



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit RSL Care Galleon Gardens Retirement Community

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit RSL Care Galleon Gardens Retirement Community in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of RSL Care Galleon Gardens Retirement Community is three years until 15 May 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:	RSL Care Galleon Gardens Retirement Community				
RACS ID:	5253				
Number of beds:	126	Number of high care residents:	86		
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia specific care unit 				
Street/PO Box:	126-138 Galleon Way				
City:	CURRUMBIN WATERS	State:	QLD	Postcode:	4223
Phone:	07 5598 8133		Facsimile:	07 5598 8677	
Email address:	chrispacker@rslcare.com.au				

Approved provider

Approved provider:	R.S.L. (QLD) War Veterans' Homes Limited
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Assessment team

Team leader:	Chris South
Team member/s:	Louise Brouwers
Date/s of audit:	8 February 2011 to 10 February 2011

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
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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
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Agency findings
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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	RSL Care Galleon Gardens Retirement Community
RACS ID	5253

Executive summary

This is the report of a site audit of RSL Care Galleon Gardens Retirement Community 5253 126-138 Galleon Way CURRUMBIN WATERS QLD from 8 February 2011 to 10 February 2011 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 RSL Care Galleon Gardens Retirement Community.

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 8 February 2011 to 10 February 2011.

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

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

Assessment team

Team leader:	Chris South
Team member/s:	Louise Brouwers

Approved provider details

Approved provider:	R.S.L. (QLD) War Veterans' Homes Limited
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Details of home

Name of home:	RSL Care Galleon Gardens Retirement Community
RACS ID:	5253

Total number of allocated places:	126
Number of residents during site audit:	116
Number of high care residents during site audit:	86
Special needs catered for:	Dementia special care unit

Street/PO Box:	126-138 Galleon Way	State:	QLD
City/Town:	CURRUMBIN WATERS	Postcode:	4223
Phone number:	07 5598 8133	Facsimile:	07 5598 8677
E-mail address:	chrisspacker@rslcare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit RSL Care Galleon Gardens Retirement Community.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Lifestyle manager	1	Residents/representatives	21
Care managers	2	Catering staff	5
Registered nurses	2	Laundry staff	2
Enrolled nurse	1	Cleaning staff	2
Advanced personal care workers	2	Maintenance coordinator	1
Personal care workers	3	Area education coordinator	1
Area excellence coordinator	1	Operations consultant	1
Area hotel services coordinator	1	Workplace health and safety officer	1
Site systems officer	1	Senior administration officer	1
Diversional therapists	2	Behaviour management consultant	1
Physiotherapist	1		

Sampled documents

	Number		Number
Progress notes	22	Medication charts	19
Residential care agreements	3	Resident files	14
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Accident/incident register
- Activity attendance records
- Activity calendar

- Agency orientation folders
- Audit reports – clinical
- Audit reports – safety
- Behavioural assessment plans
- Bowel charts
- Business plan
- Care needs folder
- Case conference records
- Chemical register
- Clinical data
- Complaints register
- Compliments and complaints
- Consolidated records for compulsory reporting
- Contracts with external service providers
- Dietary intake monitoring charts
- Directives for complex care
- Discretionary reporting procedure
- Eating and drinking assessments - main kitchen
- Education planner
- Elder abuse procedure
- Emergency practice evacuation record
- Emergency response manual
- Fire system and equipment inspection and maintenance records
- Food safety program accreditation
- Food temperature records
- Handover sheets
- Improvement logs
- Incident reports – staff
- Induction program
- Infection data
- Infection control manual
- Infection reports
- Maintenance daily running sheet
- Maintenance program
- Mandatory training compliance report
- Material safety data sheets
- Menus
- Minutes of meetings – care staff
- Minutes of meetings – falls prevention
- Minutes of meetings – quality
- Minutes of meetings – residents
- Minutes of meetings – safety improvement
- Minutes of meetings – support staff
- Missing resident procedure
- Monthly safety reports
- Observation folders
- Physiotherapy exercises
- Plan for continuous improvement
- Police certificate register
- Refrigerator temperature records
- Registered staff register
- Resident handbook
- Resident list

- Resident weight management plan
- Restraint documentation
- Risk assessments and register
- Safety alerts
- Schedule 8 drug register
- Shower lists
- Staff roster
- Training attendance records
- Workplace health and safety guidelines
- Wound care charts.

Observations

The team observed the following:

- Activities in progress
- Chemical storage
- Cleaners' equipment and storage
- Colour coded equipment
- Emergency exits, assembly points and signage
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Medication administration
- Resident and staff notice boards
- Sharps containers
- Spill kits
- Storage of medications and goods.

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

RSL Care Galleon Gardens Retirement Community (the home) actively pursues continuous improvement. The organisation’s philosophy and commitment to quality is facilitated by its management system and supported by quality specialists. The home’s management system includes processes for improvement planning at both corporate and site level, processes to identify improvement opportunities and processes to implement and evaluate improvement initiatives. These processes are responsive and not constrained by unreasonable delays. The performance of the home is monitored and systematically measured against the accreditation standards. Examples of improvements in this standard include but are not limited to the following:

- The home has implemented a new model of care in the hostel in response to changes in residents’ care needs. Following consultation with residents and care staff, the provision of appropriate staff training and a pre-implementation trial, an advanced personal care worker model commenced in January 2011. Feedback from hostel residents and care staff has been positive.
- New equipment provided to improve the delivery of care includes parallel bars for physiotherapy, new beds and mattresses to improve comfort and a new computer in the special care unit to improve staff availability.
- New documentation was provided to improve information management including the introduction of a resident movement form to improve hospital transfers and new shift handover documentation for the hostel and the special care unit to enhance communication of residents’ special needs.

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 organisation’s management at corporate, area and home level has deployed systems to identify and ensure compliance with relevant regulatory requirements. Identification systems are managed at the corporate level and include systems to alert the organisation about new requirements or about amendments to existing regulations. Processes are in place to amend procedures and practices and inform relevant managers and staff. Systems are in place to monitor the home’s compliance with relevant regulations. Training required by regulations is provided. Databases and registers are in place to monitor compliance. The home has a system in place to ensure that all staff and volunteers have a current police certificate indicating that they do not have a criminal conviction for assault, a system to ensure that staff have current nursing registration and a system to notify residents and their representatives of accreditation audits.

1.3 Education and staff development

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

Team's recommendation

Does comply

Recruitment policies that include the qualification, knowledge and skill requirements of each role are in place to guide the selection of new staff. Staff undertake a compulsory orientation and induction program prior to commencing work at the home. The induction program provides new staff with information relevant to their roles and compulsory training. Processes are in place to assist management to identify staffs ongoing training needs to maintain their knowledge and skills or develop new knowledge and skills. A competency based training program is in place. A range of training options are available including mandatory training sessions, toolbox type training, electronic self learning packages, training provided by external service providers and external traineeships. Residents and/or their representatives are satisfied with the performance of management and staff.

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 and/or their representatives have access to internal and external complaint mechanisms. Complaint mechanisms are used by residents and/or their representatives to raise issues of concern. The home has processes in place to inform residents and others of the available internal and external complaint mechanisms and how to access them. Confidential complaints may be raised. The home has a complaint management process; complaint resolution is the responsibility of the Lifestyle Manager. Complaints are documented, investigated and the complainant is informed of the outcome.

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 organisation has documented its vision, values, philosophy, objectives and commitment to quality in documents on display and in policies and publications.

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

Residents and/or their representatives are satisfied that sufficient staff are available to meet their care and service needs. The Lifestyle Manager and Care Managers monitor the needs of residents to identify changes that may require amendments to staffing; recent up-skilling of care staff in the hostel was in response to changes in residents' care needs. Registered nursing staff are available at all times to provide specialised nursing care and the supervision of personal carers. Support staff have appropriate qualifications and skills. Recruitment processes identify staff with the qualifications and skills appropriate for each role. Processes are in place to replace staff on leave. Care and support staff are satisfied with the home's rostering processes and report that there is sufficient staff and they have sufficient time to meet residents' needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Staff are satisfied that there are appropriate stocks of goods and equipment available. Processes are in place to monitor stock levels. Key staff coordinate the purchase, delivery and storage of goods such as clinical, catering, maintenance, chemicals and office supplies. Stocks of goods held on site are appropriately and securely stored. Processes are in place to monitor the condition of equipment and identify appropriate replacements. Equipment is maintained according to a maintenance schedule or in response to the home's maintenance request program; residents and staff report that this process is effective.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation's information management systems are effective. Management and staff have access to multiple electronic information management systems that manage human resource information, staff training records and the organisation's policies. Electronic information is password protected and stored in multiple locations to ensure availability in an emergency. Resident assessments, care plans, lifestyle plans and dietary assessments are up to date, securely stored and available to care and support staff. Other information management systems that support continuous improvement, safety, education and training and the reporting and analysis of clinical data are operating effectively.

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

Residents and staff are satisfied with the quality of services provided by external suppliers. Local and corporate service contracts are in place. Service agreements establish key service and performance criteria. The performance of external service providers is monitored. Processes are in place to orientate contractors that visit the home and to monitor their presence on site.

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 actively pursues continuous improvement. The organisation's philosophy and commitment to quality is facilitated by its management system and supported by quality specialists. The home's management system includes processes for improvement planning at both corporate and site level, processes to identify improvement opportunities and processes to implement and evaluate improvement initiatives. These processes are responsive and not constrained by unreasonable delays. The performance of the home is monitored and systematically measured against the accreditation standards. Examples of improvements in this standard include but are not limited to the following:

- Mobile dental services have been contracted to promote dental care and to improve residents' access to dental services.
- The home has introduced flavoured pre-thickened fluids for morning and afternoon teas. Management reported that these are better able to meet residents' needs due to improved taste.

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 organisation's management at corporate, area and home level has deployed systems to identify and ensure compliance with relevant regulatory requirements. Identification systems are managed at the corporate level and include systems to alert the organisation about new requirements or about amendments to existing regulations. Processes are in place to amend procedures and practices and inform relevant managers and staff. Systems are in place to monitor the home's compliance with relevant regulations. Training required by regulations is provided. Databases and registers are in place to monitor compliance. The home has a system in place to ensure that specific care planning activities and care tasks are carried out by a qualified person as per the Quality of Care Principles 1997, systems to ensure that medications are managed according to relevant regulations and a system to ensure that unexplained absences of residents are reported.

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

Recruitment policies that include the qualification, knowledge and skill requirements of each role are in place to guide the selection of new staff. Staff undertake a compulsory orientation and induction program prior to commencing work at the home. The induction program provides new staff with information relevant to their roles and compulsory training. Processes are in place to assist management to identify staffs ongoing training needs to maintain their knowledge and skills or develop new knowledge and skills. A competency based training program is in place. A range of training options are available including mandatory training sessions, toolbox type training, electronic self learning packages, training provided by external service providers and external traineeships. Residents and/or their representatives are satisfied with the performance of management and staff.

2.4 Clinical care

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

Team’s recommendation

Does comply

Processes are established for identification and assessment of residents’ physical, emotional, psychosocial and spiritual needs on admission (and ongoing) utilising a baseline health assessment and a range of focus assessment tools. Registered nurses and allied health professionals analyse information gathered during the assessment phase and then develop care plans to guide and direct care interventions. Residents and/or their representatives are consulted during assessment processes and also on completion of care plans. Evaluation of care interventions occurs in consultation with the personal carers and relevant health care specialists. Residents’ continuity of care is maintained through verbal and written hand over reports, staff communication diaries and resident progress notes. Care staff detailed consistent information about residents’ care needs. Residents and/or their representatives reported satisfaction with the care and services provided.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Residents’ specialised nursing needs are identified in consultation with residents and other health professionals. Care plans identify and include the specialised nursing care needs of individual residents and are developed and reassessed by registered nurses. The delivery of specialised nursing care needs of residents is undertaken by registered nursing staff or enrolled nurses under the supervision of registered nurses, with care routines structured to ensure specialised care needs are carried out in accordance with residents’ identified needs. A registered nurse is available for consultation and assessment at all times. The home accesses clinical expertise through effective working relationships with specialist external health services within the area. Residents and/or representatives indicate they are satisfied that their specialised nursing needs are identified and met by appropriately qualified staff.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are referred to appropriate health specialists in response to an identified need. A physiotherapist, podiatrist and dentist visit residents in the home. The service has access to a dietician and speech pathologist as needed. Residents are assisted to visit the optometrist, hearing services, and surgical and medical specialists as needed, and are visited regularly by their medical practitioner. Assessments and treatments by physiotherapist, podiatrist, occupational therapist, dietician, speech pathologist, and medical specialists are incorporated into care plans and evaluated for effectiveness. Residents and/or their representatives confirmed visits with a range of health specialists.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nurses, enrolled nurses and selected personal care workers who have completed medication competencies assist residents with medications supplied by an external pharmacy using a packaged system; residents wishing to self medicate are assessed as competent to do so by their visiting medical officer. Medication prescriptions and administration instructions documented on residents’ medication charts and the home’s medication policies and procedures guide staff practice. A registered pharmacist is contracted to undertake regular clinical medication reviews. Procedures relating to storage, administration and disposal of medication, including controlled drugs reflect safe medication management and legislative compliance. Effectiveness of medication management processes is monitored through audits, incident recording, investigation and analysis, competency assessments and discussion at medication advisory committee and relevant staff meetings. Staff demonstrate understanding of the medication incident reporting/investigation system. Residents expressed satisfaction with management of their medications and with the assistance and support provided.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents’ pain management needs are identified and assessed on entry to the home, and on an ongoing basis as required. Verbal and non-verbal pain assessment occurs and interventions are recorded on the resident’s care plan to guide staff’s provision of care. Strategies to manage pain include massage, the application of heat packs, physiotherapy and exercises (active and passive), regular pressure area care and repositioning, relaxation and diversion, and as required analgesia. Pharmacological measures include regular prescribed narcotic oral analgesia, and topical slow-release narcotic patches. Effectiveness is assessed and monitored by nursing staff with any changes being recorded on the resident’s pain assessment form and/or in the resident’s progress notes, and referred to the resident’s attending doctor as required. Residents and/or representatives are satisfied that

their pain is managed effectively and staff respond to requests for assistance if they experience 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

Systems and processes are in place to obtain and record residents’ terminal care wishes in consultation with residents and/or representatives on admission to the home or as the needs of residents indicate. The information obtained is recorded in the resident’s clinical record. The home maintains/supports terminally ill residents within the home whenever possible as per the resident/ representatives wishes. The home has access to specialist palliative care input from external services if required. Residents’ pain, comfort and spiritual needs are managed in consultation with the resident and/or representatives, health care practitioners and pastoral care personnel, to provide physical, psychological, emotional, cultural and spiritual support to residents and their families.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ dietary needs and preferences including special requirements and food allergies are identified on entry to the home; initial information and any dietary changes are recorded in nutrition/hydration assessment forms and forwarded to the kitchen to guide food and fluid preparation and service. Residents are assessed by a speech pathologist when swallowing difficulties are identified, with texture modified diets introduced according to assessed needs. Strategies implemented to manage unplanned weight loss/gain include more frequent weight monitoring (two weekly) for unexplained weight loss, monitoring of food intake, introduction of food supplements and/or special diets and dietician and/or speech pathologist review as required. Staff monitor residents’ ingestion of supplements, assist with thickened fluids for individual residents and encourage residents to take additional fluids to maintain adequate hydration. Residents are assisted with meals and fluids, with special eating utensils supplied according to assessed need. Residents and/or their representatives reported satisfaction with the provision and support of staff to meet their nutrition and hydration needs.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin care needs and preferences are identified by registered staff through initial and ongoing assessment and review processes including general skin integrity status and potential risk of breakdown. Skin care interventions and preventative actions are planned to meet individual needs and preferences. Goods and equipment (such as moisturisers, skin protective aids, pressure relieving devices and wound care products) are readily available.

Staff provide assistance in maintaining residents' skin integrity which is consistent with the planned care. Residents with wounds are assessed by a registered nurse who plans, delivers and evaluates treatment and refers residents to the medical officer where additional treatment may be required. The incidence of skin breakdown is reported and monitored by the home's management and actions are taken where trends are identified. Residents indicated they are satisfied with the care provided by nurses and care staff to help maintain their skin integrity.

2.12 Contenance management

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

Team's recommendation

Does comply

Residents' continence status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Resident's individual continence programs are developed and are detailed on care plans to guide the provision of care. A daily bowel record is maintained for each resident which is monitored by qualified staff, with management programs being put in place that include the addition of dietary fibre in the form of pear juice at breakfast and fluids being encouraged and the administration of aperients as is required. Care plans record strategies to promote and manage resident's continence needs, including assistance with personal hygiene and provision of appropriate continence aids. Staff have an understanding of resident's individual toileting schedules and continence needs. Residents are satisfied with the level of assistance and aids provided to manage 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 identified during the initial assessment phase and on an ongoing review basis. Behavioural assessments are conducted to identify the types of behaviours exhibited and effective management strategies; individualised care plans are then developed accordingly to guide staff practises. Strategies implemented to manage challenging behaviour include one-on-one interaction, diversions such as walks or offering a cup of tea, redirection, involvement in individual and group activities, and medication review. Specialist advice is available to guide ongoing management of challenging behaviours through referral, as required. Staff have an understanding of managing residents with challenging behaviours and were observed to interact with residents in a manner that encouraged positive outcomes. Residents and/or their representatives are satisfied that their care needs are met.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home demonstrates that each resident's level of mobility and dexterity is optimised by care staff following the exercise programs developed by the physiotherapist. All residents admitted to the home are assessed and individual treatment plans are developed by the physiotherapist. The physiotherapist monitors and evaluates the ongoing effectiveness of the program three monthly or earlier based on resident identified needs. The home works productively to reduce falls through the use of staff education, use of alert pendants, high low beds, exercise programs, special mattresses and recline chairs and a variety of mobility aids such as wheel chairs, walkers, lifting and standing hoists for transfers. Residents state they are satisfied with their mobility program and are able to do the exercises with the support from care staff.

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 health care needs are identified and assessed on entry and if changes occur. Strategies to promote oral health are implemented and evaluated and staff provide assistance where required. Residents are supported to attend dentists and other health specialists as required and recommendations following dental procedures such as extractions are documented and implemented; mobile dentists visit the home. Residents expressed satisfaction with their oral and dental health.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents with sensory loss indicated they were satisfied with the assistance they receive from staff. Information relating to the residents' sensory needs including vision, hearing and speech is identified on admission to the home and on an ongoing basis. 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 doctor. Appointments are diarised and staff assist residents to attend as required. Staff have an understanding of individual resident needs and strategies to promote effective communication. Residents report satisfaction with the management of their sensory losses.

2.17 Sleep

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

Team’s recommendation

Does comply

Information about individual residents sleep patterns is gathered during the initial assessment process and is included in the resident’s care plan to guide staff care. Care plans identify resident’s settling patterns with staff night routines ensuring that the environment is conducive to sleep. Factors that may compromise sleep such as confusion, incontinence, pain, temperature variances and noise are identified and addressed to promote sleep. Prolonged disruption to sleep prompts reassessment of the individual resident’s needs by the night duty registered nurse. Non-pharmacological interventions such as provision of food and warm drinks, repositioning are provided for residents if wakeful. Pharmacological intervention is available as prescribed by the resident’s medical officer. Residents and/or their representatives are satisfied that they are assisted to achieve natural sleep patterns by staff at the home.

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 actively pursues continuous improvement. The organisation’s philosophy and commitment to quality is facilitated by its management system and supported by quality specialists. The home’s management system includes processes for improvement planning at both corporate and site level, processes to identify improvement opportunities and processes to implement and evaluate improvement initiatives. These processes are responsive and not constrained by unreasonable delays. The performance of the home is monitored and systematically measured against the accreditation standards. Examples of improvements in this standard include but are not limited to the following:

- A second staff member has completed training and obtained a bus license. Management reported that this has improved opportunities for activities away from the home and provides the flexibility of multiple activities. Residents report satisfaction with the home’s activity program and access to external activities.
- In response to feedback from residents additional theme day type activities have been added to the home’s activity program; residents reported satisfaction with the home’s activity program.

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 organisation’s management at corporate, area and home level has deployed systems to identify and ensure compliance with relevant regulatory requirements. Identification systems are managed at the corporate level and include systems to alert the organisation about new requirements or about amendments to existing regulations. Processes are in place to amend procedures and practices and inform relevant managers and staff. Systems are in place to monitor the home’s compliance with relevant regulations. Training required by regulations is provided. Databases and registers are in place to monitor compliance. The home has a system in place to manage the compulsory reporting of assaults, a system to ensure residents have security of tenure and systems to ensure the home meets relevant privacy regulations.

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

Recruitment policies that include the qualification, knowledge and skill requirements of each role are in place to guide the selection of new staff. Staff undertake a compulsory orientation and induction program prior to commencing work at the home. The induction program provides new staff with information relevant to their roles and compulsory training. Processes are in place to assist management to identify staffs ongoing training needs to maintain their knowledge and skills or develop new knowledge and skills. A competency based training program is in place. A range of training options are available including mandatory training sessions, toolbox type training, electronic self learning packages, training provided by external service providers and external traineeships. Residents and/or their representatives are satisfied with the performance of management and care staff.

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

Processes are in place to identify residents' emotional support needs on entry to the home and on an ongoing basis. Residents are provided with a resident handbook on admission and are orientated to the environment, services, staff and other residents. Regular review processes identify changes or concerns experienced by residents and current strategies used to support residents are documented in progress notes, communication books and in care plans. Nursing staff, diversional therapists, relatives, friends, volunteers, management and spiritual/cultural services provide initial and ongoing social and emotional support to residents. Residents and/or their representatives confirm satisfaction with the emotional support provided on entry and on an ongoing basis to enable them to adjust to their altered lifestyle within the home.

3.5 Independence

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

Team's recommendation

Does comply

The home has systems in place to support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' needs and preferences for independence are assessed on entry to the home and care plans are developed to guide staff practice. Residents requiring alternative decision makers have relevant information documented and those with special needs are provided with appropriate equipment and support by nursing staff, diversional therapists and volunteers to promote maximum independence. Staff assist residents to pursue activities of preference, encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community and are aware of

individual resident's preferences and limitations. Residents report satisfaction with the assistance they receive in maintaining personal independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has processes in place to recognise and respect each resident's right to privacy, dignity and confidentiality. Residents are provided with information about their rights on admission and on an ongoing basis. Strategies are implemented to ensure that residents' privacy and dignity are maintained during all aspects of resident care and staff are provided with information relating to confidentiality and respect for residents at orientation, through meetings, handbooks and education sessions. Residents' information is stored securely requiring authorised access with processes in place for archiving and destruction of confidential information. Staff demonstrate strategies to maintain residents' privacy and dignity and interact with residents respectfully. Residents and/or their representatives confirm that staff are courteous, respect their privacy and treat them with dignity when caring for them.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents' past and current interests, capabilities, significant relationships and wishes are identified through interview and completion of leisure interest assessments. Individualised lifestyle care plans are developed in consultation with the resident and/or their representatives, and reflect the resident's physical and cognitive abilities and identified interests. The monthly activity program includes bus trips, concerts, music, crafts groups and one-to-one resident visits. Activity calendars are placed on the notice boards throughout the home and communicated to residents by activities staff and through residents meetings. Programs are evaluated through the review of participation records, observations by activity staff and through the monthly resident meetings with subsequent programs developed based on this information. Residents and/or their representatives indicate that they are satisfied with the leisure and activity programs offered by the home.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' specific interests, preferences, cultural and spiritual needs are identified on entry to the home and individualised care plans are developed in consultation with residents/representatives. Provision is made for the celebration of significant cultural and religious days and catering services are available for residents with specific cultural dietary requirements. Spiritual support is provided by a number of religious denominations and staff

provide additional counsel to residents and their families when required. Processes are in place to assist residents from cultural and linguistically diverse backgrounds; with access to interpreters, community support groups, palliative and spiritual care services and cultural resources. Staff demonstrate an awareness and respect for residents' needs and preferences. Residents and/or their representatives are satisfied with the home's approach in fostering and valuing their individual interests, beliefs and backgrounds.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Processes are established to support residents' choice and decision making in the planning and provision of care and services and to encourage active involvement in the decision making process. Methods to identify residents' choices are incorporated into the admission processes and on an ongoing basis via resident meetings, comments and complaints processes and daily one on one contact between staff and residents. Identification of alternative decision makers such as enduring power of attorney and guardianship are detailed in residents' admission records. Staff provide opportunity for choice and utilise strategies to incorporate choice into residents' daily care routines, leisure interests, meal choices, laundry and other services provided. Staff interactions with residents support residents' right to make choices and their own decisions within their capacity; residents and/or their representatives report they are able to exercise choice and make decisions regarding the care and services they receive.

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 agreements and information packages provide information about security of tenure, internal and external complaints mechanisms and residents' rights and responsibilities. Management discuss the expectations for service delivery, financial arrangements and admissions process with all prospective residents and/or representatives. Management uses peak bodies to ensure that the information provided is current, communicating information about changes through resident meetings and one to one discussions. Negotiation occurs if there is a need to move the resident to another room or area within the facility. Residents reported they feel secure in regards to their accommodation and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement. The organisation’s philosophy and commitment to quality is facilitated by its management system and supported by quality specialists. The home’s management system includes processes for improvement planning at both corporate and site level, processes to identify improvement opportunities and processes to implement and evaluate improvement initiatives. These processes are responsive and not constrained by unreasonable delays. The performance of the home is monitored and systematically measured against the accreditation standards. Examples of improvements in this standard include but are not limited to the following:

- In response to an improvement suggestion raised by staff additional warning signage was added to the doors of the laundry to improve staff and resident safety.
- Following a review of the home’s maintenance program, maintenance staff have attended specialised training to enable them to perform the testing and tagging of electrical goods. With staff on site being able to conduct these tests the currency of the test and tag program is being brought up to date.
- In response to an increase in resident incidents involving a fall, a falls reduction program has been implemented. The program has focussed on training, protective devices, sensor devices and an enhanced walking program. The number of falls recorded in January 2011 was the lowest for eight months and a significant reduction from a peak in October 2010.

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 organisation’s management at corporate, area and home level has deployed systems to identify and ensure compliance with relevant regulatory requirements. Identification systems are managed at the corporate level and include systems to alert the organisation about new requirements or about amendments to existing regulations. Processes are in place to amend procedures and practices and inform relevant managers and staff. Systems are in place to monitor the home’s compliance with relevant regulations. Training required by regulations is provided. Databases and registers are in place to monitor compliance. Records of inspection and maintenance are maintained. The home has a system in place to ensure that the home complies with building certification requirements, systems to manage occupational health and safety and systems to ensure infection control and food safety.

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

Recruitment policies that include the qualification, knowledge and skill requirements of each role are in place to guide the selection of new staff. Staff undertake a compulsory orientation and induction program prior to commencing work at the home. The induction program provides new staff with information relevant to their roles and compulsory training. Processes are in place to assist management to identify staffs ongoing training needs to maintain their knowledge and skills or develop new knowledge and skills. A competency based training program is in place. A range of training options are available including mandatory training sessions, toolbox type training, electronic self learning packages, training provided by external service providers and external traineeships. Residents and/or their representatives are satisfied with the performance of management and 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

Residents and/or their representatives are satisfied with the safety and comfort of the home's living environment. A range of accommodation that is appropriate to residents' care needs is provided at the home. A secure special care unit is available for residents with challenging behaviour such as wandering. The home is cooled or heated as necessary, and has adequate lighting and furniture that is appropriate to meet the care needs of residents. Residents have access to internal and external entertainment areas, external courtyards and gardens. External doors are locked at night and security patrols conducted. An incident management and a falls prevention program are in place. The home is maintained according to maintenance schedules or in response to maintenance requests from staff or residents.

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

Management have established a safety system to provide staff with a safe working environment. The safety system is managed by site and organisational safety officers and an on site safety committee. The safety committee meets bi-monthly. Staff are provided with training in safety matters such as chemicals, personal protective equipment, hazardous substances and manual handling. An incident management system is in place for the reporting of and investigation of staff incidents. Hazard management includes processes for the identification, risk assessment, control and evaluation of hazards. Regular safety audits are conducted to monitor the 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 they meet current building certification requirements. Records of inspection indicate that the fire detection and alarm system, sprinklers, fire doors, fire fighting equipment and emergency lighting have been regularly inspected and maintained. Emergency exits are available and were free from obstacles. Staff are provided with fire and evacuation training and practice fire drills are conducted. Residents and visitors are informed of evacuation procedures. The home has emergency procedures, evacuation diagrams, disaster contingency plans and current emergency evacuation lists that are available to staff.

4.7 Infection control

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

Team's recommendation

Does comply

The home's infection control program is effective. The program is managed by an infection control officer and supported by the nursing home and hostel care managers. The program is guided by an infection control manual that is based on contemporary infection control practices including standard and additional precautions and outbreak management. Staff are provided with infection control education that includes the importance of hand washing. Processes are in place to identify and report residents' infections, to refer residents to medical officers and to implement treatments. Infection data is collated and analysed and reviewed at management meetings. The home has implemented practices to minimise infection risks including a food safety program, specific infection management strategies, a vaccination program, pest control measures, waste management, linen management and cleaning programs.

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

Residents and/or their representatives are satisfied with the delivery of catering, cleaning and laundry processes. Policies and processes are in place to guide catering, cleaning and laundry processes. Registered care staff assess residents' dietary needs and preferences and this information is forwarded to the kitchen so that residents' needs can be delivered; a process is in place to amend and maintain this information. The home's menu is developed by catering staff in consultation with residents and offers residents variety and choice. Catering services are managed in accordance with safe food handling practices. Laundry processes are designed to meet residents' needs including the identification of residents' clothing, hanging, folding or ironing after washing and the return of laundered clothes to residents' rooms. Cleaning services are provided by appropriately trained cleaning staff according to regular cleaning schedules.