



Decision to accredit Rubicon Grove

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

The Agency has decided that the period of accreditation of Rubicon Grove is three years until 27 March 2013.

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:		Rubicon Grove			
RACS ID:		8092			
Number of beds:		57	Number of high care residents:		10
Special needs group catered for:			Nil		
Street:					
City:		Port Sorrell	State:	Tasmania	Postcode:
Phone:		03 6220 1200		Facsimile:	03 6427 5777
Email address:		maree.febey@onecare.org.au			
Approved provider					
Approved provider:		OneCare Limited			
Assessment team					
Team leader:		Deanne Maskiell			
Team member:		Monica Sammon			
Dates of audit:		12 January 2010 to 13 January 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
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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
Does comply
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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.

SITE AUDIT REPORT

Name of home	Rubicon Grove
RACS ID	8092

Executive summary

This is the report of a site audit of Rubicon Grove 8092 89 Club Drive PORT SORRELL TAS from 12 January 2010 to 13 January 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

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Rubicon Grove.

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 12 January 2010 to 13 January 2010

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:	Deanne Maskiell
Team member:	Monica Sammon

Approved provider details

Approved provider:	OneCare Limited
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Details of home

Name of home:	Rubicon Grove
RACS ID:	8092

Total number of allocated places:	57
Number of residents during site audit:	53
Number of high care residents during site audit:	10
Special needs catered for:	Nil identified

Street:	89 Club Drive	State:	Tasmania
City:	Port Sorrell	Postcode:	7307
Phone number:	03 6220 1200	Facsimile:	03 6427 5777
E-mail address:	maree.febey@onecare.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Rubicon Grove.

The assessment team recommends the period of accreditation be three years

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Manager (Registered nurse)	1	Cleaning staff	1
Chief executive officer	1	Registered nurses	2
Director residential services	1	Enrolled nurses	2
Services manager	1	Care staff	3
Financial accountant	1	Lifestyle coordinator	1
Administration officer	1	Residents	6
Catering staff	2	Representatives	4
Physiotherapy aide	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	6
Summary/quick reference care plans	10	Personnel files	9
Resident agreements	4		

Other documents reviewed

The team also reviewed:

- "What's happening" folder
- Activity planners
- Activity records folder
- Aged care certification assessment
- Appraisal schedule and completed appraisals for staff
- Assault register
- Comments and complaints folder
- Continuous quality improvement folder
- Daily records of activity participation
- Education planner

- Education planner
- Education records including attendance and evaluation records
- Elder abuse policy
- Email confirming sighting of police check at interview
- Email from the emergency management coordinator
- Emergency response procedures manual
- External menu review
- Fire equipment service log books
- Fire training attendance records
- Government bulletin re bushfire risk
- Intended scheduled preventative maintenance schedule
- Internal audits
- Job descriptions
- Letter regarding change of care classification
- Lifestyle assessments
- List of staff
- Macerator service report
- Maintenance requests online
- Meeting minutes
- Occupational health and safety audit schedule
- Orders for call bell pendants
- Orientation checklist
- Orientation program and records of staff
- Plan for continuous improvement
- Police check
- Police check register
- Preventative maintenance records
- Process of review for contractors
- Professional registration records
- Recruitment policies and procedures
- Resident information booklet
- Resident transfer procedures
- Residents' information handbook
- Residents' information package and surveys
- Residents' maintenance request book
- Results of resident satisfaction survey
- Return to work plan
- Rubicon grove gazette
- Schedule of essential safety and health features and measures
- Staff handbook
- Staff handbook
- Staff incident forms
- Staff rosters (computer based) for last three months
- Supplier agreements
- Tasmania fire services approval letter
- Test and tag records
- Volunteers police check register

Observations

The team observed the following:

- Activities in progress
- Administration of medications
- Charter of residents' rights and responsibilities

- Clean and dirty linen storage
- Cleaning in progress
- Complaint and advocacy brochures
- Contractors' register book
- Equipment and supply storage areas
- Equipment and supply storage areas
- Evacuation maps
- Exercise group in progress
- External assembly point
- External walkways
- Fire prevention and fighting equipment
- Improvement forms
- Interactions between staff and residents
- Interactions between staff and residents
- Kitchen areas, food preparation and storage
- Living environment internal and external
- Meal service
- Memorial rose garden
- Resident and staff notice boards
- Resident rooms and ensuite facilities
- Residents operating their kiosk
- Residents sign/out register
- Residents' computer station
- Residents' free phone
- Residents' smoking area
- Server room
- Short term archive storage
- Shredding machine
- Signage
- Staff communicating changes in resident health status
- Staff completing care documentation
- Staff room
- Storage of medications
- Suggestion box
- Volunteers' register book
- Waste storage areas

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

Rubicon Grove has a system of continuous improvement that is informed by improvement forms which can be completed by all stakeholders; internal audits; surveys; comments on the menus; resident and staff meetings; incident data; corporate directives and direct feedback to management from residents, representatives and staff. Identified issues are addressed by the management team as they arise and a recently formed quality and occupational health committee will review the plan for continuous improvement monthly. Residents confirm that they are encouraged to contribute to, and are informed about continuous improvement at the home. Staff state they are informed about all changes at the home and are encouraged to make suggestions for improvement. Improvements are monitored and evaluated for effectiveness and resident feedback is particularly considered.

Improvements in management systems, staffing and organisational development include:

- An internal audit of the home’s continuous improvement processes identified the need to formalise the system to include the documentation of outcomes, evaluation and feedback. A continuous improvement plan is now used to document all issues to assist in close monitoring and evaluation of improvements.
- The home has implemented an online assessment and care planning system, resulting in easy input and access to information. A post improvement review has been completed which has identified further areas for improvement and a second round of staff training is due to be implemented.
- The home has implemented an online rostering system which is subject to a post implementation review. Improved rostering and management time efficiencies have resulted.
- The suppliers’ handbook was reviewed to ensure that suppliers are formally informed about expected standards and the quality systems.
- Purchases of equipment have occurred to ensure that the home is able to adequately cater for individual residents’ needs. This has resulted in an increased standard of resident care and allows individual residents to move around the home.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. Regulatory and legislative updates are made available to the home via the corporate management group which is updated via an online legislative update service, the purchased policy system, government bulletins and membership of a range of peak bodies and professional groups. Changes to policies and procedures in response to legislative changes and professional standards are directed and monitored via the

organisation's document control committee. Staff are informed via education and staff meetings, and compliance is monitored via the home's auditing systems and direct observation. Staff confirm they are informed about relevant legislation and policies and procedures. Residents and their representatives were informed about the accreditation audit and there is a system in place to monitor the criminal record checks of all relevant staff and contractors and the current registration of all registered nurses.

1.3 Education and staff development:

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

Team's recommendation

Does comply

Management and staff educational needs are identified through a variety of means including; requests by staff, performance reviews, management observations, collection and review of trend data, in response to legislative or best practice changes and feedback from residents and their representatives. An annual education planner has been developed by the home which is flexible and allows additions in response to identified need. Attendance records and evaluations are maintained and reviewed. Staff confirm they have access to a variety of topics and can request additional educational topics. Residents and their representative's state they are confident staff and management have the knowledge and skills to meet their needs.

Recent education topics relating to Standard one include;

- Aged care funding submission requirements
- Employee assistance program access
- Basic computer skills
- Online claiming systems
- Electronic care planning package

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has formal and informal complaint mechanisms throughout the home that are accessible to residents, representatives, staff and visitors. Information about complaint mechanisms is communicated via the residents' meetings, the resident information book, staff handbook and via the posters and brochures displayed in the home. Residents are also surveyed and they and their representatives confirm that they feel very comfortable to speak at the meetings or to approach management with any concerns they have, which are few. Comments and complaints can also be made by completing an improvement log or making a written comment on the menu selection. Complaints are responded to appropriately and in a timely manner. Staff are aware of the mechanisms to assist residents or relatives with making comments or complaints.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented vision, mission and philosophy statement which is on display within the home and documented within resident and staff information packages. The home uses its continuous improvement system to assist in meeting these aims. An active board of directors and management team regularly attend the home and engage with stakeholders to ensure these objectives are met.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has documented procedures to guide in recruitment and management of staff performance. All new employees undergo a formal selection process including formal interviews, reference checks, qualification checks and police record checks. Position descriptions and minimum qualification criteria are used to identify appropriately skilled staff. Ongoing monitoring of staff knowledge and skills is undertaken including scheduled performance reviews, management observation, review of trend data and stakeholder feedback. A formal orientation is provided to all new staff and ongoing education is provided. Staff confirm they have completed or have appraisals scheduled and participated in formal orientation on commencing with the home. Residents and their representatives are satisfied with the availability and skills of staff providing care and services within the home.

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 in all areas of the home confirm that the home has appropriate levels of supplies and equipment, and residents and their relatives state that adequate goods and equipment are provided and maintained in good condition for their care. Staff confirm that they can request new equipment for general use or for particular residents and that they are educated in equipment use. There are systems in place for ordering, storage, rotation and monitoring of expiry dates in catering and cleaning. Stock take, rotation and monitoring of medical supplies is done by visual inspection and ordered as required. Equipment used by both staff and residents is cleaned and staff state that maintenance requests are actioned promptly.

1.8 Information systems

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

Team's recommendation

Does comply

All stakeholders as appropriate have access to current information on the processes and general activities of the home. Information is disseminated via staff meetings, resident meetings, noticeboards, education, staff emails and "what's happening" folders. Extensive information handbooks are distributed to residents and/or their representatives and to staff. Key clinical data is collected, analysed and reported, and staff state that they have access to accurate information to provide appropriate clinical care and services to residents via residents' files and care plans, handover, specialised care folders, communication books, position descriptions and policies and procedures. Online information is password protected and backed up and confidential documents are stored and archived securely, accessed only by appropriate staff and disposed of securely. Residents and their representatives confirm that information is easily accessible to them, and staff are aware of their legislative reporting requirements.

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

External providers provide services according to the needs of the residents and the necessary goods required for health and hospitality provisions. Contracts with external service providers are negotiated at the corporate level and will be reviewed based on feedback from the home's management and staff and according to their policies of review. Suppliers are required to show evidence of professional registration and qualifications, quality assurance standards and appropriate insurance. Residents are also able to provide feedback and confirm that they have done so. All contractors are required to have a current criminal record check and register their presence in the home. Staff and residents state that they are satisfied with the services provided by external contractors.

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 a system of continuous improvement which is informed by multiple mechanisms and links to resident, representative and staff feedback. For further information see expected outcome 1.1 Continuous improvements.

Recent improvements in relation to health and personal care include the following:

- An internal audit identified a need for greater staff knowledge in pain management. Staff have received training in pain charting, completing assessments and care plans for pain management and in palliative care techniques. This has resulted in improved pain and palliative care management as confirmed by residents and representatives.
- Based on observation, auditing and feedback from residents, it was identified that air mattresses were needed to cater to residents' care needs. Six air mattresses have been purchased resulting in improved skin care, pain relief and sleep for residents.
- The implementation of a “resident transfer procedures” form which is placed alongside the bowel charts has resulted in staff having quick access to accurate information to enable residents to achieve maximum mobility and independence in movement.
- The home has implemented a “daily clinical care “ folder which directs staff in daily procedures, Staff state that this has enabled quick access to information often needed to direct care, for example: flow charts, weight loss procedures and oxygen management. The outcome is consistent, accurate resident care.
- A physiotherapy assistant has recently commenced in response to a need identified from pain assessments and residents' feedback. The physiotherapist has guided the assistant in setting up Tai Chi and weight training classes and it is expected that all recommended physiotherapy regimes can be completed more regularly.

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 a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further information see expected outcome Regulatory compliance 1.2. The home complies with medication management regulations and guidelines, and a division one registered nurse oversees the care of all high care residents, and specialised nursing care procedures. Information on best practice in relation to resident care is communicated to staff via the education program and the implementation of policy and procedure changes is monitored by internal audits.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Management and staff educational needs are identified through a variety of means refer to Expected outcome 1.3 Education and staff development for detail. Attendance records and evaluations are maintained and reviewed. Staff confirm they have access to a variety of topics relating to clinical care and can request additional educational topics for example if a resident with special needs enters the home. Residents and their representatives confirm staff have sufficient knowledge to provide clinical care.

Recent education topics relating to Standard two include;

- Managing enteral feeds
- Continence management
- Diabetes management and care
- Dementia care
- Aromatherapy
- Medication management

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has a system in place to ensure residents are assessed for their clinical care needs and preferences on entry to the home. A computerised care package is used to document resident needs, preferences and changes to health status. Regular reviews are scheduled including reassessments; additional reassessments are initiated in response to changes in resident health status. Referrals to general practitioners, specialists and allied health practitioners occur in response to individual resident health changes. Registered and enrolled nurses are available to provide care as needed. Residents and their representatives state they are confident in the skill of staff and that nurses are available when needed.

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 on entry are assessed for their individual needs relating to specialised nursing care, care plans are developed as part of the computerised care system to ensure care needs are communicated to appropriate staff. Registered and enrolled nurses provide and manage specialised care including monitoring of oxygen therapy, diabetes management, wound care, medication management, complex pain management and enteral feed management in accordance with their scope of practice and knowledge. Referrals to specialists occur and recommendations incorporated into care plans. Residents receiving specialised care are satisfied with the level and type of care provided and confirm that nurses provide this care. Representatives state they are confident the staff have the knowledge to provide nursing care.

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 assessed for their individual needs and preferences regarding allied health and specialist care needs. Assessments and care plans are used to communicate to staff recommendations from a variety of specialists including; physiotherapists, dieticians, speech pathologists, audiologists, optometrists, aged persons’ mental health consultants and dental care specialists. Reassessment and reviews occur as needed and residents or their representatives confirm satisfaction with the access to specialist services and that referrals occur when needed.

2.7 Medication management

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

Team’s recommendation

Does comply

Resident individual preferences and needs relating to medication management are identified and reviewed appropriately. Registered nurses manage and administer medications with assistance of nurses (medication endorsed). Special administration needs are identified including residents who wish to self medicate. Documented assessments and general practitioner approval occurs prior to residents being permitted to self medicate. Medications including drugs of addiction are stored and administered according to legislation and staff scope of practice. ‘As required’ medications are monitored and reviewed by registered nurses and each resident’s general practitioner. Residents and their representatives state they are satisfied with how medication is managed and administered within the home.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents on entry are assessed for a history of painful medical conditions, history of pain relief treatments and potential for pain. Care plans are developed and include alternatives to analgesics such as heat packs, gentle exercises and alternative therapies depending on resident preferences. ‘As required’ analgesics and drugs of addiction use is monitored by the residents general practitioner and registered nurses. Pain reviews by the resident’s general practitioner are initiated in response to changes in resident health status and increases in episodes of discomfort. Residents and their representatives confirm satisfaction with how episodes of resident discomfort are managed within the home.

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’ individual needs and preferences relating to palliative care are documented on entry to the home or as needs are identified depending on resident/representative preferences. Individual requests and needs are documented and incorporated into care plans

to ensure all appropriate staff have access to preferred treatments and interventions. Access to palliative care specialists, wound specialists and counselling services is available and referrals occur in response to need. Resident representatives state they are very satisfied with how the home provides this type of care and how caring the staff are to the residents and themselves. Staff were observed providing care to residents and support to resident representatives.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home identifies resident dietary needs on entry to the home and reassessment of dietary needs occurs on a regular basis and in response to changes in health status. Documented needs, preferences, allergies, likes and dislikes are available to appropriate staff. Residents with swallowing difficulties, weight loss or gain are referred to specialists such as; dietitian, speech pathologist, dental services as appropriate. Additional fluids are available during warm weather. Residents requiring specialised diets such as texture modified food or fluids are provided with a varied menu in response to their assessed needs and preferences. Residents receiving enteral feeds are monitored by appropriate specialists and registered nurses. Residents and their representatives are generally satisfied with the type and variety of meals and drinks available and that alternatives are available.

2.11 Skin care

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

Team’s recommendation

Does comply

Resident’s individual needs and preferences relating to skin care risks are identified on entry and as their health status alters. Pressure relief aids are available and in use for residents at risk of decreased skin integrity. Continence aids, moisturising lotions and creams, regular skin checks and pressure area care are used to minimise resident risks of impaired skin integrity. Wounds are identified and treated according to individual needs, wounds are reviewed by registered nurses and referrals for specialist advice/treatment occur in response to slow to heal or complex wounds. Wound charts and care plans are used to communicate resident care needs and preferences. Residents and their representatives confirm they are satisfied with the management of wounds within the home and that referrals to specialists occur.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence needs are identified on entry and reviewed as health care status alters. Residents requiring assistance or aids are provided with assistance or aids appropriately as per their assessed needs. Assistive devices such as raised toilet chairs, mobility aids and hand rails are provided to encourage independence and to maintain safety. Referrals to specialists occur as necessary. Individual toileting times and preferences are documented on care plans and staff confirm knowledge of individual resident needs.

Residents and their representatives confirm that staff provide assistance as needed and that staff maintain resident dignity.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents with a history of challenging behaviours or demonstrating behaviours are assessed to identify triggers and individual interventions including recommendations from aged persons’ mental health specialists are documented and communicated to appropriate staff. Monitoring of behaviours occurs and new or increased behaviours are documented and reviewed for effectiveness of interventions. Incident reports are completed for episodes of physical aggression and absconding attempts. Restraint is only authorised after consultation with the resident/representative and review by the resident’s general practitioner. Staff confirm knowledge of individual resident triggers for behaviours and interventions required for residents with challenging behaviours. Residents and their representatives confirm satisfaction with how residents with challenging behaviours are managed within the home.

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 are assessed for their individual needs and preferences relating to mobility, dexterity and rehabilitation on entry to the home and as their health status alters. Residents are provided with physiotherapy under the direction of the home’s visiting physiotherapist and physiotherapy aide. Group and individual exercises are documented. Residents requiring mobility aids or experiencing falls are reviewed by the home’s physiotherapist and provided with or assisted to obtain appropriate aids. Hand rails, wheel chairs and aids to assist with independence such as moulded cutlery are available. Residents and their representatives confirm individual and group exercises are available and that residents are assisted to attend or complete exercises regularly, including the newly introduced sessions provided by the physiotherapy aide.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ individual preferences are identified on entry to the home and referral to and assistance to attend dental appointments is provided. Individual needs are documented on care plans and dental care products including mouth washes are available and provided appropriately according to assessed needs. Residents requiring assistance to maintain oral hygiene are provided with assistance as necessary. Staff confirm knowledge of the level and type of assistance required for residents. Residents and their representatives confirm staff assistance is available and offered depending on the residents’ needs and preferences.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ individual needs and preferences relating to sensory loss are identified and documented. Referrals to specialists such as audiologists, opticians and neurologists occur as needed. Individual aid care is documented and staff are provided with information on how to store and clean particular aids. Well lit corridors and sensor lights assist residents with vision impairment to mobilise safely. Large print and audio books are provided according to individual preferences and assessed need. Aromatherapy and sensory stimulation based activities are provided within the home. Residents and their representatives confirm satisfaction with how sensory loss is managed within the home and that referrals to specialists occur as needed.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ individual needs and preferences are identified and documented including preferred rising and settling times, rituals and routines and level of assistance required. Residents are accommodated in single rooms to minimise unwanted noise and disturbances. Residents unable to settle or who wake through the night are provided with suppers and drinks or assisted to resettle according to their preferences. Residents confirm they are able to sleep undisturbed at night if that is their preference and assistance is available overnight if they are unable to settle. Resident representatives confirm that residents look well rested when they visit and that if a resident wishes a nap during the day the resident is supported to do so.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has system of continuous improvement which is informed by multiple mechanisms and links to resident, representative and staff feedback. For further information see expected outcome 1.1 Continuous improvement.

Recent improvements in relation to residents’ lifestyle include the following:

- A volunteer program has been implemented. This has resulted in residents having increased contact with members of the external community and also expanded the range of the activity program.
- A residents’ library has been developed. A retired librarian visits the home and oversees the book selection including large print books. This has resulted in improved availability of resources for the residents and catered for individual residents’ requirements.
- In response to residents’ requests, a kiosk which is run by the residents with the assistance of a volunteer is now situated at the home. Residents have input into the goods in stock and are pleased with the service.
- The home has introduced a music therapist who has formed a residents’ choir. There has been positive feedback from the broader community and the residents are very happy with the music program.
- A pet therapy program has been introduced to the home. This has resulted in decreased loneliness and isolation, and increased emotional support for some residents.
- Memorial services have commenced for residents who have passed away. The response from residents and representatives has been very positive and resulted in increased emotional support for all involved.

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 a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details see expected outcome 1.2 Regulatory compliance. Residents and relatives are provided with an information book and a resident agreement which details information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy information. Staff confirm they receive information related to privacy, elder abuse, absconding residents, mandatory reporting responsibilities and residents’ rights.

3.3 Education and staff development

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

Team's recommendation

Does comply

Management and staff educational needs are identified through a variety of means refer to Expected outcome 1.3 Education and staff development for detail. Attendance records and evaluations are maintained and reviewed. Staff confirm they have access to a variety of topics relating to resident lifestyle and can request additional educational topics for example if a resident with special needs enters the home. Residents and their representatives confirm staff have sufficient knowledge to meet and support the lifestyle needs of residents.

Recent education topics relating to Standard three include;

- Elder abuse and mandatory reporting
- Maintaining resident privacy
- Multicultural needs of residents
- Lifestyle care planning

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

Entries in progress notes confirm that staff provide residents and representatives with initial and ongoing emotional support. Management, lifestyle and care staff demonstrate an understanding of individual residents' emotional needs, and residents spoke highly of the staff interaction with them. The activity program incorporates specific activities to reduce loneliness and isolation and time is allocated to spend one on one time with residents, as indicated. Residents at risk are monitored and referred appropriately and there are two registered nurses with psychiatric health training. A resident's passing is recognised by a memorial service and rose planting and residents and representatives confirmed the high level of support given, both on entry and on an ongoing basis.

3.5 Independence

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

Team's recommendation

Does comply

Residents are assessed for their present level of independence in daily activities including their mobility, personal care and nutrition. Care plans guide staff practices to ensure each resident's level of physical independence is maximised and maintained. Appropriate equipment such as mobility aids is provided and residents state that staff allow them time to complete tasks at their own pace. Residents are involved in many aspects of the home including the kiosk, collecting the daily mail and chairing residents' meetings. Management has provided telephones, computers and internet access and facilitate the use of transport. Staff state that they understand the rights of residents to maintain their independence and assist them in doing so. Residents' cognitive levels are assessed and authorised representatives identified, and residents and/or their representatives confirm they are satisfied with the level of consultation.

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 systems in place for residents' privacy, dignity and confidentiality to be recognised and respected. Residents and representatives are provided with information on their rights to privacy and consent forms are signed as appropriate. Personal care takes place behind closed doors and residents confirm that staff assist them respectfully. Staff confirm that they are informed about the need to maintain privacy and dignity and appropriate codes of behaviour. All residents have large private rooms and ensuites and private areas are available to receive guests. Residents have lockable doors and cupboards in their rooms and confidential information is stored securely and disposed of appropriately.

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 are assessed in relation to their interests and preferred activities and residents confirm that their opinions are sought and acted upon by management and lifestyle staff. Consideration is given to cultural and spiritual needs and any barriers to participation are recognised and overcome, or alternative individualised programs created. Residents' level of participation is recorded and reviews of lifestyle care plans are commencing. The activity program caters for all the residents' needs and preferences at both an individual and group level and includes visiting pets, music therapy and a residents' choir, regular visits to the adjacent playgroup, bocce, bus trips, white board quizzes and board games. Management are supportive of the lifestyle program and staff confirm that there is a holistic approach to residents' care. Residents express great satisfaction with the lifestyle program.

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

The home has processes for identifying and recording the individual cultural and spiritual needs of residents. Birthdays are celebrated, as are significant religious and cultural days such as Christmas, Melbourne Cup Day, and Remembrance Day among others. Spiritual needs including end of life wishes are known and respected and church services are held regularly. Staff confirm that individual residents' cultural and spiritual beliefs are respected. Residents of differing cultural backgrounds are encouraged to share aspects of their food and customs with the other residents and have done so with the support of the home. Residents are encouraged to maintain their attachments to external spiritual communities and are satisfied with the cultural and spiritual support offered in the home.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents' choices and preferences are identified during assessment and care plans are written with consideration of each resident's needs and preferences. The home encourages resident input into decision making via care consultations, the formal and informal feedback systems and the residents' meetings which are well attended and chaired by residents. Appropriate consent is obtained and authorised representatives are consulted when residents are unable to make decisions based upon a formal cognitive assessment. Residents and/or their representatives are informed about the internal and external complaints mechanisms and external advocacy services. Residents who wish not to participate in the lifestyle group and individual programs are monitored for their emotional health but their choices are respected. Residents and their representatives said the home respects their choices and opinions and responds to their input.

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

Residents and their representatives confirm that their rights and responsibilities are explained prior to and on entry to the home and in the information pack. Residents and/or their representatives are fully informed of the consequences of a change to high care needs, including assistance to move to a more suitable facility if needs can no longer be met. The resident agreement in conjunction with the information handbook documents security of tenure, residents' rights and responsibilities, complaints mechanisms, privacy considerations and the care and services provided at the home. Management is informed about legislative changes affecting resident agreements. Residents remain informed via the residents' meetings, and by direct communication with management and all staff are educated in the code of behaviour and elder abuse policies and legislation.

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 a system of continuous improvement which is informed by multiple mechanisms and links to resident, representative and staff feedback. For further information see expected outcome 1.1 Continuous improvement.

Recent improvements in relation to the physical environment and safe systems include the following:

- Yellow strips have been painted on the steps leading from the car park to improve the safety of residents, staff and visitors to the home. Some visually impaired residents are now able to access the home more easily.
- Secured outdoor seating is now situated along the external walkway. This has improved the living environment and resulted in improved safety, mobility and independence to residents.
- In response to a staff suggestion to improve the ambience of the library, a water feature has been installed in the library with resultant positive feedback from the residents.
- In response to resident care needs, staff attended training in infection control and completed online hand washing competences to improve the prevention and management of infections

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 a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details see expected outcome 1.2 Regulatory compliance. The home has an audited food safety plan in place, complies with occupational health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures.

4.3 Education and staff development

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

Team’s recommendation

Does comply

Management and staff educational needs are identified through a variety of means refer to Expected outcome 1.3 Education and staff development for detail. Attendance records and evaluations are maintained and reviewed. Staff confirm they have access to a variety of topics relating to safety and living environment and can request additional educational topics.

Residents and their representatives confirm staff have sufficient knowledge to ensure a safe living environment is maintained.

Recent education topics relating to Standard four include;

- Fire and emergencies
- Manual handling
- Use of lifting equipment
- Infection control and hand washing
- Food safety
- Chemical use

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 has single rooms with ensuites with many small lounge areas as well as larger communal lounge and dining rooms. Residents' bedrooms and bathrooms are spacious, functional and attractively furnished with individual heating controls, appropriate equipment and call bells within reach. The home is in a rural setting with pleasant views and residents are encouraged to personalise their rooms. There are well maintained internal garden areas and the outside areas are secure with safe walking paths. The home is heated, and the communal areas are air conditioned and have suitable, tasteful furniture. The home is very clean and well maintained with wide corridors and handrails. Security, fire and emergency systems are in place, and the internal audit and maintenance program ensure that potential hazards are identified and addressed. Rubicon Grove is quiet and calm with a pleasant friendly ambience. Staff are aware of maintaining a safe secure environment and residents state that they feel safe, secure and happy within their 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

Staff confirm that management provide a safe working environment. There is assessment and reporting of risks and hazards via the home's environmental audits and maintenance reporting systems. Equipment is being serviced as required and staff are satisfied with the response to maintenance issues as they arise. The occupational health and safety committee includes staff from all areas other than maintenance and has commenced meeting monthly to review incidents, accidents and audit results. Staff confirm they receive training in manual handling, chemical and equipment safety and infection control, and that they report incidents and hazards. Management respond appropriately to staff injuries, including providing a return to work plan and an employee assistance program is provided by the organisation.

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

There are current systems in place at the home to minimise the risk of fire, security breaches and other emergencies. Mandatory fire and emergency training is conducted by an external provider. The emergency procedure manual is accessible and emergency evacuation equipment and information is available when required. Staff and residents confirmed that a successful evacuation was held recently. Fire prevention and fighting equipment is maintained and the environment audits include some potential fire and security hazards. All electrical equipment is tested and tagged annually. Exits are clearly marked and free from obstruction and the home has appropriate signage regarding evacuation and assembly points. The home has a no smoking policy, with a specified smoking area outside for staff. Residents who smoke are assessed for safety and smoke in a safe, specified area.

4.7 Infection control

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

Team's recommendation

Does comply

The home has documented policies and procedures in place that include recommendations from peak bodies and government agencies. Outbreak management protocols are documented and staff are provided with education on how to manage potential outbreaks appropriate to their role. Appropriate equipment is readily available to assist with managing infections, hand washing stations are available in all areas within the home and staff practice is monitored. Pest control services visit the home regularly. Clinical and house hold waste is appropriately managed. Residents and staff are encouraged to participate in the home's vaccination program and individual resident infections are documented. Infections are trended to assist the home in minimising infections and identifying potential outbreaks. Residents and their representatives confirm infections are identified promptly and treated according to general practitioner orders.

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 has policies and procedures in place to ensure that hospitality services are provided according to the needs of the residents, the home and in line with relevant regulations and legislation. Catering services are provided by staff with appropriate skills and knowledge and the home monitors performance through internal and external third party audits. Appropriate certification certificates are on display. Cleaning services are provided according to documented schedules and specific requests. A small onsite laundry is provided for residents wishing to attend to their own washing if preferred. Flat linen and personal linen service is provided off site. Residents and their representatives confirm satisfaction with laundry, catering and cleaning services provided.