including; music, massage, application of heat packs, positional changes, pressure relieving devices and administration of analgesics. Resident feedback confirmed satisfaction with the way staff respond to their needs to ensure they are as free as possible from pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

Residents/representatives wishes in regards to terminal care, end of life comfort and dignity preferences are ascertained on admission where appropriate. Residents receiving palliative care are assessed for nutrition and hydration, pain management, bowel care, oral health, skin integrity, respiratory problems and restlessness. Care plans are reviewed in consultation with the resident and their family as the resident moves through the palliative care stages enabling staff to meet specific physical, emotional, spiritual and cultural needs. Medical officers are kept informed of the resident’s condition and medications are adjusted as signs and symptoms dictate. External palliative care specialists are resourced when required and referrals are made to health care services as necessary. Resources/equipment are available for staff to assist in providing an environment for palliative care residents that aids in relaxation and visiting chaplains are available to provide emotional and spiritual support. Staff are educated about the principles, objectives, and practices of palliative care.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Assessment tools are available for use on admission of each resident and residents are re-assessed as indicated by changes in their health status. Resident dietary requirements, likes and/or dislikes, cultural or religious preferences are recorded through this process. Additional information and changes to residents’ needs are provided to support staff by the nursing staff or allied health professionals. Care plans and progress notes reflect the needs of the resident related to maintaining their nutrition/hydration. Residents are weighed monthly and more frequently if indicated. Residents who may gain or lose weight are highlighted, referred to the medical officer and action is taken such as the commencement of a nutritional supplement and/or referral to a dietitian/speech pathologist. Special diets, vitamised and softened diets are also available as required. Appropriate eating aids are available to residents as the need is identified. Residents indicated they were satisfied with the quantity, quality and type of food and fluids available.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ assessment information is collected during the admission process and includes general and focus assessments of skin integrity and potential risks or contributing factors to changes in skin integrity. Reassessment of residents’ changing skin care needs is conducted as required and changes are reported in the progress notes and handover process. Changes to skin integrity such as skin tears or wounds are recorded on incident reports and are treated and monitored through the wound treatment plans. Pressure relieving devices such as air mattresses and limb protectors are in use for residents as needed, nutritional supplements are used to facilitate wound healing and the use of bag baths and skin conditioning lotions are used to maintain skin integrity. Residents have access to podiatry, diversional therapy and hairdressing services as identified through the admission assessment and reassessment processes and also by resident or their representatives’ request. Residents stated they were satisfied with the management of their skin integrity.

2.12 Continence management

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

Team's recommendation

Does comply

Residents' continence needs are assessed during the admission phase. Focus assessments are completed and strategies to maintain continence are recorded in the care plan which is regularly reviewed and monitored by residents and staff as to its effectiveness. Bowel charts are maintained daily for residents with identified needs. External resources and staff with skills in continence management are available to provide specialised support for nursing staff. Nursing staff monitor resident continence routines to identify any changes, assist residents to the toilet on request and regularly, provide continence aids, provide dietary and fluid requirements and administer aperients when needed. A range of continence aids are available and ordered in response to residents changing needs. Residents confirmed that staff are supportive of their needs in relation to maintaining their continence.

2.13 Behavioural management

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

Team's recommendation

Does comply

The needs of residents with challenging behaviours are assessed on admission and monitored on an ongoing basis. Registered nurses and care staff utilise behaviour charts to monitor residents' challenging behaviours, risks, triggers, interventions and the effectiveness of interventions over a period of time. Care plans document triggers and a range of individualised strategies for identified challenging behaviours. Aromatherapy, pain management, and other diversional therapies are interventions noted to calm/manage agitated residents. Staff access resources within the community such as the Dementia Behaviour Management Advisory Service and other health professionals to assist in managing residents' behaviours. Staff demonstrated an understanding of how to manage behaviours and residents stated that they were satisfied with the way that behaviours were managed by the staff.

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

Residents mobility, transfer and dexterity needs are identified during the admission assessment phase by the staff and a physiotherapist and a care plan is written. Mobility status is reviewed regularly and re-assessment occurs six monthly by the physiotherapist. Nursing staff and therapy staff assist the resident with the mobility/exercise plans, passive and active exercises are also conducted through the therapy program. Staff monitor medication, footwear and the environment as part of the falls prevention program and risk assessments are used to identify the risk of falling which is communicated to staff by pictures of a possum placed in residents' rooms and on their walking aides. The residents have access to an on site therapy room containing gym equipment and a spa bath. Residents who have multiple falls are reviewed by the falls prevention committee which meets regularly. The home has a supply of mobility aids such as wheeled walkers and wheelchairs and has adequate supplies of slide sheets, walk belts and hoists. Residents stated they were satisfied with the assistance provided to them relating to their mobility and dexterity needs.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents oral and dental care needs are collected during the admission assessment process and care strategies are developed to address residents' needs and preferences. Reassessment of residents' oral and dental health is conducted when a change in health status is identified. The diary and progress notes identify communication between staff related to residents' care, such as appointments and family consultation. Where appropriate, changes to a resident's diet may be identified as a strategy to address oral or dental problems. Residents stated that they were happy with the assistance provided by staff in relation to their oral and dental needs.

2.16 Sensory loss

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

Team's recommendation

Does comply

Information about residents' care needs in relation to hearing, vision, speech and communication is collected during the admission assessment process and reassessed as needed when care needs change. Care strategies are planned to address identified needs and personal preferences. Care staff and allocated trained staff assist residents to clean and maintain their glasses and hearing aids as required. Resources such as mouth care products are available to meet residents' oral hygiene needs. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in accordance with assessed need and in consultation with the resident, their representative and the medical officer. Residents stated that they were satisfied their sensory needs were being met by staff.

2.17 Sleep

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

Team's recommendation

Does comply

Information about residents' usual sleep/rest patterns and routines is collected during the admission assessment process and individual preferences related to bedtime and waking routines are noted. Resident care plans include a range of interventions to assist the resident to sleep or to return to sleep such as; changing position, offering warm or preferred drinks and attending to any required pain relief and sedatives as required. Residents stated that they are able to achieve their normal sleep patterns, the home provided a safe environment and that staff provide assistance to resettle them when required.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has processes and forms to capture, document, review and action continuous improvement suggestions from resident/representatives, staff and other interested parties verbally or in writing. Improvement suggestions are received via a standardised form, comments/complaints, meetings, surveys, audits and individual discussions. Residents unable to complete an improvement form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Continuous improvement forms are collected, reviewed and entered into the home’s electronic database by key personnel; management utilises meetings/meeting minutes and individual discussions as monitoring and resolution strategies. Feedback is provided to originators of suggestions verbally, electronically or in writing. Residents and staff are familiar with the home’s various forums to initiate a suggestion and reported that management is receptive to their suggestions, responding to their requests in a timely manner.

Improvements reported by management and staff in relation to Standard Three include, but are not limited to, the following examples:

- Subsequent to input from residents and staff, a monthly bar-be-que has been implemented during the summer months. Residents have reported that they enjoy having a meal outdoors, opportunities to socialise in the cool evening and the music provided.
- Comments expressed at a recent resident meeting in a unit of the home indicated that residents felt afternoon tea was being served too early in the afternoon and requested that it be served at 2.30pm. Residents now enjoy the opportunity to have afternoon tea at a time that they prefer and that does not interfere with planned activities.

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

Management is informed regarding relevant regulatory issues by organisational officers, external organisations, peak bodies and by key personnel at the home; senior management is primarily responsible for the provision of regulatory information. Policies and procedures are developed or adjusted to align with regulatory requirements by key personnel and provided to staff at the home; the home demonstrates an organisational policy regarding missing residents. Management utilises discussions with key personnel and meetings as monitoring and review strategies. Legislative and regulatory information and results of Accreditation audits are communicated to residents and staff electronically, verbally or in writing; documents are available to all staff in hardcopy format or on the home’s computerised database. Compliance with regulatory requirements is monitored and non-compliance is addressed as appropriate. Staff are trained at orientation and regularly thereafter, regarding to mandatory reporting of abuse and staff demonstrated an awareness of mandatory reporting of abuse procedures. Staff are satisfied with the home’s provision of regulatory and legislative information.

3.3 Education and staff development

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

Team's recommendation

Does comply

Management demonstrates a general and mandatory education and staff development program that includes an orientation program and booklet for all new staff, supervision shifts, monthly education planners, questionnaires, self directed learning packages and competency assessments. Mandatory training sessions are scheduled as needed and management has a process in place to manage staff who do not attend training as required. Education topics in relation to Standard Three are identified based on the care needs of residents, operational requirements of the home, audit/survey results, knowledge/skills gaps identified in employee assessments, acquisition of new equipment/supplies, observation of staff practice and new/revised policies and procedures. Staff are required to attend mandatory reporting of abuse education sessions at orientation and annually thereafter. Attendance at education sessions is documented and monitored by supervisors. Staff are supported and encouraged to self nominate their interest to attend internal and external educational opportunities; the home has resources to facilitate the provision of educational sessions. Staff demonstrated knowledge and skills appropriate to their roles and reported satisfaction with the support they receive from management to participate in internal and external education and staff development opportunities.

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 reported that management and staff are supportive to their adjustment to the new environment. New residents/representatives are given orientation, introduced to other residents and are provided with information about the home as part of the entry process. After entry, residents are visited and supported by key personnel, lifestyle staff, and registered nurses who monitor residents' emotional status throughout this time. A resident buddy system is encouraged and access to chaplaincy along with referrals to specialist/ counselling services are available. Residents are assessed for emotional support needs and individualised social care planning and strategies are developed and reviewed three monthly thereafter to inform staff about individual residents' lifestyle, background, interests and capabilities; this information is used to develop care plans and influence staff practice on the provision of appropriate emotional support. Feedback from residents is gained through residents' satisfaction surveys, case conferencing, meeting minutes, and direct interaction with staff or key personnel on a daily basis.

3.5 Independence

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

Team's recommendation

Does comply

Residents reported that staff assist them to achieve a maximum level of independence. The lifestyle needs of residents in relation to independence are assessed on admission and consultative adjustments are made to the social care plan when changes to care needs occur. The care staff, lifestyle team, and relevant allied health specialists develop and review the care plans to also reflect the desired levels of independence. Aids and equipment are provided to promote independence for residents in the areas of mobility and transfer; meals and drinks; and leisure activities. Residents are encouraged to be independent with shopping trips, maintaining links with the community, social outings or family visits and personalising their rooms. Residents/representatives confirmed that staff support and encourage them to be as independent as possible within their capabilities and preferences.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents reported that staff respect their privacy and are respectful of their needs. Residents' preferences in relation to their preferred name, care, lifestyle, cultural and spiritual beliefs are identified on entry and included on care plans to guide staff practices. Residents' information and files are stored in a confidential manner and discussions regarding individual residents' issues are conducted in privacy. Care discussions and/or medical assessment are conducted in privacy by the care team and staff practice is monitored by key personnel. Residents are supported where needed with bathing, toileting, dressing, grooming and staff offer any required assistance discreetly. Feedback from residents is gained through residents' satisfaction surveys, case conferences resident/representative meetings and direct interaction with staff or key personnel on a daily basis.

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 reported they are provided with enough activities each day and are satisfied with the range of activities provided. Residents' previous lifestyle, social background and activity history is assessed on entry to the home and social care plans are developed and reviewed every three months thereafter. Consideration is given to residents' physical limitations and capacity to participate in activities is assessed; one-to-one activities are provided for residents who do not participate in the group activities or who prefer to stay in their rooms. Residents/representatives are consulted in relation to choice of activities and preferences, and activities options and satisfaction is discussed at resident/representative meetings. Activity programs are developed in consideration of residents' suggestions gained through meetings, surveys, one on one feedback and evaluation of participation. Residents are encouraged and assisted by staff and volunteers to engage in activities of interest to them and a range of opportunities are provided.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents reported they are satisfied with the activities provided in relation to their cultural and spiritual life, and confirmed that staff are respectful of their choices. The cultural and spiritual needs of residents are assessed through developing a lifestyle profile upon entry to the home and communicated to staff through residents' care plans, progress notes, verbally and through handover processes. Relevant spiritual and cultural theme days are observed and residents are encouraged to maintain links with the community to support their needs. Church services are conducted on site and support through the pastoral and spiritual care services improvement team is available to residents at all times. Support is provided from visiting chaplains, priests and ministers where requested by residents and external cultural specific services are accessed to support residents where the need has been identified. The home monitors residents' cultural and spiritual needs through review of responses in residents' surveys, individual feedback, case conferences and residents' meetings.

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 reported they are able to make choices about their care and lifestyle. There are established policies, procedures and processes to identify and assess choice and decision-making needs on admission and when changes to care needs occur. Information regarding residents' appointed decision-makers is documented in their file. Residents are informed about their rights and responsibilities through consultation and informed consent on admission and information regarding advocacy services is available. Information about residents' rights and responsibilities is contained in the welcome handbook provided to all residents on admission and residents have the right to refuse care or treatment offered and such refusal is documented in the progress notes. Resident/representative meetings provide a forum for raising suggestions regarding care and services provided, along with bi annual resident surveys and feedback is linked to the home's monitoring system for continuous improvement.

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

Resident/representatives are provided with information upon entry to the home to ensure they are aware of the conditions of tenure and their rights and responsibilities. This information is provided in resident agreements and welcome handbook, and posters are displayed to remind residents, staff and visitors of their rights and responsibilities. Consultation with residents/representatives occurs upon entry and as required where changes in care needs are identified and/or if room changes may be necessary. The home provides a system for supporting the process of ageing in place and has access to assistance provided by Residential Acute Care Services. Residents are provided with information on complaints resolution processes including internal and external complaint mechanisms and advocacy services. Residents reported that they feel safe and secure at the home 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

The home has processes and forms to capture, document, review and action continuous improvement suggestions from resident/representatives, staff and other interested parties verbally or in writing. Improvement suggestions are received via a standardised form, comments/complaints, meetings, surveys, audits and individual discussions. Residents unable to complete an improvement form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Continuous improvement forms are collected, reviewed and entered into the home’s electronic database by key personnel; management utilises meetings/meeting minutes and individual discussions as monitoring and resolution strategies. Feedback is provided to originators of suggestions verbally, electronically or in writing. Residents and staff are familiar with the home’s various forums to initiate a suggestion and reported that management is receptive to their suggestions, responding to their requests in a timely manner.

Improvements reported by management and staff in relation to Standard Four include, but are not limited to, the following examples:

- Residents were advised at a resident meeting that fan heaters could not be taken into bathrooms because this is a safety hazard. Residents then requested an alternative since mornings could be very cold while taking showers. As a result, a specially designed lighting system has been installed in resident bathrooms in a unit of the home. This has received positive comments from residents.
- Residents reported to staff that the morning sunlight was too bright in their bathrooms and these residents were having difficulty with the resulting glare. Blinds have now been installed in relevant resident bathrooms and residents are satisfied with the result.
- As an educational strategy to increase resident and staff awareness of infection control practices, posters are now displayed throughout the home regarding the importance of correct hand washing and a variety of other infection control measures. This has resulted in enhanced resident and staff knowledge regarding infection control practices.
- In response to fire safety regulations, the home now has two qualified fire safety advisors. In addition, management has developed and implemented a fire management plan for the home. This has resulted in compliance with relevant legislation and other requirements.
- Subsequent to a complaint submitted by a family member stating that it was difficult to find a parking space close to a unit of the home to facilitate picking up residents, a parking space specifically identified for short term parking has been implemented. This has received positive comments from family members.
- Subsequent to feedback from staff, lighter micro fibre mop heads have been purchased and are now being used by cleaning staff. Staff reported that these new mop heads are easier to use and clean more efficiently than the previous mop heads.

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

Management is informed regarding relevant regulatory issues by organisational officers, external organisations, peak bodies, and by key personnel at the home; senior management is primarily responsible for the provision of regulatory information. Management demonstrates maintenance,

and displays building and fire safety certificates that the home has passed. A food safety plan is in place and the home has four on-site food safety supervisors. The home also has two on-site fire safety advisors; environmental audits are conducted as required by suitability qualified personnel. Policies and procedures are developed or adjusted to align with regulatory requirements by key personnel and provided to staff. Management utilises discussions with key personnel and meetings as monitoring and review strategies. Legislative and regulatory information and results of Accreditation audits are communicated to residents and staff verbally and in writing; documents are available to all staff in hardcopy format or on the home's computerised database. Compliance with regulatory requirements is monitored and non-compliance is addressed as appropriate. Staff are satisfied with the home's provision of regulatory and legislative information.

4.3 Education and staff development

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

Team's recommendation

Does comply

Management demonstrates a general and mandatory education and staff development program that includes an orientation program and booklet for all new staff, supervision shifts, monthly education planners, informational flyers, self directed learning packages, questionnaires and competency assessments. Mandatory training sessions are scheduled as needed and management has a process in place to manage staff who do not attend training as required. Education topics in relation to Standard Four are identified based on the care needs of residents, regulatory requirements, operational requirements of the home, audit/survey results, knowledge/skills gaps of staff, acquisition of new equipment/supplies, observation of staff practice and new/revised policies and procedures. Attendance at education sessions is documented and monitored by supervisors; staff are required to attend food safety for relevant staff, manual handling, fire safety and workplace health and safety at orientation and annually or as needed thereafter. Staff are supported and encouraged to self nominate their interest to attend internal and external educational opportunities; the home has resources to facilitate the provision of educational sessions. Staff demonstrated knowledge and skills appropriate to their roles and reported satisfaction with the support they receive from management to participate in internal and external education and staff development opportunities.

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 provides safe access to clean internal and external areas with furniture sufficient and appropriate for residents and their visitors. Residents are encouraged to maintain their independence and residents have access to call bells, toilets, adapted plates, cups, cutlery and mobility aids. Internal cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning regimes and ensure cleaning programs cover all areas of the home; the quality of cleaning services is monitored regularly by key personnel and deficiencies are addressed as needed. Hazards identified by anyone at the home are risk assessed and remedial action is taken as appropriate. Preventative, corrective and routine building and equipment maintenance is conducted by the maintenance officer or by external contractors. Residents are individually assessed for risk in relation to their safety and appropriate preventive/corrective actions are taken. Staff were aware of and demonstrate practices that ensure the safety and comfort of residents. Residents are satisfied with the living environment of the home.

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 organisation has implemented a safety system that meets regulatory requirements. An occupational health and safety policy, risk assessments and audit tools are used to guide improvements to the home's safety system; the home has a designated workplace health and safety officer and two fire safety advisors. The system includes hazard/incident reporting and control, risk assessments, staff training, regulatory and general maintenance and performance monitoring; residents are informed about improvements to the home in writing and at resident meetings. Risk assessments are conducted and control measures are implemented by relevant staff. Incidents are documented and reviewed by the home's manager, the workplace health and safety officer and discussed at regular workplace health and safety committee meetings. Staff have access to hazard/incident reporting forms; safety training is provided to staff during orientation and annually or as needed thereafter; workplace health and safety is part of the home's mandatory training program. Staff were satisfied that management provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home's fire safety system and installations have been assessed and meet current building certification requirements. Inspection records indicate that the fire detection and alarm system, fire/smoke doors, fire fighting equipment and emergency lighting have been inspected by an external contractor and are maintained in accordance with relevant standards. Emergency exits are clearly marked and pathways to exit were observed to be free of obstructions, fire/smoke doors and exit doors operate as designed. Electrical equipment is inspected by the maintenance officer or by external contractors. The home maintains a smoking policy that applies to residents, staff and visitors to the home; processes are in place for the management of natural disasters, internal threats and dangerous animals. Staff are provided with education in relation to fire safety and evacuation procedures at orientation and annually or as needed thereafter and fire drills are conducted regularly. Staff have access to emergency lists that indicate residents' accommodation and mobility/cognitive status, emergency plans and procedures, fire fighting equipment; evacuation diagrams are displayed in public areas throughout the home. Staff and residents demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm or evacuation.

4.7 Infection control

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

Team's recommendation

Does comply

The home has processes to manage infection control in the areas of clinical, catering, cleaning and laundry practices. Infection control policies and procedures guide staff practice and infection control education including hand washing and use of personal protective equipment is provided to staff at orientation and through the general staff education program. Facilities and equipment such as single-use clinical products, gloves, aprons, sharps containers, hand washing stations, waste receptacles and storage areas are provided to enable infection control practices to be implemented. Generally staff demonstrated awareness of infection control guidelines and practices applicable to their area of duty including the appropriate use of personal protective equipment, hand washing, barrier nursing and outbreak procedures. Surveillance processes are in place to monitor resident infections and include data collation and analysis to identify trends and areas for improvement. Surveillance data and the results of infection control audits are reviewed by the clinical manager who identifies any trends. Action to reduce infections and information about relevant pandemics are communicated to relevant staff through meetings/minutes, communication books and at shift hand over as required.

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

Management demonstrates hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Food safety systems are in place with all meals provided fresh onsite from a professionally reviewed four week rotating menu. Residents have a choice of hot meal preferences at lunch and evening alternatives are provided upon request. Cleaning and care staff are directed by work instructions and schedules to ensure regular cleaning of residents' rooms, internal and external areas. Linen and personal laundry services are provided onsite with regular equipment servicing and adequate products provided to ensure effective outcomes for both staff and residents in hygiene, quality and cleanliness. Effectiveness of hospitality services is monitored through audits, staff and resident/representative meetings, surveys and individual feedback. Staff were satisfied with their working environment and residents confirmed satisfaction with the standard of catering, cleaning and laundry services provided at the home.