Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Sandringham

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

The Agency has decided that the period of accreditation of Sandringham is three years until 6 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:	Sandringham
RACS ID:	6948

Number of beds:	127	Number of high care residents:	83

Special needs group catered for:	• People with dementia or related disorders. • People with culturally and linguistically diverse backgrounds.

Street:		150 Adams Road			
City:	CRAIGMORE	State:	SA	Postcode:	5114
Phone:		08 8256 8800	Facsimile:		08 8256 8888
Email address:		enquiries@narooma.net			

Approved provider

Approved provider:	Fairlux Pty Ltd

Assessment team

Team leader:	Kimberley Moss
Team member:	Judy Aiello
Dates of audit:	21 February 2011 to 23 February 2011

Executive summary of assessment team's report			Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

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

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Sandringham
RACS ID	6948

Executive summary

This is the report of a site audit of Sandringham 6948 150 Adams Road CRAIGMORE SA from 21 February 2011 to 23 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 Sandringham.

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 21 February 2011 to 23 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:	Kimberley Moss
Team member:	Judy Aiello

Approved provider details

Approved provider:	Fairlux Pty Ltd

Details of home

Name of home:	Sandringham
RACS ID:	6948

Total number of allocated places:	127
Number of residents during site audit:	121
Number of high care residents during site audit:	83
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street:	150 Adams Road	State:	SA
City:	CRAIGMORE	Postcode:	5114
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E-mail address:	enquiries@narooma.net		

Assessment team's recommendation regarding accreditation

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

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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
Director of nursing	1	Residents	12
Clinical nurse manager	1	Representatives	1
Clinical nurses	2	Hospitality manager	1
Operations manager	1	Laundry staff	1
Enrolled nurses	4	Cleaning staff	1
Care staff	4	Kitchen staff	2
Lifestyle staff	4	Physiotherapy aide	1
Administration officer	1	Physiotherapist	1

Sampled documents

	Number		Number
Residents' care plans, clinical files and relevant assessment	11	Medication charts	15
Wound care assessments and plans	12	Personnel files	2
Staff individual training files	6	Resident lifestyle files, including social and lifestyle assessments, lifestyle care plans and activity attendance records	11

Other documents reviewed

The team also reviewed:
- Activity programs for each area
- Audit schedule, audit tools and outcomes
- Clinical assessment tools
- Clinical observation records
- Concern resolution forms
- Continuous improvement action plans

- Contractors agreement
- Current food safety audit report
- Current triennial fire certificate
- Education records, including calendar, attendance sheets and evaluations
- Electrical tagging register
- Emergency procedure manual
- Employee handbook
- Employee induction records, including checklists
- Employee skills checklists, individual competencies and knowledge questionnaires
- Food safety plan
- Hazard alert forms and register
- Incident reports, summaries, trends and actions
- Infection surveillance records
- Job descriptions and recently reviewed duty statements
- Lifestyle documentation, including birthday lists, activity evaluations, and religious contact lists
- Menu
- Plant and equipment register and risk assessments
- Police clearance report
- Preventative maintenance schedule
- Quality improvement log
- Registered and enrolled nurse credentialing packs
- Regulatory compliance record
- Resident meeting minutes for each area
- Residential aged care agreement
- Rosters, shift change forms and allocations
- S4 and S8 drug licence
- Security checklist
- Signature register
- Significant concern status log
- Standard operating procedures
- Various cleaning schedules
- Various external audits
- Various policies and procedures
- Various resident surveys
- Vision, mission and philosophy

Observations
The team observed the following:
- Activities in progress in each area in the home
- Chemical storage
- Cleaner's room
- Fire and emergency equipment
- Food storage
- Internal and external living environment
- Kitchen
- Labelling machine for resident clothing
- Laundry
- Maintenance shed
- Meals in progress
- Medication storage and medication round
- New hairdressing facility
- Resident and staff interaction

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's recommendation
Does comply

Continuous improvement is managed according to a corporate framework. Improvements are initiated, planned and actioned relevant to an organisational strategic plan and objectives and improvements identified from the home's monitoring processes, such as suggestions, comments and complaints, meetings, audits, incident reports and benchmarking processes. Improvements are documented on quality improvement logs, action plans and when completed and evaluated, on the continuous improvement register. Progress, actions and outcomes are regularly reviewed at both site and corporate level according to a continuous improvement flow chart. Staff and residents are informed of the continuous improvement process and encouraged to participate with regular feedback sought on trials and implemented changes. Residents and staff confirm that management is responsive to their feedback and suggestions.

Improvements implemented relevant to management systems and organisational development include:

- In November 2010 the home reviewed staff numbers and skill mix following feedback from staff and the noted increase in resident acuity. There was also a high use of agency staff and a culture of staff not always attending for duty. Staff roster management was also complex with separate rosters for each wing of the home but with staff working across wings. A revised master roster was trialled in December 2010 and staff educated in their responsibilities, policies and procedures. Recruiting was implemented to enable additional enrolled nurse support across the home seven days a week. The new roster was implemented in January 2011 with positive staff feedback. The staff structure now includes a clinical nurse manager for the three higher acuity wings, and two clinical nurses (one to oversee the lower acuity wing) with registered and enrolled nurses supervising clinical care. Revised duty statements are in progress.
- Internal audit processes identified that clinical documentation was not consistent with organisational processes. This included care plan format and content, admission and assessment processes. Some issues were related to the technical use of the home's computerised care management system and staff have received additional technical training. Corporate operational support was provided and staff training re-enforced corporate systems, policies and procedures. An existing admission checklist was re-introduced, and assessment folders established for each resident undergoing assessment. Care plan development guidelines have been documented and all resident care plans are being revised to ensure relevance to resident assessments and prepared in the required format. While this revision is still in progress all care reviews have been conducted according to schedule. A recent audit has shown significant improvement from 68.9% to 87.5% compliance. Additionally an overall documentation audit has been conducted to ensure compliance with corporate information systems. This follows a review of all

filing cabinets, distribution of policies and procedures and replacement of documentation with current corporate systems. A compliance level of 90% was achieved.

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

Padman Health Care has a corporate system for identifying and monitoring compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation maintains membership with industry associations and receives updates about legislative changes. This information is analysed at a corporate level, and policy or procedural changes are completed, and disseminated to Sandringham. There are processes for communicating changes to staff, including the use of standing agenda items at meetings and memoranda. Residents and representatives were notified of this Accreditation Audit through signage in the home and discussion at resident meetings. There is a system to ensure staff, volunteer and relevant contractor police clearances remain current and all new staff who have previously lived overseas are required to sign a statutory declaration as per legislation. Compliance is monitored through corporate audit tools, and external audits. Management, staff and residents are aware of the legislation that is relevant to them.

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

Team's recommendation
Does comply

Padman Health Care has a corporate education calendar designed to equip management and staff with the appropriate knowledge and skills to perform their roles. Each month staff are provided a training pack, which may include policies, procedures, questionnaires, online information or fact sheets on a variety of topics covering the four Accreditation Standards. Knowledge questionnaires are checked and any knowledge deficits identified and actioned. Site specific training needs are identified through the performance appraisal process and feedback from management, staff and residents/representatives. Training is also delivered at 'buzz' meetings, on a one-to-one basis or in groups. Attendance at training is monitored through the use of an electronic matrix. The training system and its effectiveness is monitored through the use of corporate audit tools. Management and staff are satisfied with the opportunities available to them to enhance their skills and knowledge. Residents and representatives are satisfied that staff have the appropriate skills and knowledge to perform their roles.

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 are satisfied that they have access to the home's feedback processes and that management respond to their concerns. Residents and their relatives are informed of both internal and external comment and complaint processes on entry, and through resident meetings and newsletters, in addition to information displayed around the home. Staff are aware of their responsibility to support residents to provide feedback. All complaints are documented on a concern resolution form, actioned and logged for regular site and corporate review and consideration for potential improvements. A flow chart describes the process. Residents and staff are advised of trends, and resolution processes through meetings or newsletters. Anonymity is preserved. Additional incidental feedback opportunities include surveys and twice yearly social events for residents' relatives hosted by management.

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

Padman Health Care has a documented vision, mission and philosophy on display in the home and included in the resident and staff handbooks. The organisation's commitment to quality is included in the vision and mission statements.

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 a system for monitoring there are sufficient appropriately skilled and qualified staff to deliver services in line with the organisation's vision and mission. The organisation has a basic formula used for determining staffing levels and monitors the effectiveness of this through the use of incident data, observation and resident and staff feedback. There is a process for inducting new staff to the organisation and the home which includes some training relevant to the role. New staff are buddied with more senior staff for a minimum of two shifts or longer if required. A registered nurse is rostered on site seven days a week, 24 hours a day. A casual pool of staff and agency staff are used to fill any gaps in the roster. Performance appraisal processes are used to monitor each staff member's skill levels and areas for improvement. Each staff member is required to successfully complete a skills matrix each year while being observed by their supervisor as a part of the performance appraisal process. Staff are satisfied they have enough time to complete their tasks without rushing the residents, and residents state that the number of staff is sufficient in meeting their individual 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

Sandringham has systems to facilitate stocks of appropriate goods and equipment for quality service delivery. The hospitality manager oversees the ordering of goods and equipment for catering, cleaning, laundry and maintenance services. Designated care staff are responsible for ordering and monitoring of medical supplies, such as continence aids and wound dressings. The preventative maintenance schedule is used to monitor and maintain the safety of equipment used in the home, including wheelchairs and shower chairs. All electrical equipment is tested and tagged as per legislation. External contractors are used to maintain equipment, including lifters, fire and emergency equipment, washing machines and dishwashers. There is a process for trialling new equipment and allows staff to provide feedback. The system is monitored through corporate audit tools and feedback from residents and staff. Residents and staff are satisfied they have access to the inventory and equipment they need.

1.8 Information systems

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

Team's recommendation
Does comply

Information management systems guided by policies, procedures and flow charts facilitate access to required information for residents, management and staff. Resident information is provided in handbooks, the resident agreement, regular meetings, newsletters, activity calendars and on noticeboards around the home. Staff meetings, access to regularly reviewed policies and procedures, memos, handovers and 'buzz' meetings provide information to meet staff needs. Information from monitoring processes and relevant legislation is used to inform management decisions and advised to staff and residents as relevant. Electronically held data is password protected and back up procedures in place. Confidential and archived information is securely stored and managed according to legislative requirements. Document control processes and information and documentation audits, monitor and review the effectiveness of information management.

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

Padman Health Care has systems to monitor the quality of externally sourced services. An approved suppliers list is used by management when sourcing external services. Corporate service agreements are used with approved suppliers. There are processes for monitoring and evaluating the quality of external services. Services that are outsourced include some maintenance services, allied health and agency staff. Management have systems for providing feedback when external services do not meet the requirements of the organisation. Resident and staff satisfaction with the external services provided is monitored through feedback mechanisms and internal audits. Management, staff and residents are satisfied with the external services used in the home.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's recommendation

Does comply

Continuous improvement is managed according to a corporate framework. Improvements are initiated, planned and actioned relevant to an organisational strategic plan and objectives and improvements identified from the home's monitoring processes, such as resident and relative surveys, relevant focus group and clinical staff meetings, clinical care audits, care reviews, incident reports and benchmarking processes. Staff and residents are informed of the continuous improvement process and encouraged to participate with regular feedback sought on trials and implemented changes. Residents and staff confirm that management is responsive to their feedback and suggestions.

Improvements implemented relevant health and personal care include:

- A review of medication incidents identified discrepancies in the management of Schedule 8 medications. The storage of Schedule 8 medication has been centralised in one wing of the home, rather than in separate wings, a new work bench installed and Schedule 8 medications packed in dose aids for individual residents. The drug register was revised to enable record separation of oral medication from patches. A small lockable trolley has been implemented for the secure transport of a checked Schedule 8 medication for administration to a resident in any wing of the home. A change to 'Compact' medication charts has also enabled medication orders for Schedule 8 patches to be included on medication charts instead of separate order sheets. Staff have been provided with additional education on the management and reporting of medication incidents and there have been no Schedule 8 medication incidents in the four months since the implementation of these improvements.
- In November 2010 the home conducted a review of resident pain assessments and pain management plans and considered that there were opportunities for improving resident comfort with additional alternative treatments. In consultation with the physiotherapist and general practitioners the decision was made to appoint a registered nurse to provide additional pain management strategies. A registered nurse with massage and aromatherapy qualifications has been appointed three days per week. An ultra sound machine has been trialled and purchased and the home already has a Trans electrical nerve stimulation (TENS) machine. There are safe operating procedures and assessment processes for this equipment. Resident care plans and physiotherapy plans include relevant treatments. These changes were introduced in December 2010 and there are 12 residents on the program. Residents are already observed to be moving better, more relaxed and enjoying one-to-one time. A pain clinic room is being prepared and massage couch ordered. A computer is to be installed. Still being refined is a referral process to the registered nurse and the potential for this person to be responsible for all resident pain assessments.

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

Padman Health Care has a corporate system for identifying and monitoring compliance with relevant legislation, regulatory requirements, professional standards and guidelines relating to health and personal care. There is a process for monitoring that nursing registrations are current and maintained. A policy and procedure guides staff in what to do if a resident wanders from the facility. Medication management, including storage of Schedule 8 medications, is in line with regulatory requirements. There are processes to provide residents with care and services as specified in the *Quality of Care Principles 1997*. Compliance is monitored through corporate audit tools, and external audits. Management, staff and residents are aware of the legislation that is relevant to them.

2.3 Education and staff development

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

Team's recommendation
Does comply

Padman Health Care has a corporate education calendar designed to equip management and staff with the appropriate knowledge and skills to perform their roles in relation to health and personal care. Monthly training packages, and role specific competency packs are available and distributed to care staff, and enrolled and registered nurses and cover each Expected Outcome in Standard Two. Registered and enrolled nurses are assessed annually using competency tools on a variety of topics. These include medication administration, drug calculations and other care tasks specific to their role, such as wound care. Training is provided to meet the individual needs of residents through the use of 'buzz' meetings, on a one-to-one basis or in groups. Examples of this were provided. The effectiveness of the training system in relation to meeting the health and personal care needs of residents is monitored through corporate audit tools, incident data and feedback. Management and staff are satisfied with the opportunities available to them to enhance the skills and knowledge. Residents and representatives are satisfied that staff have the appropriate skills and knowledge to perform their roles.

2.4 Clinical care

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

Team's recommendation
Does comply

Residents confirm the care they receive is according to their needs. Assessment guidelines assist initial entry and care planning processes held in consultation with the resident, their family and relevant health practitioners. Care plans are developed using on-line templates and printed for ease of staff access. There is a schedule for regular care reviews which include staff participation through 'buzz' meetings and team conferences. Handover processes, communication books, and progress notes keep

staff informed of resident care needs. Care is monitored through regular monthly clinical care audits which also assess staff knowledge and skill and scheduled audits which are generated at corporate level to monitor clinical care outcomes. Incident reporting and analysis processes contribute to care review and monitoring processes.

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 confirm that their specialised care needs are met. Residents' assessment, care planning and review processes are coordinated by registered nurses who also supervise clinical care. Complex care needs are documented and care processes requiring registered nurse attendance are noted on the care plan. There are corporate policies and procedures for credentialling and competency assessment processes and educators to support specialised training needs. Referral to external specialised services may be used. Care is regularly monitored through incident reports and audits by senior clinical 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 satisfied they are referred to relevant specialist services according to their needs and preferences. Entry assessment processes identify residents' screening and referral needs and preferred providers. Residents are informed of services available and access processes. Care reviews consider the need for referral for specialist medical or allied health care in addition to visiting services such as physiotherapy, podiatry, speech pathology, dietitian or dental services. Transfer forms are used for admission to hospital and are sent along with medication charts and good palliative care forms. Outcomes of referrals are documented in residents' on-line progress notes and care plans modified accordingly.

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

Team's recommendation
Does comply

Residents are satisfied their medications are managed safely and correctly. Residents' medication management needs are assessed, a medication management care plan documented and relevant administration information included on the medication chart. Self administration assessment and authorisation is conducted for relevant residents. Registered, enrolled nurses and competency assessed care staff administer medications according to the home's policies and procedures. Medications are supplied in pre-packed dose aids. Additional impress supplies are available and medications are safely and appropriately stored. Medications are regularly reviewed

and medication profiles conducted by the contracted pharmacy. Nurse initiated medications are authorised and there are management guidelines for insulin dependent diabetic residents. Regular medication system audits are conducted and incidents reported. A medication advisory committee regularly meets to consider medication management practices.

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

Team's recommendation
Does comply

Residents are satisfied with how their pain is managed. Assessment tools are used relevant to residents' cognitive abilities and flow charts monitor the effectiveness of planned pain management strategies prior to a care plan being documented. The physiotherapist participates in the assessment and planning processes. The physiotherapy aides, lifestyle staff and the recently employed pain management registered nurse all support resident comfort and pain management and contribute to regular reviews. As required pain management medication is monitored and medication reviewed in consultation with the general practitioner. Regular clinical care audits consider pain management plans and practices for both care and lifestyle staff.

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

Team's recommendation
Does comply

Representatives confirm the home's practices maintain the comfort and dignity of terminally ill residents. Entry processes facilitate discussion on residents' terminal care wishes and a palliative care information brochure is provided. A good palliative care plan is signed as appropriate and lifestyle plans record personal requests for end-of-life management. When required a palliative care plan is developed to guide preferred care. Resources to support care are accessible and external referral and consultation used as needed. A palliative care focus group monitors practices, feedback from families and staff training requirements.

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

Team's recommendation
Does comply

Residents are satisfied with the home's approach to meeting their nutrition and hydration needs. Residents' food and drink preferences and dietary needs are assessed and communicated to catering services. A risk assessment identifies referral requirements, nutrition monitoring processes and the need for supplements or texture modification. Registered nurses regularly review and action resident nutrition and hydration needs, according to guidelines. Staff supervise and support resident meals in small dining groups and have received training to safely assist residents and in the preparation of thickened fluids. Utensils and finger food are provided to support independence. The home is currently revising the menu in consultation with residents, prior to undertaking a dietitian menu review.

2.11 Skin care

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

Team's recommendation
Does comply

Residents are satisfied with the care provided in relation to their skin integrity. Risk assessment processes identify the need for preventive strategies, such as regular position change, sheepskins, limb protectors, nutrition supplements and pressure relieving mattresses. These are documented on residents' care plans and regularly reviewed. Wound care assessments and plans are documented by registered nurses and healing rates and wound incidence monitored. Specialist referrals are arranged as required. The incidence of skin tears is also reported and staff adherence to resident position changes and skin care practices monitored.

2.12 Continence management

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

Team's recommendation
Does comply

Residents are satisfied that their continence needs are met. Flow charts assist the home to identify residents' continence management needs and continence management plans are trialled, evaluated and regularly reviewed in consultation with the continence link nurse and through 'buzz' meetings. Strategies focus on toileting schedules with selected aids according to resident preferences. Bowel function is monitored daily and management protocols advise strategies, in addition to dietary support. Urinary tract infections are monitored, identified and managed according to protocols and a continence focus group assists in identifying opportunities to improve practice. A reduction in incidence is noted over the last few months. Staff receive training in continence management and practice and documentation regularly audited.

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 are satisfied with the home's approach to managing challenging behaviours. Pre-entry and entry assessments identify behaviours and potential triggers to assist behaviour management planning. Buzz meetings may contribute to the process of planning management strategies which include integrated activities and diversions. In consultation with the general practitioner residents may be referred for specialist behaviour management advice and the effectiveness of care is regularly reviewed. Residents with a tendency to wander are accommodated in a secure wing and are free to walk outside to a secure garden. Risk assessments support resident independence and safety according to the home's no restraint policy. Staff education in behaviour management is provided and behaviour and aggression incidents monitored. Regular clinical care audits are conducted to assess staff knowledge and practice.

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 satisfied with the support provided by the home to optimise their mobility and dexterity. A physiotherapy assessment identifies mobility and dexterity needs, falls risk and transfer requirements. The documented assessment, planned treatments, required equipment and exercises are included in the resident's care plan file together with a mobility care plan. Plans may include seating and positioning recommendations for residents with limited mobility. Regular reviews are conducted by the physiotherapist and registered nurses. Physiotherapy aides assist with residents' exercises and treatments and conduct staff manual handling training. Additional exercises and opportunities to enhance dexterity are conducted as part of the activities program. Falls and incidents relevant to resident mobility are reported and analysed and care and environmental audits monitor safety and practice.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents are satisfied with the home's approach to managing their oral and dental care. Oral and dental hygiene needs are identified through entry assessment and ongoing review processes. Plans include instructions for dental care requirements and resident preferences. There is no scheduled process for toothbrush replacement. The impact of medications on oral health is considered and visiting dental care and technician services are available in addition to support for residents to attend external services. Staff are instructed on maintaining oral hygiene and planned care is monitored by audit processes.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents are satisfied with the home's approach to managing their sensory deficits. All five senses are assessed and specific management strategies and required aids documented in residents' care plans. Plans are regularly reviewed and screening services accessed according to need. Activity programs are planned to enhance residents' sensory experiences and include access to a sensory garden, aromatherapy, tactile 'busy boxes', large print and 'talking' books, and screen magnifiers. Audits monitor the effectiveness of assessment and planning processes for sensory management and staff trained in the care and application of residents' sensory aids

2.17 Sleep

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

Team's recommendation
Does comply

Residents are satisfied with the home's support to assist them achieve natural sleep patterns. Entry assessment includes identification of residents' sleep experiences and preferences for rising and settling. Disturbed sleep is monitored and potential causes assessed and managed. Medication may be provided in consultation with the general practitioner, following evaluation of other settling strategies. Sleep plans are regularly reviewed and sleep management processes audited.

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

Continuous improvement is managed according to a corporate framework. Improvements are initiated, planned and actioned relevant to an organisational strategic plan and objectives and improvements identified from the home's monitoring processes, such as lifestyle activity evaluations, resident meetings, lifestyle focus groups, lifestyle plan reviews, suggestions, audits, and benchmarking processes. Staff and residents are informed of the continuous improvement process and encouraged to participate with regular feedback sought on trials and implemented changes. Residents and staff confirm that management is responsive to their feedback and suggestions.

Improvements implemented relevant to resident lifestyle include:
- A revision of corporate guidelines for participation, management and recording of residents' meetings highlighted that residents from the memory support unit in the home were not participating in residents' meetings. In consultation with residents, their families and staff it was proposed to combine resident meetings for two wings in the home incorporating the memory support unit. Two of these combined meetings have been held with seven residents from the memory support unit attending and one resident's family attending. Afternoon tea is served and the Director of Nursing and Hospitality Manager attend. Agendas are posted and residents and their families may suggest topics for discussion. The home is currently considering wider distribution of meeting minutes by email and also combining some lifestyle activities between the two wings.
- Resident feedback to lifestyle staff in one wing indicated they wanted more 'mind' stimulating activities. A planning meeting was held with residents and relevant activities identified which included quizzes and a 'memory' game involving words and numbers. These activities have been introduced with positive feedback from residents and increase interaction observed. A further suggestion has been made to introduce a competition across all wings of the home using the memory game. The February 2011 activity planner was noted to include the memory game in all wings.

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

Padman Health Care has a corporate system for identifying and monitoring compliance with relevant legislation, regulatory requirements, professional standards and guidelines relating to supporting residents to retain their personal, civic, legal and consumer rights. A policy and procedure guides staff in the mandatory reporting of resident abuse. Residents are provided with information on their rights and responsibilities and fees and charges, through discussion and a residential care services agreement provided when they move into the home. Residents, staff and volunteers are provided with information relating to residents' right to privacy and confidentiality. Compliance is monitored through corporate audit tools, and feedback from residents, representatives and staff. Management, staff and residents are aware of the legislation that is relevant to them.

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

Team's recommendation
Does comply

Padman Health Care has a corporate education calendar designed to equip management and staff with the appropriate knowledge and skills to perform their roles in relation to resident lifestyle. Monthly training packages, which include information on all of the Expected Outcomes in Accreditation Standard Three, are disseminated to all staff for completion. Knowledge deficits are identified through this process and training is provided accordingly. New staff are made aware through the induction process and the staff handbook of their responsibility to report any abuse of residents and of resident's rights, particularly in relation to privacy and confidentiality. The effectiveness of the training system in relation to meeting the lifestyle needs of residents is monitored through corporate audit tools, and feedback from residents/representatives and staff. Management and staff are satisfied with the opportunities available to them to enhance the skills and knowledge. Residents and representatives are satisfied that staff have the appropriate skills and knowledge to perform their roles.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the emotional support provided by care, lifestyle and service staff. Lifestyle staff orientate new residents to the home, and other residents, using a checklist. Individual emotional needs are captured on the social and lifestyle assessment and strategies to meet these needs are recorded on the lifestyle care plan. Spiritual support, one-to-one visitors, and activity programs specific to each area all assist in providing emotional support to residents. Observations throughout the audit confirm that staff assist residents in a supportive and consultative manner. Staff practices and resident satisfaction is monitored through feedback mechanisms, including resident meetings, observations and care and lifestyle plan review processes. Lifestyle staff from each area of the home can provide examples of meeting the individual emotional needs of residents as they change. Care staff can describe individual strategies for residents who require additional emotional support.

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 and representatives are satisfied with the assistance provided to achieve maximum independence within and outside of the home. Group and individual exercise programs are provided to support residents in maintaining their mobility. A resident trust account, a shopping trolley and weekly shopping bus trips provide residents with financial independence. Care and lifestyle plans include individual strategies to assist residents in maintaining their independence. There are processes for residents who choose to continue an activity that may be risky and this is done in consultation with residents, representatives and staff. Staff practices are monitored through observation, feedback from residents, skills checklists and internal auditing processes. Staff can describe individual strategies to assist residents in maintaining their independence.

3.6 Privacy and dignity

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

Team's recommendation
Does comply

Residents are satisfied their right to privacy, dignity and confidentiality is recognised and respected. Staff induction and training processes provide information to staff about how to facilitate residents' privacy and dignity needs. Staff attend residents' personal needs in privacy and use privacy curtains in shared rooms. Residents' confidential information is securely stored and personal information is discussed in areas where confidentiality can be maintained. Electronic information is password protected. Corporate auditing processes monitor the effect of the physical environment and delivery of care and services on residents' privacy and dignity needs and preferences. Observations show management have implemented strategies to maintain resident privacy to compensate for environmental limitations. Observations of staff interactions with residents, and feedback from residents, indicates that staff treat residents with respect and implement strategies to maintain their dignity.

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 and representatives are satisfied with the encouragement and support provided to participate in a wide range of activities that are of interest to them. Each area has its own activity team, program and resident meetings. The areas do combine for larger activities like concerts or church services. The lifestyle staff gather information about residents' individual interests and social history using an assessment tool when a resident moves into the home and a lifestyle care plan is created. Resident

attendance at activities is monitored and this information is used when the lifestyle care plan is being reviewed. Lifestyle staff use resident meetings, feedback mechanisms, surveys, formal activity evaluations, audits and care plan reviews to monitor resident satisfaction with the program on offer. During the site audit residents were observed to be actively participating in a variety of activities. Staff understand their role in encouraging and supporting residents' lifestyle preferences.

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 and representatives are satisfied with the processes for valuing and fostering individual customs, beliefs and cultural backgrounds. Specific needs and preferences, such as religion, food and participation in cultural activities are identified and documented in care and lifestyle plans. Ecumenical and denominational church services are held on site, and lifestyle staff schedule 'cultural days' regularly to celebrate the different cultures of residents and staff at the home. There are processes to provide information to residents who do not speak English. Staff practices and resident satisfaction is monitored through feedback mechanisms, corporate audits and surveys. Staff understand where they can access information on individual resident spiritual or cultural needs and can provide examples of meeting these needs.

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

Team's recommendation
Does comply

Residents are satisfied with the support and encouragement provided by staff to exercise choice and control over decisions related to their care and lifestyle. Where residents are unable to make decisions, authorised representatives are identified. Staff consult with residents and representatives about individual care and lifestyle preferences. Opportunities are provided for resident and representative input into planning services and activities through resident meetings, surveys, comment and complaint mechanisms and case conferences. Comment and complaint mechanisms are accessible and information is available on independent alternative sources of advice. Resident satisfaction and staff practices are monitored through the use of corporate audit tools, feedback mechanisms and observation.

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 representatives are aware that they have secure tenure within the home and understand their rights and responsibilities. New residents are provided a residential care service agreement which outlines specified care and services, security of tenure, internal and external complaint mechanisms and fees and charges. Information on resident rights and responsibilities is also displayed throughout the home and in the resident handbook. Resident satisfaction and staff practices are monitored through corporate audit tools, surveys and observation. Staff understand that residents' have secure tenure within the home and rights.

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

Continuous improvement is managed according to a corporate framework. Improvements are initiated, planned and actioned relevant to an organisational strategic plan and objectives and improvements identified from the home's monitoring processes, such as resident surveys and suggestions, Consultative Committee and Hospitality Focus Group meetings, environmental, service and food safety audits, infection surveillance, incident, hazard and accident reports and benchmarking processes. Staff and residents are encouraged to participate with regular feedback sought on trials and implemented changes. Residents and staff confirm that management is responsive to their feedback and suggestions.

Improvements implemented relevant to physical environment and safe systems include:

- Following feedback from staff and the hairdresser that the existing hairdressing facilities required re-furbishment to provide for resident comfort and safety the home has upgraded the area. The hairdressing facility was located in an existing bathroom with limited space and aesthetically unpleasant. The toilet was removed and the walls repaired and painted, a secure storage cupboard and shelves installed and pictures hung. New chairs and curtains have been purchased and a vital call bell installed. Residents are delighted with their new 'salon' and the home is still planning to improve the ventilation in the room and arrange for refreshments to be served while residents are having their hair done. A new salon will be arranged as part of the home's overall re-furbishment plans.
- Staff suggested that kitchen and care staff hours could be better utilised and infection control improved in 'Rose' wing if care staff were dedicated to resident care and kitchen staff managed meal serving and servery cleaning tasks. Planning meetings were held with staff and duty statements revised, corporate approval was obtained to increase kitchen staff hours by three hours seven days a week to enable kitchen staff to prepare and serve breakfast, morning tea and lunch, conduct temperature checks and clean the servery, all of which was previously managed by care staff. Additional thermal serving equipment has been purchased, staff training conducted and new rosters established. These changes are still being refined in consultation with staff and residents however initial outcomes indicate residents are calmer and better supported during meal times, rising times are more flexible and residents may have their breakfast in their rooms if preferred.

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

Padman Health Care has a corporate system for identifying and monitoring compliance with legislation relating to the physical environment and safe systems. External audits, including food safety and triennial fire inspections, monitor compliance with relevant legislation. Staff are provided regular information on current infection control practices. Material safety data sheets are located where chemicals are stored. Restraint practices are in line with professional standards and guidelines. Corporate environmental audit tools are also used to monitor compliance with relevant legislation and professional standards and guidelines. Management, staff and residents are aware of the legislation that is relevant to them.

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

Team's recommendation
Does comply

Padman Health Care has a corporate education calendar designed to equip management and staff with the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. Monthly training packages, which include information on all of the Expected Outcomes in Accreditation Standard Four, are disseminated to all staff for completion. Knowledge deficits are identified through this process and training is provided accordingly. New staff are made aware through the induction process of the systems in place for fire, security and emergency management and are assessed and trained in correct manual handling techniques. All staff are required to attend fire and emergency training and manual handling training each year to update their skills. The effectiveness of the training system in relation to the safe systems and the physical environment is monitored through corporate audit tools, incident data and feedback from residents/representatives and staff. Management and staff are satisfied with the opportunities available to them to enhance the skills and knowledge. Residents and representatives are satisfied that staff have the appropriate skills and knowledge to perform their roles.

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 representatives are satisfied with the safety and comfort of the living environment. Processes generally maintain an environment consistent with resident care needs and include internal and external environmental audits, incident and hazard reporting, and preventative and corrective maintenance systems. Residents' rooms reflect their personal taste with personal belongings. Resident rooms have reverse cycle air conditioning and communal areas have heating and cooling systems sufficient to maintain resident comfort. The organisation maintains a minimal restraint policy and there are processes for consultation, implementation and the monitoring of residents who require restraint. Areas containing chemicals are secured. The safety and comfort of the environment is monitored through corporate audit tools, resident feedback, incident reporting and surveys. Staff understand their responsibilities in maintaining a safe and comfortable environment.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation
Does comply

Management is actively working to provide a safe working environment that meets regulatory requirements. Incident and hazard reporting and environmental audits are used to identify occupational health and safety issues. The Consultative Committee monitors the safety of the environment and occupational health and safety issues. Staff are provided training on correct manual handling techniques when they commence with the organisation and then annually. Staff practices are monitored through incident and hazard reporting, corporate environmental audits, observation and feedback from other staff. Staff who decant chemicals are trained to do so. Staff understand their occupational health and safety responsibilities and feel that management are actively working to provide a safe working environment.

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

Team's recommendation
Does comply

Management systems provide for an environment, which minimises fire, security and emergency risks. Fire equipment and detection systems are regularly tested and maintained by external service providers and exits are labelled and accessible. Emergency procedures and evacuation plans are available throughout the home and are re-enforced through compulsory staff training, questionnaires and drills. Residents and their representatives are provided with information on their actions in the event of an emergency. The home has a 'no smoking' policy on site for staff and residents who smoke are monitored for their safety. There is a 'lock up' procedure. An alternative site has been identified should an evacuation occur. Compliance is monitored through internal and external audits, incident reporting and staff and resident feedback. Management said there have been no breaches of security in this Accreditation period. Staff and residents understand their roles and responsibilities in the event of an emergency.

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

Team's recommendation
Does comply

There is an effective infection control program monitored by the Director of Nursing and through corporate reporting and benchmarking processes. Resident infections are identified, reported and management coordinated, by registered nurses in each wing. A yellow butterfly symbol is used to alert staff to residents with current infections. Staff knowledge and infection control practices are supported by induction processes, regular training, infection control guidelines and audits. There is access to personal

protective equipment, hand washing facilities, hand gel and outbreak management resources. There is a vaccination program for residents and staff. Hospitality services are managed and monitored according to infection control guidelines and there is an audited food safety program.

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 are satisfied with the catering, cleaning and laundry services provided in the home. Food is cooked fresh on-site seven days a week. There are processes for communicating and recording resident dietary requirements and likes and dislikes. A food safety plan is in place and the cleaning of equipment used for the preparation and storage of food is recorded as per the food safety plan. The laundry service operates seven days a week and can provide labelling for resident clothing. There is a process to facilitate the return of lost clothing. All linen and personal clothing is laundered on site. Cleaning services are provided seven days a week. Each resident's room is thoroughly cleaned once a week, and a spot clean conducted on other days. There are policies, procedures and work instructions for catering, cleaning and laundry staff to refer to. Resident satisfaction is monitored through feedback mechanisms, corporate audits, surveys and observation. Hospitality staff are satisfied with their working environment.