



Standards and Accreditation Agency Ltd

Decision to accredit Princes Court Homes Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Princes Court Homes Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Princes Court Homes Hostel is three years until 17 March 2014.

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:	Princes Court Homes Hostel				
RACS ID:	3279				
Number of beds:	100	Number of high care residents:	45		
Special needs group catered for:	<ul style="list-style-type: none"> • Challenging behaviours 				
Street:	27-29 Princes Street				
City:	Mildura	State:	Victoria	Postcode:	3500
Phone:	03 5022 1022		Facsimile:	03 5021 3376	
Email address:	ceo@princescourt.com.au				

Approved provider

Approved provider:	Princes Court Homes Inc
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Assessment team

Team leader:	Rhonda Whitehead
Team members:	Susan Hayden
	Darren Bain
Dates of audit:	14 December 2010 to 15 December 2010

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
Does comply
Does comply
Does comply
Does comply
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
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Does comply

Agency findings
Does comply
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	Princes Court Homes Hostel
RACS ID	3279

Executive summary

This is the report of a site audit of Princes Court Homes Hostel 3279 27-29 Princes Street MILDURA VIC from 14 December 2010 to 15 December 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through 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 Princes Court Homes Hostel.

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 14 December 2010 to 15 December 2010

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:	Rhonda Whitehead
Team members:	Susan Hayden
	Darren Bain

Approved provider details

Approved provider:	Princes Court Homes Inc
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Details of home

Name of home:	Princes Court Homes Hostel
RACS ID:	3279

Total number of allocated places:	100
Number of residents during site audit:	98
Number of high care residents during site audit:	45
Special needs catered for:	Challenging behaviours

Street:	27-29 Princes Street	State:	Victoria
City:	Mildura	Postcode:	3500
Phone number:	03 5022 1022	Facsimile:	03 5021 3376
E-mail address:	ceo@princescourt.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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
Chief executive officer	1	Residents/representatives	16
Director of nursing	1	Volunteers	2
Registered nurses	3	Lifestyle coordinator	1
Enrolled nurses	3	Lifestyle assistant	1
Care staff	5	Maintenance staff	1
Executive assistant	1	Laundry staff	1
Administration supervisor	1	Cleaning staff	2
Administration officer	1	Operations manager - catering	1
Privacy officer	1	Chef	1
Client liaison/receptionist	1		

Sampled documents

	Number		Number
Residents' files	20	Medication charts	8
Summary/quick reference care plans	10	Personnel files	10
Blood glucose monitoring charts	3	Resident agreements	10
Self administration of medications assessment forms	2	Weight charts	5

Other documents reviewed

The team also reviewed:

- Aged care advocacy brochures
- Aged care channel education planner
- Annual essential services report
- Annual prudential statement
- Audit reports/schedules
- Certificates of appreciation for long service
- Christmas party flier
- Church service notices
- Cleaning duty sign of sheets
- Clinical communication books
- Code of ethical conduct
- Continuous improvement action plan
- Council certification - kitchen
- Daily appointment diaries
- Daily consolidated reporting sheets
- Daily care schedule sheets
- Dangerous drug register
- Dementia care Australia resource information
- Dietary change forms
- Dietary instruction/information sheets
- Dietician report (June 2009)
- Education attendance and training records
- End of life pathways and flow charts
- Equipment calibration records
- Essential services folder
- Evacuation kit
- External complaint brochures in different languages
- External contract agreements and records
- Falls alert fax forms for doctors
- Fire and emergency evacuation plan
- Fire panel testing logs
- Food safety plan and monitoring records
- General cleaning checklist (audit)
- Guidelines for preventing falls and harm from falls
- Hand washing information and education records
- Hazard reports
- Heatwave care plan and response policy
- Incident reports and registers
- Infection control kit and information
- Infection control staff education booklet
- Infection reports and registers
- Kitchen cleaning schedule
- Lifestyle activity evaluations, attendance and residents' participation records
- Lifestyle survey 2010
- Maintenance register
- Material safety data sheets
- Medication administration competencies for personal carers, registered and enrolled nurses
- Meeting schedule and minutes
- Memoranda
- Memorial books
- Menu (4 weekly)
- Modified food and fluids instruction chart
- New resident orientation program and checklists
- Newsletters
- Nursing certificates and registrations
- Occupancy certificates
- Occupational health and safety information, audits and folder
- Organisation plan 2010 (quality management and quality monitoring schedule)
- Pedicurists folder
- Permanent residents' movement register
- Policies and procedures
- Preventative maintenance plan
- Privacy consent forms
- Privacy policy and disclosure statement
- Register of 'missing residents'
- Register of injuries
- Register of mandatory reporting
- Register of staff/volunteer and contractor police checks
- Resident and staff service improvement forms (comments/complaints, suggestions) completed
- Resident evacuation list
- Residents' information handbook and package
- Restraint register and monitoring charts
- Self administration of medication audit – July 2010
- Specialised nursing care charting and care plans
- Staff food hygiene information

- Staff handbook, induction record and checklist
- Staff roster
- Statutory declarations – criminal checks
- Stock control records and information
- Ten tips – for communicating with people living with dementia
- Third party kitchen audit
- Vision Australia notice about community radio
- White boards clinical information and guidelines
- Wound care products chart and wound posters
- Wound monitoring charts

Observations

The team observed the following:

- Activities in progress
- Activities room
- Activity calendars
- Chapel
- Christmas decorations
- Cleaning supply rooms
- Clinical observation equipment
- Continence aids
- Electric beds
- Equipment and supply storage areas
- External paths, courtyards and garden areas
- Fine dining crockery
- Fire and emergency equipment
- Interactions between staff and residents
- Internet kiosk and computers
- Kitchen
- Kitchenettes and dining areas
- Laundry
- Library
- Lifestyle resources
- Lifting equipment
- Meals service and assistance
- Medication administration and storage
- Mobile baths
- Mobility equipment
- Newly installed electric diesel generator
- Noticeboards for staff and residents
- Nurses stations
- Pendant alarms
- Personal laundry areas
- Pressure relieving mattresses.
- Raised garden beds
- Residents personalised rooms
- Staff knocking on residents' doors
- Staff room
- Suggestion boxes
- Weigh chair
- Wound care products

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 effective systems in place for identifying and managing improvement opportunities and for evaluating the benefit of outcomes for residents and other stakeholders. A yearly organisational plan is developed that includes sections for quality monitoring, key person responsible, format, frequency, source data and for analysis/evaluation. Feedback mechanisms include audits, surveys, improvement suggestions (comments, complaints) and incident data. Action plans drive the continuous improvement program and are triggered when issues, gaps or deficits arise that need a planned approach to resolve the matter. Continuous improvement activities are overseen by an executive committee which meets regularly to monitor progress and ensure issues are appropriately managed and addressed. Staff and residents confirm they are actively encouraged to provide feedback and suggestions for improvement and are satisfied with the feedback processes and outcomes.

Some recent improvements relating to Standard one - Management systems, staffing and organisational development include:

- The recent introduction of certificates of appreciation for staff who have worked at the home for 10 years or more. Twenty-six staff who met the criteria were invited to attend the annual general meeting to be presented with their certificates of appreciation.
- The introduction of staff uniforms and staff name tags with large print names and photographs so that staff are easily identifiable. Staff and residents confirm a high degree of satisfaction with these new measures with staff reporting it has created a greater sense of belonging and that residents identify them more easily and engage with them more readily.
- The introduction of phase one of a new clinical care software clinical charts and progress notes recorded on the new electronic system. The new system has a number of advantages including greater efficiency, easier to read clinical notes and easier tracking of resident care changes and enhanced clinical management capabilities. Specific staff attended ‘train the trainers’ sessions and educate and support staff during the implementation stage and have developed a training tips document for the system users.
- Purchase of a portable phone for the low care clinical care coordinator so the coordinator can be readily contacted by staff.

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 a system in place to identify and ensure compliance with current legislation, aged care standards and government guidelines. Management maintain registration with appropriate regulatory authorities, peak bodies and industry experts to assist the home in monitoring and staying current with legislation, regulations and guidelines. Policies and procedures reflect compliance issues, with up dates disseminated through memorandums

and sign off sheets, ensuring all staff are kept informed of current legislative practice. Management record police check information for all staff and volunteers on a regular basis. Service providers' contracts are currently under review for currency and appropriateness to ensure that all contractors meet their staff police check requirements.

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 is proactive and responsive in ensuring that management and staff have the appropriate skills and knowledge to perform their roles effectively. Documentation shows that education is planned and implemented according to resident and staff needs and compliance requirements and that the sessions are evaluated for effectiveness. Education is accessed and delivered through an electronic education channel, self directed learning and questionnaires, resource material, competencies, healthcare and industry professionals and by appropriately qualified internal staff. Management is informed and kept abreast of relevant education opportunities held externally within the local region and staff attend these and other externally run educational sessions as appropriate. Staff provide regular feedback in relation to their educational needs and their professional development is encouraged and supported with study leave and roster management to ensure staff can meet their course requirements.

Some recent educational sessions and educational opportunities in relation to Standard one - Management systems, staffing and organisational development include:

- Accreditation – roles and responsibilities
- Completion of a certificate four in training and assessment by a senior staff member.
- Debrief support sessions for staff due to a number of residents passing away.
- Enterprise bargaining.
- Management attendance at professional and industry conferences including an aged care industry conference and the Aged care accreditation and standards agency conference.
- Medicare online.
- Stage two of the phased introduction of the electronic clinical care system conducted by an external facilitator.
- The home's internal phone system following upgrades to the system.
- The Fair Work Act.

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

Residents/representatives are informed about the internal and external complaints processes before and after they move into the home. Information about the complaint processes is available in the resident and staff handbooks and is discussed at meetings and comments and feedback is welcomed. Management and senior staff promote an 'open door' policy, brochures are displayed and service improvement forms are well displayed in each unit and are easy to recognise. Suggestion boxes for confidentiality are available, feedback forms are logged on a register and response is timely and appropriate. Staff report they advocate on residents' behalf, minor issues are resolved at the time to residents' satisfaction and management said most residents prefer to raise issues verbally. Residents confirm they are

comfortable discussing issues directly and residents and staff confirm their knowledge of the complaints processes and satisfaction with the processes and responses.

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 documentation supporting the home's vision, mission and philosophy and commitment to quality. The home is directed by a board of management which supports the chief executive officer in maintaining leadership and governance. The vision, mission and philosophy are communicated to all stakeholders in staff and resident handbooks and newsletters and is on display in areas throughout the home. Management's plans and goals are generally highlighted at staff and stakeholder meetings. Management and staff confirm their commitment to the values and quality objectives of the home.

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 employs appropriately skilled and qualified staff to meet resident care needs. The director of nursing supported by an administration team facilitates recruitment and the home employs a range of staff with a diverse skill mix to achieve the home's objectives. Position descriptions and duty lists inform and guide staff and new staff members undergo an induction and orientation program and undertake a 'shadow shift' before working independently. Staff are required to complete probationary/performance reviews prior to permanent employment and on an ongoing scheduled basis. Staff members complete competencies including infection control, responding to elder abuse, manual handling and fire and safety and appropriate care staff complete medication administration competencies. Staff state they are provided with a thorough orientation of work practices and complete competencies relating to their employment. Staff confirm they are supported by management and enjoy their work and demonstrate a commitment to residents and to the home. Residents/representatives express confidence in the abilities and support offered by all staff.

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 can demonstrate sufficient levels of goods and equipment to enable appropriate delivery of service in all departments. Equipment and inventory requirements are identified through regular stock checks, reviews of resident care needs, internal audits and supplier contracts. Stores of goods and equipment including medications and continence aids are managed by key personnel using communication sheets and are coordinated through a central office. Performance of equipment and goods is reviewed at management and staff meetings with informal short term trials conducted on new suppliers and inventory. Staff and

residents report they are satisfied with the appropriateness and quality of supplies and equipment used by the home.

1.8 Information systems

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

Team's recommendation

Does comply

The home has systems in place to communicate issues relating to current information and issues relating to the health and safety of the home. Appropriate paper and computer based records are kept in a well maintained manner to ensure information is easily identified and accessible and relevant to departments and positions. Staff have access to policies and procedures via paper based systems. Management ensure information is kept confidential and is stored appropriately with appropriate archiving and document management systems in place. Staff are kept informed through memoranda and meeting minutes. Residents have access to notice boards relating to the menu, events and activities. Communication from management to residents and representatives occurs directly during resident meetings and verbal feedback and indirectly via newsletters. Staff, residents and representatives state they are satisfied with the level of communication in 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

Management demonstrate that external contractors provide appropriate services which meet with the stated quality goals of the home. The home follows the direction of corporate office in using only approved suppliers and contractors, agreements are managed by corporate office and kept on file with key personal. Maintenance directly liaises with external providers ensuring the quality and integrity of safety systems and general maintenance issues. External approved contractors are required to sign in and out when on-site and are supervised accordingly. Reviews and performance evaluations of service contractors are discussed casually at resident and care staff meetings and reviewed further at maintenance and executive management/quality meetings. Staff and residents confirm they are satisfied with the quality and service levels provided by external providers/contractors who service 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 an established continuous improvement system that demonstrates improvements in resident health and personal care are ongoing. Senior clinical staff collaborate and participate in all aspects of healthcare including quality of care reviews. Residents/representatives report they are consulted about their ongoing care and confirm satisfaction with the care provided. For a description of the home's system of continuous improvement refer to Expected outcome 1.1 Continuous improvement.

Some recent continuous improvements relating to Standard two – Health and personal care include:

- Development of a falls notification fax sheet which care staff complete and fax to alert a resident's doctor of a resident having a fall outside office hours. The system is working effectively with staff consistently completing these forms.
- Development of a heatwave policy and a heatwave care plan to ensure that vulnerable residents are appropriately managed in hot weather conditions.
- Development of an A4 coloured and laminated medication alert notice that is placed in front of a resident's medication chart. This notice alerts staff giving out medications that a hospital discharge script is in use while the home is awaiting orders from the resident's doctor. The home reports the system is effective and there have been no medication errors in relation to hospital discharge medication orders.
- Following a review of wound care management the home has purchased higher quality wound care products which enhance the management and healing of skin tear wounds. Evaluation is ongoing.
- In response to difficulty in locating blood pressure machines, a store room has been set up to house two blood pressure machines. The room contains two whiteboards so staff can record their name and the time they took the blood pressure machine. Feedback indicates the system is working well.
- The introduction of a new multi-dose medication administration system as a safer and more efficient means of administering medication. The resident photographs on the charts are larger, the medication packs are clearer and staff have received appropriate training and education on the new system. Evaluation is ongoing and to date staff report satisfaction with the new system.

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 in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. The home maintains records of annual nursing registrations and registered nurses assess, plan, implement and evaluate resident medication and specialised nursing care needs.

Medications are stored and administered according to legislated requirements. Staff members receive information and education on missing residents and mandatory reporting. Staff state they are informed about the legislative and regulatory requirements relating to health and personal care.

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

Clinical staff have ongoing access to educational opportunities to maintain and enhance their clinical skills and knowledge relative to residents’ health care. Topics arise from various sources including quality monitoring data, staff and resident needs. Delivery strategies include online, shift handovers, memoranda, internal and externally run educational sessions, DVDs and the clinical care coordinator educates and provides mentorship especially to low care staff. Refer to Expected outcome 1.3 Education and staff development for a description of the home’s educational systems.

Some recent educational sessions and educational opportunities in relation to Standard two - Health and personal care include:

- A series of workshops on behavioural issues customised to reflect current resident needs conducted by an external mental health consultant. The workshops have covered disruptive behaviour, vocalising triggers, protective strategies, brain storming and fronto-temporal dementia.
- Advance care planning and respecting resident choices.
- An all day session on ‘The role of the contemporary registered nurse in aged care environment – clinical, professional and organisation and leadership skills’.
- Drugs commonly used in palliative care conducted by a palliative care doctor.
- How to use a new type of syringe driver for delivering pain relief to palliative residents and physical aspects of death and dying.
- The home’s new after hours process for oxygen management.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s recommendation

Does comply

Residents of Princes Court Homes Hostel are clinically assessed on entry to the home; this information is used to create a care plan to provide staff with a guide to care for each resident. Care is reviewed and evaluated regularly or on an as needs basis. Medical practitioners and allied health personnel are consulted as required to assist with care issues, reviews and evaluations of care. Staff are aware of residents’ care preferences and said they have access to regular and comprehensive education regarding clinical issues. Registered and enrolled nurses attend to clinical care needs assisted by personal care staff. Residents/representatives say they are pleased with the clinical care they receive.

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

Registered and enrolled nurses attend to specialised nursing care for all residents. Changes to residents’ health or condition are monitored through regular evaluation and review of care. Allied health and medical practitioners assist with specialised issues as required. Specialised care at the home includes complex wound management, diabetic management, swallowing deficits, weight monitoring, specialist diets, pain management and medication management. Residents/representatives say they are satisfied with the care provided and information they receive from staff.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are referred to appropriate health specialists in accordance with residents’ needs and preferences. Residents’ need for other health and related services are assessed on entry to the home and their preferred provider identified and recorded. Nursing staff document and report changes as required. Allied health professionals such as physiotherapist, podiatrist, dietitian, wound care specialist and speech pathologist provide services onsite or externally. Doctors visit residents regularly and other external health professionals such as dentists, pharmacy consultants and aged persons mental health services review residents as necessary. Residents/representatives say they are satisfied referrals are made to relevant health or health related services when needed

2.7 Medication management

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

Team’s recommendation

Does comply

Medications are managed by registered nurses and enrolled nurses. Registered nursing services are available twenty four hours a day. Medications are administered using safe systems including general practitioner signed medication charts, charts include a photograph of each resident to assist in identification and instructions regarding administration of medications. Schedule eight medications are stored and checked in accordance with legislative requirements. Other medications are stored and secured in medication trolleys, cupboards or residents locked bed side lockers. ‘As required’ medications are noted in the resident drug charts. The home has a policy of recording the reason for the administration and the results of the administration of ‘as required medication’ in progress notes. Management reviews medication incidents, discusses current legislation and other medication related issues with appropriate stakeholders. Residents who are assessed as being able to administer their own medications are supported to do so. Residents/representatives say they are satisfied with how their medications are managed.

2.8 Pain management

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

Team's recommendation

Does comply

All residents are assessed for pain, its history and management are identified utilising a pain assessment tool specific to the needs of each resident. Residents are commenced on pain charting to assess and observe verbal and nonverbal signs of pain as required. An individualised care plan is developed in conjunction with the resident's choice of doctor and other appropriate health professionals as required. The home uses a range of pain management strategies such as heat and cold, exercise, repositioning and analgesia to assist in pain management. Nursing and care staff report they are aware of verbal and nonverbal indicators of pain and of reporting requirements of any residents with unresolved pain. Residents/representatives say they are satisfied with the care residents receive to minimise pain.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents' palliative and advanced care planning wishes are discussed with the resident/representative on entering the home. In the event of a resident's health deteriorating a care plan/pathway is compiled to address skin care management, pain management, continence needs, personal hygiene, mobility requirements and mouth care. Spiritual, cultural and emotional needs of the resident are also identified and recorded. Registered nurses regularly evaluate terminal/palliative care plans and resident wishes and they are frequently updated in consultation with the resident/representative. Staff say the home has access to appropriate spiritual counsellors and advocates and a review of files confirms appropriately trained staff attend to all nursing care needs of the terminally ill, including clinical care and the overall comfort and dignity of the resident.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' nutritional requirements, preferences, likes and dislikes are assessed on entry to the home and care plans are created to reflect residents' needs. Changes are communicated to the kitchen on assessment forms completed by registered nurses or allied health staff. Residents' weights are monitored regularly and processes introduced to manage weight loss or gain in consultation with general practitioners, speech pathologists and dietitians. Recommendations are documented in residents' progress notes and care plans. Residents/representatives are generally complimentary of the quality of meals. The four weekly rotational menu is developed in conjunction with a dietitian and includes specialist diets. The home involves residents in choices of menu items and seeks feedback from residents concerning the menu and quality of meals.

2.11 Skin care

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

Team’s recommendation

Does comply

A skin risk assessment is undertaken for each resident on entering the home. Strategies to maintain skin integrity are included on the care plan. Interventions and preventative measures include hygiene, skin moisturisers, protective devices, specialised mattresses and adequate nutrition and hydration. Wounds are managed by registered and enrolled nurses and wound charts guide staff in wound dressing requirements. A wound care consultant is available if needed. Incidents involving a resident sustaining a wound are monitored through the incident reporting system and submitted to trend analysis. A recent increase in wounds was discussed with residents at their meeting to encourage residents to be active in preventing injury to themselves and others. The home has recently introduced new wound care products to improve healing times and outcomes. Residents/representatives say they are satisfied with the care they receive regarding skin and wound management.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents are assessed on entry to the home as to their continence requirements. Routines and habits are noted and care preferences included in the care plan. A three to seven day assessment is completed and a plan developed if needed. Residents are assisted to choose a suitable continence aid if necessary to assist in continence management, their comfort and dignity. Care plans guide staff to assist residents with continence issues where identified. If changes occur over time a reassessment is undertaken and evaluated. The home has adequate supplies of appropriate aids and nutrition and hydration are encouraged to promote regularity. Staff receive training in continence issues and residents/representatives say that continence issues are managed effectively and with sensitivity by staff.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Management demonstrates its approach to behavioural management is effective in meeting residents’ needs. All residents undergo comprehensive assessment through charting on entry to the home to identify challenging behaviours and possible triggers. Care plans are developed in consultation with nursing and care staff, the resident’s medical officer and aged care mental health professionals if required. A comprehensive social profile is also collected to enable lifestyle staff to customise an activities program specific to each resident’s needs, preferences and social background. Where physical restraint is assessed as being of benefit to a resident, it is kept to a minimal requirement and provided in a nonintrusive manner providing dignity to the residents. Residents are closely monitored if restraint is required to ensure their safety at all times. Staff confirm knowledge in managing residents with challenging behaviours and strategies to reduce their frequency. Residents/representatives state the home has strategies in place to manage residents’ challenging behaviours and say they are satisfied with the home’s approach.

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 and dexterity needs are identified on entry to the home and an ongoing assessment and review process is undertaken. A physiotherapist assesses new residents on entry to the home and regularly or on an as needs basis. Exercise charts are available for residents and exercises are included in the activity program. Care plans are reviewed regularly and changes are made as required. Care plans address mobility and falls risk and include mobility aids used, assistance required and falls history. Suitable mobility aids were observed to be used by residents. Staff are knowledgeable about residents’ mobility needs and the use of specialised equipment. Residents/representatives say they are pleased with the assistance received to maintain their independent mobility.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

Residents’ oral and dental needs are assessed on entry to the home and a care plan developed to assist residents with maintaining independence of care and the management of identified issues including specialised mouth care requirements. Preferences, habits and assistance required with care are documented. Residents are referred to dentists or dental technicians as required and residents are assisted to external appointments when needed. Residents/representatives say they are pleased with the assistance received with oral and dental care.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

Management demonstrates its approach to residents’ sensory losses is effective in identifying and managing residents’ needs in relation to the five senses. Each resident is assessed on entry to the home for their vision, hearing, smell, taste and touch including resident’s other medical conditions and risk factors that may impact on sensory loss. Audiologists, speech pathologists and optometry services are consulted in response to identified needs. Staff identify the use of and type of aids used and care plans are developed in consultation with residents/representatives. Staff regularly evaluate the care plan and staff state knowledge in the correct use and care of sensory aids. Residents/representatives say they are satisfied with the support they receive to manage residents’ sensory loss and aids.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents' sleeping routines are assessed on entering the home and habits are documented on care plans. Residents are encouraged to rise and retire at their leisure. Residents' preferences regarding the level of assistance required when retiring at night is also recorded on care plans. Residents have single room accommodation with ensuite bathrooms which residents say assists them in achieving adequate day time rest and a natural night's sleep. Strategies to assist sleep include nutrition and hydration, pain management, temperature, toileting and lighting. Staff are generally familiar with individual residents' sleeping requirements.

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 demonstrates that it actively pursues continuous improvement and encourages input from and provides feedback to all relevant stakeholders in relation to residents’ lifestyle and activities. Interviews with residents/representatives confirm that residents enjoy the lifestyle program and they are offered opportunities to be involved and provide feedback. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Some recent improvements relating to Standard three – Resident lifestyle include:

- Set up of a dedicated craft corner in the activities room so that the materials do not need to be put away at the end of a session and residents can continue the activity at their leisure. Residents who participate in the craft sessions are very satisfied with this change.
- Set up of a new office for lifestyle staff which involved renovating a store room and moving equipment. The staff report their new lifestyle office is more spacious and comfortable and appropriately enclosed which means less interruptions so their paper work is done more efficiently.
- The introduction of an internet kiosk and set up of a volunteer program to teach and mentor residents including how to send and receive emails. Residents report they enjoying using the internet.
- The introduction of new activities including reminiscing sessions for residents in the special care unit and resident response is very positive.
- Volunteers have been trained to lead special interest groups for residents, for example, in craft work and reminiscing and the new groups are working well.

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 in place to identify and ensure compliance with all legislative and regulatory requirements relating to resident lifestyle. Residents and representatives are provided with a resident agreement and resident information handbook which detail information relating to their security of tenure, internal and external complaints mechanisms and rights and responsibilities. Residents are provided with information regarding specified services and information relevant to privacy. Staff receive information and education on reportable assaults and compulsory reporting and residents/representatives report they are satisfied with information given by the home, are informed of their rights and responsibilities and of any relevant changes regarding regulatory compliance.

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

Lifestyle and other relevant staff have ongoing access to educational opportunities to maintain and enhance their knowledge and understanding of residents' lifestyle needs and preferences. Delivery options include educational sessions, orientation and induction, various resources including the staff handbook and cultural reference materials. Refer to Expected outcome 1.3 Education and staff development for a description of the home's educational systems.

Some recent educational sessions and educational opportunities in relation to Standard three – Resident lifestyle include:

- Assisting vision impaired (lifestyle staff).
- Dementia care.
- Food safety for food handlers (lifestyle staff).
- Implications for approved providers for families and carers from culturally and linguistically diverse backgrounds.
- Mandatory reporting of elder abuse
- Palliative care training for the lifestyle coordinator and a volunteer.

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

Staff ensure new residents are orientated, comforted and reassured when they move into their new home and that they are helped to adjust with the support of staff, family and/or friends. Prospective residents and their representatives have an interview and tour of the home and receive an information pack. New residents and their representatives are welcomed by staff, assisted to settle in through a documented orientation process and are introduced to other key staff and co-residents. Staff confirm they are very aware of the adjustment to changed circumstances for new residents and report they spend extra time with these residents to assist them adjust to changes in their life. Lifestyle staff meet with all new residents and their representatives to identify their social, religious and emotional needs and emotional support continues on an ongoing basis. Residents are encouraged to personalise their rooms with favourite items; residents/representatives confirm satisfaction with the initial and ongoing emotional support provided and report that staff are friendly and caring.

3.5 Independence

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

Team's recommendation

Does comply

Residents are supported to maximise their independence and maintain their friendships through open visiting hours, regular outings, links to the wider community and access to a petty cash system. Residents' social and physical independence needs are identified initially,

reviewed and strategies put in place to enhance their independence. The mobile library visits regularly, there are regular bus outings to local community venues and organisations and shopping trips are arranged to meet residents' needs. Residents participate in walking activities and staff confirm they encourage and assist residents to socialise through the new resident orientation program, group and friendship activities. Community links have been established with schools, churches, the Lions Club, the local Returned Servicemen's League and arrangements are made to ensure residents can exercise their civic rights at election times as desired. Residents confirm that they are encouraged and supported to maintain their independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Processes in place to protect residents' right to privacy, dignity and confidentiality include privacy policies and procedures, staff education and provision of information to residents. Residents' right to privacy and respect is documented and explained during the initial settling in period and is evident in residents' privacy and photograph consent documentation. Residents live in single rooms, have personal telephones, access to a lockable drawer and access to their confidential information is restricted to authorised personnel. Staff report they ensure the privacy and dignity of residents by respecting their lifestyle choices, using their preferred name and knocking on residents' doors before entering the room. Residents/representatives confirm staff care for them in a respectful and dignified manner.

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

The home encourages and supports residents to participate in a wide range of activities of interest to them. Social, cultural, religious profiles and lifestyle assessments are completed in consultation with each resident and their representative when they move into the home after a settling in period. Individualised care plans are created and regularly reviewed and the activity program is developed, updated and changed to reflect activities that are enjoyable and meaningful to residents. Lifestyle staff arrange, deliver and/or assist in providing activities that include special events, celebratory and cultural occasions, one on one and group activities which reflect residents' special interests. Activities include dancing, armchair travel, exercise, bus outings, entertainers, crafts, poetry readings, book club, walking and special theme days. Residents express satisfaction with the lifestyle program and the various activities on offer.

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

Assessment and care plan documentation shows that residents' cultural, spiritual beliefs and customs are identified when they move into the home and are respected and fostered. Special occasions, various cultural events and practices that are important to residents are

documented, planned and celebrated. While all residents are predominately from an English speaking background, staff access culture specific information to enhance their understanding of the culture of residents from culturally diverse backgrounds. Documentation shows that visits from religious denominations and spiritual advisors are welcomed to meet residents' spiritual needs. Regular church and communion services are held at the home. Residents are satisfied with the support provided to maintain their cultural and spiritual beliefs and customs.

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

Resident's individual preferences relative to daily activities and lifestyle, food preferences, cultural and spiritual needs and choice of general practitioner or pharmacist are obtained. Staff assist and support residents to maintain their preferred daily lifestyle and respect their preferences to make daily and ongoing lifestyle choices including whether or not to participate in activities. Residents and their representatives receive an information booklet that provides information on the operations of the home to inform and assist their decision-making and can voice their opinions at the monthly resident focus group and consultative meetings. The charter of residents' rights and responsibilities is displayed and resident surveys and feedback monitor residents' satisfaction with their choices. Residents/representatives confirm their satisfaction with the home's respect for their choices and decision making.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home's chef executive officer and financial officers oversee the entry process into the home ensuring that residents understand they have secure tenure in the home and are aware of their rights and responsibilities. The home's resident information handbook is made available to residents on entry to the home, it contains information such as residents' rights and responsibilities, hotel services and leave arrangements. Formal occupancy arrangements are contained in the resident agreement and include information for residents regarding, induction, complaints handling, fees and charges and their security of tenure. Residents/representatives confirm that they are suitably informed and aware of their rights and responsibilities and feel secure in their home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has an established continuous improvement system that demonstrates improvements in the physical environment and safe systems are ongoing. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Some recent improvements relating to Standard four – Physical environment and safe systems include:

- The complete renovation of the old kitchenette in the special care unit and the installation of a dishwasher, new cupboards and drawers and a new window. Staff are very satisfied with the new kitchen and commented on the improvement in work efficiency especially with the new dishwasher.
- The installation of a diesel generator to ensure the home will have sufficient supply of back up power in the event of a power failure. Management is satisfied that residents’ welfare will not be compromised especially on extreme heat days if there is a power failure as the generator can provide about four hours of back up power.
- The opening of a newly built car park which is mainly for visitors’ use. Stakeholders are very pleased with the new parking area and safety for residents has improved as there is far less traffic congestion.
- The revamp of the courtyards and installation of shade sails to ensure that residents have protection from the sun in hot weather.
- The revamp of the laundry which has increased the space available for staff to work safely and efficiently.

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 monitor regulatory compliance with physical environment and safe systems including occupational health and safety legislation, fire, emergency and evacuation procedures, handling hazardous substances, food safety and infection prevention and control. Compulsory training sessions provide staff with the required level of training. Staff are advised of changes to legislation through staff meetings, memos and through direct communication with management. Legislative changes and regulatory compliance is regulatory discussed at management and staff meetings.

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

Staff are educated and informed about appropriate practices relating to the physical environment and safe systems. Educational topics arise from resident and staff needs, incidents, audits and other feedback processes. Refer to Expected outcome 1.3 Education and staff development for a description of the home's educational systems.

Some recent educational sessions and educational opportunities in relation to Standard four – Physical environment and safe systems include:

- Chemical handling.
- Fire and emergency evacuation.
- Fire warden training.
- Swallowing and texture modified foods conducted by the speech pathologist for kitchen staff.

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 offers single room accommodation with ensuite bathrooms in all resident living units. Living units also offer dining and personal laundry areas. Low care residents share a central dining and activities area with a spacious lounge and sitting areas for both private and group activities. There are external courtyards and garden areas with outdoor seating for residents. Walkways have assistance railings, some with yellow tape for residents with vision impairment. The homes' furnishings are appropriate and well maintained. Resident's rooms and the environment are generally free of clutter. A preventative maintenance program is in place supporting the management and up keep of essential services and the general condition of the home. Corridors are clear and unobstructed and of sufficient width to allow ease of passage. The home provides reverse cycle air-conditioning units in each room to maintain a comfortable temperature for each resident. Night staff ensures the home is locked and secure at night. Residents state they feel safe and comfortable living in 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

Occupational health and safety is actively promoted by management to ensure a safe working environment. Monthly meetings are held and attended by key management and department heads. A representative from staff has yet to be elected. Minutes from meetings are available for key staff to review and training schedules reflect management's commitment to keeping staff informed on safety issues. Regular audits, routine checks and procedural flow charts are in place to ensure hazards are identified and reported to service managers who forward issues on to the appropriate department for action. Chemicals are appropriately stored with material safety data sheets available in the relevant storage areas.

Staff report they have knowledge of their occupational health and safety responsibilities and are encouraged to report hazards and complete hazard alert forms. Staff confirm the home has suitable equipment available for their use in keeping with the home's occupational health safety policies and procedures.

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 has an effective system in place to minimise fire, security and emergency risks. The maintenance of fire detection and fighting equipment is conducted by external contractors. Emergency procedures and evacuation plans have recently been updated and are clearly displayed throughout the home. With support of appropriate qualified training consultants management conducts regular mandatory training for all staff. Supporting reference material is provided to all participants regarding responses to fire and other emergencies. Emergency fire and evacuation drills are conducted at the home and involve both staff and residents. The home maintains access to locked external doors after hours and visitors can identify themselves via an intercom system. Staff confirm awareness of emergency and evacuation procedures. Residents state they are aware of the sound of the fire alarms, emergency procedures and drills.

4.7 Infection control

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

Team's recommendation

Does comply

The home has effective infection control and monitoring programs in place that are readily available for staff. Clear procedures inform and guide staff including standard precautions, cleaning of equipment, management of sharps and biological spills, management of infectious diseases and linen and environmental management. The clinical care coordinator is the central point of contact for the infection control program and infections are regularly monitored and discussed at staff handovers and at meetings. The home is proactive in its approach to infection with contingency plans and adequate supplies of personal protective equipment available for influenza and gastroenteritis outbreaks. Documentation reviewed confirms infection data is collected with proactive management techniques put in place when trends are identified. There are safe systems of waste management in place and soiled linen is stored appropriately. Staff state they have initial and ongoing training in infection control and are supported by management in following the infection control program which includes access to influenza vaccination.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home provides hospitality services in a manner which is consistent with management's policies in providing a caring and supportive environment for residents. Meals and cleaning services are provided by external companies who use both internal and external staff. Internal staff operate the laundry service. All meals are cooked fresh at the home and staff are supported by management in managing and maintaining their food safety program and

practice. Catering staff prepare seasonal menus which follow a four week rotational schedule. Menus are reviewed by a dietician ensuring meals are presented in accordance with the texture and dietary needs of residents. Cleaning services are audited by the cleaning contractor and internally by the home. The team observed the home to be clean and fresh smelling. Laundry and cleaning staff are provided with large storage and work areas and modern equipment to enable them to perform their duties safely and efficiently. Residents/representatives are generally very complimentary of the meals and other hospitality services in the home.