



Aged Care
Standards and Accreditation Agency Ltd

Shalom Toowoomba

Approved provider: Deepthi Pty Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for one year until 17 September 2012. We made the decision on 12 August 2011.

The audit was conducted on 5 July 2011 to 7 July 2011. The assessment team's report is attached.

The short period of accreditation will allow the home the opportunity to demonstrate that the recent improvements in care standards are sustainable, and will mean that the home is subject to another full audit within a relatively short period of time.

We will continue to monitor the performance of the home including through unannounced visits.

Home and approved provider details

Details of the home

Home's name:	Shalom Toowoomba				
RACS ID:	5017				
Number of beds:	100	Number of high care residents:	80		
Special needs group catered for:	Dementia and other related disorders				
Street/PO Box:	357 McDougall Street				
City:	TOOWOOMBA	State:	QLD	Postcode:	4350
Phone:	07 4634 2222		Facsimile:	07 4634 2022	
Email address:	admin@shalomtmba.com.au				

Approved provider

Approved provider:	Deepthi Pty Ltd
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Assessment team

Team leader:	Paula Gallagher
Team member/s:	Dee Kemsley
	Jill Winny
Date/s of audit:	5 July 2011 to 7 July 2011

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.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

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

Principle:

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

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

Principle:

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

Expected outcome	Accreditation Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Shalom Toowoomba 5017

357 McDougall Street

TOOWOOMBA QLD

Approved provider: Deepthi Pty Ltd

Executive summary

This is the report of a site audit of Shalom Toowoomba 5017 from 5 July 2011 to 7 July 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 5 July 2011 to 7 July 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

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

Assessment team

Team leader:	Paula Gallagher
Team member/s:	Dee Kemsley
	Jill Winny

Approved provider details

Approved provider:	Deepthi Pty Ltd
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Details of home

Name of home:	Shalom Toowoomba
RACS ID:	5017

Total number of allocated places:	100
Number of residents during site audit:	90
Number of high care residents during site audit:	80
Special needs catered for:	Dementia and other related disorders

Street/PO Box:	357 McDougall Street	State:	QLD
City/Town:	TOOWOOMBA	Postcode:	4350
Phone number:	07 4634 2222	Facsimile:	07 4634 2022
E-mail address:	admin@shalomtmba.com.au		

Audit trail

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

Interviews

	Number		Number
Care Services Manager (CSM)	1	Residents/representatives	13
Registered staff	7	Head Chef	1
Care and lifestyle staff	12	Laundry Supervisor	1
Physiotherapy staff	3	Cleaning Supervisor	1
Administration Officer	1	Maintenance Officer	1
Administration/Workplace Health and Safety/Fire Safety Advisor	1		

Sampled documents

	Number		Number
Residents' clinical files	15	Medication charts	22
Residents' diversional therapy care plans	10	Personnel files	7
Bowel charts	15	Weight charts	33

Other documents reviewed

The team also reviewed:

- Accident and incident monthly review report
- Activity evaluation form
- Annual Queensland Fire Services fire safety report
- Antibiotic register
- Audits and surveys schedules and data
- Blood glucose monitoring chart
- Care plan evaluation/review schedule
- Cleaning schedules
- Client assessment and manual handling cards
- Clinical resource material
- Comments and complaints logs
- Communication books and folders
- Compulsory reporting folder
- Continuous improvement action plan
- Continuous improvement register and logs
- Controlled drug register
- Dangerous drug patch application code
- Dangerous drugs to be returned to the pharmacy
- Diabetic management
- Dietary assessments
- Documentation allocation by room number (clinical)
- Duty lists
- Education planner
- Education programme
- Equipment annual service schedule
- Evacuation lists
- External supplier agreements
- Fire detection systems and equipment maintenance reports
- Fire extinguisher register
- Fire inspection maintenance records
- Fluid lists (residents)
- Food business licence
- Food receipt/incoming goods documentation
- Food safety plan
- Food safety supervisor certification
- Handover sheets (clinical)
- Hazardous substance register
- Imprest drug box procedures
- Internal communication forms
- Inventory register
- Job descriptions
- Leave planner
- Maintenance request book
- Material safety data sheets
- Medication error – data and analysis
- Medication incident register/log
- Memorandum
- Menu four weekly cycle
- Minutes of meetings
- Monthly group activities

- Monthly incidence of infections
- Nail care referral list
- Newsletter
- Nurse initiated medications
- Podiatrist referral list
- Policies and procedure manual
- Preventative maintenance program
- Purchase order forms
- Registered nurse/carer specimen signature and initials
- Resident and relative feedback forms
- Resident incident logs
- Resident infection data and analysis
- Residential care agreements
- Residents' handbook
- Residents' information package
- Restraint Assessment and authorisation
- Risk assessments
- Roster
- Self directive learning packages
- Shower lists
- Specialised diet white board
- Specific observation/treatment required sheets
- Staff accident/incident register and logs
- Staff education folder
- Staff handbook
- Staff orientation workbook
- Staff performance appraisals
- Stoma care instructions
- Suite of assessments
- Temperature surveillance program
- Warfrin treatment chart
- Wound assessment chart
- Wound treatment and observation folder

Observations

The team observed the following:

- Activities in progress
- Beverage trolleys
- Call bell system
- Cleaning processes
- Clinical supplies and storage
- Colour coded equipment
- Designated smoking area
- Dressing trolley and supplies
- Emergency exits and assembly points with signage
- Equipment and supply storage areas
- Evacuation plans on display
- Fire detection alarm system and fire fighting equipment
- Fire proof apron in use
- Hand washing facilities and wall mounted hand sanitisers
- Handover
- Information on display
- Interactions between staff and residents
- Internal and external living environment
- Key coded access to living environment
- Library
- Linen skips
- Maintenance shed
- Manual handling and mobility assistive devices
- Meal provision
- Medication administration
- Menu (daily) on display
- Noticeboards and white boards
- Spills and outbreak kits
- Staff practise and provision of care
- Storage of medications
- Storage of resident information
- Suggestion boxes
- Tea/coffee beverage rounds
- Use of personal protective equipment
- Visitors/service providers sign-in/out books

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 findings

The home meets this expected outcome

Shalom Toowoomba (the home) has a continuous quality improvement program which is managed and monitored by the Care Services Manager (CSM), in conjunction with the Director. Opportunities for improvement are identified through scheduled audits and surveys, one-to-one discussions with residents/representatives and staff, completion of improvement logs, resident and staff meetings, the comments and complaints process and clinical performance indicators. Urgent issues are addressed in a timely manner and acted upon as required. Improvements are logged into a register with actions and results being fed-back verbally to the originator and to staff via memo, quality activity reports or through staff meetings; further review and evaluation takes place if appropriate before closure. Residents/representatives and staff are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Management reported examples of recent improvements relevant to Standard One which included:

- As part of the home’s processes to streamline information systems and improve communication systems to all key and relevant staff, management implemented and introduced an internal communications form. Management reported that since the introduction of the internal communications form there has been a reduction in a loss of information relating to the care needs of residents through verbal communication.
- To reduce the duplication of folders throughout the home management has introduced one communication folder to each of the work areas to replace communication books. The folders provide centralised areas for specific information such as memos, internal communication forms, handover sheets and copies of the staff newsletters. Staff and management reported the communication folders provide access to appropriate and relevant information as required and are working well.
- In response to feedback from a relatives/representatives survey in April/May 2011 indicating relatives/representatives felt further communication and information sharing was required from the home; the CSM has implemented a monthly management newsletter for residents/representatives. The newsletter has been completed for two consecutive months with a positive response from residents/representatives. The home will continue to monitor and evaluate the newsletter for effectiveness.

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 findings

The home meets this expected outcome

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard One, through the association with industry peak bodies, professional standards and industry guidelines, access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored and managed by the CSM, in conjunction with the Administration Officer (AO), and updates are discussed with key personnel and actioned as is required. Changes are communicated to staff via meetings, flyers posted on notice boards, communication diaries, one-to-one discussions, policy and procedure reviews, and education sessions (orientation and compulsory annual training). Changes are also communicated to residents and families where appropriate. The home has a system in place to ensure that all staff have a current criminal record check, a process to inform residents and their representatives of accreditation audits, and residents and other stakeholders have access to appropriate complaints mechanisms. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

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 findings

The home meets this expected outcome

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake a variety of internal and external training programs relating to the four Standards. Training needs are identified through the current needs of residents, performance reviews, competency assessments, observation of staff practice, audits, surveys and incident reporting. Staff report that education provided is relevant to their work.

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 findings

The home meets this expected outcome

The home has a complaints mechanism that is accessible to residents and representatives and other interested parties. Information about the internal and external complaint process is displayed and documented in information provided to residents and staff. Complaints can be raised through 'resident and relative feedback forms' with suggestion boxes provided for confidentiality, at resident meetings or directly to management and staff. Written complaints are documented and the CSM records actions taken to resolve reported issues. Staff are aware of the internal and external complaints process and how to assist residents.

Resident/representatives reported they are aware of the comments and complaints processes, and are confident that issues raised with management will be addressed.

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 findings

The home meets this expected outcome

The organisation has documented the home's mission, philosophy of care, aims and objectives; this is on display within the reception area of the home and is incorporated into the residents' and staffs' information handbooks

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 findings

The home meets this expected outcome

Systems are in place to ensure that there are appropriately skilled and qualified staff sufficient for service delivery. Staff selection is made against identified skills, knowledge and qualification requirements. New staff undertake buddy shifts with an experienced staff member as part of the home's orientation program. Processes to monitor adequacy of staffing levels include the current needs of residents, staff feedback, audits and surveys. Rostering ensures appropriately skilled and qualified staff are available to meet the identified care needs of the residents and the home has the ability to draw on additional staff in the event of planned and unplanned leave. Staff report they have a duties list to refer to and have adequate time to complete their work. Residents/representatives are satisfied that there are sufficient skilled and qualified staff to provide care and services to meet their 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 findings

The home meets this expected outcome

The home has processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services through preferred suppliers. Key personnel are responsible for the regular ordering of goods including catering supplies, continence aids, chemicals, medical supplies, medications and other general goods through preferred suppliers. Processes ensure goods are checked on delivery, returned if incorrect or unsatisfactory in quality and stock items are regularly rotated. All stock is appropriately and securely stored in designated areas throughout the home with staff having access. Staff education and risk assessments are conducted for new equipment as required. Equipment is maintained according to a preventive maintenance schedule or in response to a maintenance request from staff or residents. Residents/representatives indicated they are satisfied with the response to maintenance request and the availability of adequate goods and equipment for the delivery of services to meet their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home generally has effective systems and processes in place for staff, residents and stakeholders to access appropriate information. Paper based and password protected electronic records are maintained by the home with restricted and locked access to resident and staff files. The CSM in conjunction with the AO is responsible for the management of archived documents and the back-up of computerised information on a regular basis. Internal communication forms, handover sheets, memos, communication books, newsletters, meetings and education sessions provide staff with relevant information to ensure continuity of care and manuals and policies guide staff practice. Management communicates regularly with residents/representatives via a monthly newsletter, notice boards, meetings, personal conversations, case conferences and individual letters. Systems are in place to monitor the home's performance and residents/representatives are satisfied that information is communicated effectively. Staff reported that they have access to information relevant to their position and stated that changes to residents' current needs are communicated to them in a timely manner.

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 findings

The home meets this expected outcome

The home identifies and specifies services to be provided by external service providers to support the care and services that are provided to residents. The home has established a preferred supplier list of selected external providers with service agreements to ensure their compliance with the home's quality, workplace health and safety and legislated requirements. Arrangements are in place to ensure alternative and after hour's availability as needed. Key personnel monitor the activities of external providers; a record is kept to document communications and a register of scheduled servicing is used to track and ensure requirements are being met as planned. Service agreements are reviewed annually or as required with input from relevant stakeholders. External service providers are given the opportunity to improve their service if a concern has been raised and terminated if requirements are not met. Management and Staff reported that external service providers are responsive to concerns raised by the home and stated that if goods are faulty they are replaced. Staff and residents are satisfied with externally sourced services provided by the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous quality improvement program which is managed and monitored by the CSM, in conjunction with the Director. Opportunities for improvement are identified through scheduled audits and surveys, one-to-one discussions with residents/representatives and staff, completion of improvement logs, resident and staff meetings, the comments and complaints process and clinical performance indicators. Urgent issues are addressed in a timely manner and acted upon as required. Improvements are logged into a register with actions and results being fed-back verbally to the originator and to staff via memo, quality activity reports or through staff meetings; further review and evaluation takes place if appropriate before closure. Residents/representatives and staff are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Management reported examples of recent improvements relevant to Standard Two which included:

- In response to feedback from staff through staff meetings the home has increased education focused on the health conditions and symptoms of individual residents. Staff and management reported the education sessions assists in enhancing staff's knowledge and skills and provide increased confidence to support residents individual care needs and requirements.
- A review of the home's continence processes and systems resulted in residents' continence cards being reviewed and updated, green continence aid holders placed in residents' rooms behind their doors, containers implemented for continence aid allocation for each unit with evening staff designated the responsibility to prepare the continence aids allocated. Management and the registered staff reported the new process has resulted in a reduced use of bed protectors and greater comfort for residents.
- To ensure medication management processes and medication cupboard space is better utilised; management, after discussion with the pharmacy, installed medication blister pack hangers and implemented compartments in the top of the medication trolleys draws. The delivery of the blister packs has changed from a Thursday morning to the Wednesday evening to enable the registered staff increased time to check all medication delivered. Registered staff reported the new system is working.

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 findings

The home meets this expected outcome

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Two, through the association with industry peak bodies, professional standards and industry guidelines, access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored and managed by the CSM, in conjunction with the AO, and updates are discussed with key personnel and actioned as is required. Changes are communicated to staff via meetings, flyers posted on notice boards, communication diaries, one-to-one discussions, policy and procedure reviews, and education sessions (orientation and compulsory annual training). Changes are also communicated to residents and families where appropriate. All registered staff are required to provide a current nursing registration prior to commencement of work and expiry dates are monitored by management and through the homes training matrix, the home complies with regulations relating to the storage and administration of schedule eight medications, and registered nurses plan and review care for residents with high care needs. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

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 findings

The home meets this expected outcome

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to health and personal care. Training needs are identified through the current needs of residents, performance reviews, competency assessments, observation of staff practice, audits, surveys and incident reporting. Staff report that education provided is relevant to their work.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes in place to assess residents’ initial and ongoing clinical care needs and preferences. On entry to the home the residents’ interim care plan is completed from information provided by the resident/representative, hospital discharge notes and medical referral notes. Comprehensive and focus assessments are then completed to form individualised care plans that direct staff’s provision of care. Care plans are evaluated every three months, or as care needs change; all care staff contribute towards resident progress

notes on an 'exceptional reporting' basis and/or scheduled weekly entries.

Residents/representatives are enabled to input into the ongoing provision of their care through informal verbal discussion with staff and/or through case conferences which are held as the need arises. Clinical care assessments, planning and monitoring data is recorded in resident clinical care records. Staff have an understanding of individual resident care needs and preferences; with staff indicating satisfaction with the communication processes used to inform them of resident clinical care needs and changes. Residents/representatives are satisfied that the clinical care they receive is appropriate to their needs and preferences.

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 findings

The home meets this expected outcome

The needs and preferences of residents' requiring ongoing specialised nursing care are identified on entry to the home, or as care needs change; this information is included in the resident's individualised care plans to guide staff practises. Further focus assessments are initiated where a particular risk or need has been identified. Registered nurses are available on-site 24 hours a day, seven days a week, to assess and oversee specific care requirements; which currently include diabetic management, oxygen therapy, stoma care, catheter management, complex pain and complex wound management. Professional development training, the use of external specialist services and clinical based resource material is available to support staff to care for residents with specialised needs. Appropriate equipment and sufficient stock is available to enable residents' specialised nursing care needs to be met. Residents/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Residents have access to a range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, dietetics, optometry, dental care, audiology and pathology. A telephone or fax referral mechanism is initiated by registered staff as a result of resident assessments, care staff observations, or a change in care needs. Health specialists regularly attend the home and staff coordinate external appointments when necessary. The outcome of referrals, including instructions for ongoing care, are documented and retained in residents' clinical records. Residents and/or representatives are satisfied with the choice and access to other health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Competency assessed registered nurses and enrolled nurses administer residents’ medications, with registered nurses being available 24 hours per day, seven days per week for consultation regarding administration of narcotic ‘as required’ (PRN) medication. Resident medications are supplied in a blister pack system that is delivered to the home on a weekly basis. Medications are stored securely and medications such as eye drops are dated on opening. Registered staff are generally aware of procedural and legislative requirements relating to the administration and storage of medications and controlled drugs. Review of residents’ medications is undertaken three monthly by the residents’ attending medical practitioner and by an external pharmacist annually; evaluation of the medication administration system is conducted through the monitoring of medication incidents, observation of staff practises, and the auditing processes. Residents/representatives are satisfied that their medication is administered safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents’ pain management needs are identified and assessed on entry to the home, and on an ongoing basis as required. Verbal and non-verbal pain assessment occurs and interventions are recorded on the resident’s care plan to guide staff’s provision of care. Strategies to manage pain include liniment rubs, the application of heat packs, exercises, provision of pressure relieving devices with regular pressure area care and repositioning, and as required analgesia. Pharmacological measures include regular narcotic oral analgesia, and topical slow-release narcotic patches. Effectiveness is assessed and monitored by nursing staff, with any changes being recorded in the resident’s progress notes and/or pain flow charts and referred to the residents’ attending doctor as required. Residents/representatives are satisfied that their pain is managed effectively and staff respond to requests for assistance if they experience pain

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has processes in place to provide appropriate care and comfort for terminally ill residents. Resident’s end of life wishes are discussed with the resident/representative on entry to the home, or as the residents’ health status changes. Residents are supported to remain in the home during the palliative phase of care and family are encouraged to stay with residents during this time if they so desire; a relatives (palliation) room is available for this purpose. Care needs are managed in consultation with residents/representatives, their medical practitioners, allied health specialists and pastoral care workers as required. Specialised equipment is available for staff to assist residents to remain as free from pain as possible. Staff have an awareness of the care needs and measures required to provide comfort and dignity for terminally ill residents and support for their families.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ dietary requirements are identified and assessed on entry to the home including their personal likes and dislikes, and medical dietary needs. Care strategies required to support residents’ nutrition and hydration needs are incorporated into their care plans and communicated to all staff, including kitchen staff. Care strategies include assistance with meals, regular beverage rounds, appropriate crockery/cutlery, thickened fluids and modified texture diets; with referral to medical practitioner, speech pathologists and dietitians as required. Residents are routinely weighed on admission and then monthly; variances in weights are generally monitored further by registered nurses, in conjunction with the CSM; unintended weight loss is analysed for causative factors with supplements, increased weights and referral to a dietitian initiated as is required. Residents/representatives are satisfied with the meals and fluids provided by the home.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the resident’s care plan to guide staff. The potential for compromised skin integrity is also assessed and preventative strategies are implemented as appropriate, which include assistance with personal hygiene, regular pressure area care and repositioning, the use of aids/equipment such as air mattresses and continence aids, skin/limb protectors, wheelchair footplate and bedrail covers, and the use of moisturising creams. Wounds and treatments are monitored via wound management plans, with wound care provided by qualified staff and reviewed regularly by the clinical nurses. The incidence of injury/skin tears is captured and analysed for trends/triggers; interventions are then implemented as appropriate. Staff receive education in manual handling at orientation and on an annual basis with the view to ensuring that residents’ skin integrity is not compromised in any way. Residents/representatives’ are satisfied that residents’ skin condition is consistent with their general health.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Residents’ individual continence programs are developed and are detailed on care plans to guide the provision of care. A daily bowel record is maintained for each resident which is monitored by qualified staff, with management programs being put in place that include the addition of dietary fibre in the form of prunes and/or pear juice at breakfast, and the administration of aperients as required. Care plans record strategies to promote and manage resident’s continence needs, including assistance with personal hygiene and provision of appropriate continence aids. The home

has dedicated link nurses who monitor initial and ongoing continence aid use for appropriateness. Staff have an understanding of resident's individual toileting schedules and continence needs. Residents are satisfied with the level of assistance and aids provided to manage their continence.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The needs of residents with challenging behaviours are identified during the initial assessment phase and on an ongoing review basis. Behavioural assessments are conducted to identify the types of behaviours exhibited and effective management strategies; individualised care plans are then developed accordingly to guide staff practises. Strategies implemented to manage challenging behaviour include one-on-one interaction, separation/redirection, involvement in group activities, and medication review. Specialist advice is available to guide ongoing management of challenging behaviours through referral to psycho-geriatrician (including Old Person Mental Health and Dementia Behaviour Management Advisory Service), as required. Staff have an understanding of managing residents with challenging behaviours and were observed to interact with residents in a manner that encouraged positive outcomes.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

A physiotherapist conducts a detailed initial assessment in relation to each residents specific mobility, transfer and therapy needs; registered staff complete a falls risk assessment where indicated. Individualised care plans are developed which include a physio care plan and manual handling instructions; these are evaluated for their effectiveness on a three monthly basis. Residents are assisted by the physiotherapist to trial and select mobility and dexterity aids appropriate to their needs. Residents and staff are instructed in the use of mobility and transfer aids and staff undergo training on an annual basis. Care staff initiate passive exercise programs with residents during their morning shower routine, with the physiotherapy assistants performing specific exercise routines, walking programs, massage, and the application of heat packs and splints with identified residents on a daily basis. Resident's at risk of falls are identified and falls are monitored; with actions being taken to improve outcomes for the individual residents. Residents/representatives are satisfied with the level of support and assistance provided to maintain optimum levels of mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental needs are identified on entry to the home through the completion of oral assessments, with the level of assistance required to maintain the residents oral and dental hygiene determined. Care plans include strategies to assist residents to maintain their oral and dental health and identify the presence of dentures or own teeth. Oral hygiene is provided as part of the resident’s activities of daily living with care staff informing the registered nurses of any concerns, which initiates further referral as appropriate. Mouth swabs are available for residents as required or during the palliative phase. External dental appointments are arranged and coordinated by the home, with suitable follow-up noted in resident’s clinical records. Residents are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory needs are assessed on entry to the home or as care needs change; this information is included in the resident’s care plan’s to guide staffs’ provision of care. The home has implemented a number of strategies that include the provision of sensory/activity aids and care staff provide assistance with activities of daily living. Residents are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the resident/representative and medical practitioner. Staff coordinate external appointments as required with any changes being incorporated into the residents’ care plan as necessary. Residents are satisfied with the assistance provided by staff to identify and manage their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Each resident is assessed on entry to the home and information about their usual sleep patterns, settling routines and personal preferences are documented to form part of the individualised care plan. Night routines maintain an environment that is conducive to sleep and staff have implemented support and comfort measures such as a regular settling routine, supper, attending to toileting and repositioning, dimming lights and minimising noise. Pharmacological interventions are administered according to the residents’ attending general practitioners’ orders. Staff are aware of each resident’s sleep and rest patterns and personal preferences/routines. Residents are able to sleep comfortably and are satisfied with the support provided by staff.

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 findings

The home meets this expected outcome

The home has a continuous quality improvement program which is managed and monitored by the CSM, in conjunction with the Director. Opportunities for improvement are identified through scheduled audits and surveys, one-to-one discussions with residents/representatives and staff, completion of improvement logs, resident and staff meetings, the comments and complaints process and clinical performance indicators. Urgent issues are addressed in a timely manner and acted upon as required. Improvements are logged into a register with actions and results being fed-back verbally to the originator and to staff via memo, quality activity reports or through staff meetings; further review and evaluation takes place if appropriate before closure. Residents/representatives and staff are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Management reported examples of recent improvements relevant to Standard Three which included:

- To provide increased activity options for residents residing in the dementia unit the diversional therapy staff implemented fiddle boxes and work stations to stimulate the residents based on their social history and past interests. The team observed residents accessing and using the fiddle boxes during the Site Audit.
- In response to a review of the setup of the dementia unit and in consultation Dementia Behaviour Management Advisory Services (DMBAS) management and staff commenced a rearrangement of the environment to increase a more homely feel and reduce noise. The television was relocated from the dining area and placed in another private seating area of the unit to creating a quiet area/space. Management reported this has resulted in a reduction of behaviours with the dementia unit.
- Management reviewed the current services of an external service provider (non-podiatry) providing nail care/service to residents and felt this could be attended to by nursing staff. As a result two nurses were trained in June 2011 to attend to the simple nail care of residents with more complex cases to be attended to by a podiatrist. The designated nurses are now attending to the nail care of residents daily in a more relaxed manner as part of the home’s daily therapy shift. Residents reported satisfaction with the nail care provided.

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 findings

The home meets this expected outcome

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Three, through the association with industry peak bodies, professional standards and industry guidelines, access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored and managed by the CSM, in conjunction with the AO, and updates are discussed with key personnel and actioned as is required. Changes are communicated to staff via meetings, flyers posted on notice boards, communication diaries, one-to-one discussions, policy and procedure reviews, and education sessions (orientation and compulsory annual training). Changes are also communicated to residents and families where appropriate. The home has a system in place to manage the mandatory reporting of assaults to the police and Department of Health and Ageing in accordance with regulatory requirements. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

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 findings

The home meets this expected outcome

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to resident lifestyle. Training needs are identified through the current needs of residents, performance reviews, competency assessments, observation of staff practice, audits, surveys and incident reporting. Staff report that education provided is relevant to their work.

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 findings

The home meets this expected outcome

Processes are in place to identify residents' emotional support needs including social and family history, personal routines, preferences and specific emotional needs upon entry to the home and on an ongoing basis. New residents orientation to the home includes being provided with information about care and services available, daily routines, activities and introductions to other residents and staff. Residents are encouraged to personalise their rooms and are assisted to maintain connections with family, friends and community groups. Staff provide additional contact with residents at times of special need. Residents/representatives are satisfied with the emotional support provided by staff.

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 findings

The home meets this expected outcome

Processes are in place to support and assist residents to achieve maximum independence, maintain friendships and participate in events within the home and the wider community. Residents' preferences are assessed on entry to the home and care plans are developed to guide staff practice. Alternative decision makers for residents are documented and those with special needs to support independence are provided with equipment such as mobility aids and feeding utensils. Residents are encouraged to participate in leisure activities including links with family, friends and the wider community. Staff respect residents' independence while providing personal care and services. Residents/representatives are satisfied that they are provided with support and encouragement to maintain independence within their capabilities.

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 findings

The home meets this expected outcome

Processes in place to recognise and respect each resident's right to privacy, dignity and confidentiality. Residents/representatives are provided with information about their rights, including their right to privacy, on entry and on an on-going basis. Staff and volunteers are provided with information relating to confidentiality and respect for residents' privacy and dignity at orientation, through meetings, education and handbooks. Staff demonstrated strategies to maintain residents' privacy and dignity when providing personal care. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals. Residents/representatives expressed satisfaction that their right to privacy, confidentiality of information, dignity and respect is recognised and maintained by management and staff.

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 findings

The home meets this expected outcome

Residents' past and current interests are identified following a settling period to the home, through interview and completion of a lifestyle. Individualised lifestyle care plans are thus developed in consultation with the resident/representative to reflect the resident's physical, sensory and cognitive abilities and identified interests. Staff and volunteers support and encouragement is given to residents to participate in activities of their choice either in groups or individually. A monthly activities program, which is developed based on resident feedback, is communicated through newsletters, notice boards, resident meetings and daily contact with individual residents. Activities are evaluated through resident meetings, direct feedback, observation and surveys. Residents/representatives are satisfied with the range of activities offered through the activity 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 findings

The home meets this expected outcome

Residents' specific cultural and spiritual needs are identified on entry to the home in consultation with the residents/representatives. Pastoral and volunteer services provide emotional and spiritual support, religious services are held regularly on site and attendance at external places of worship is encouraged and facilitated. Birthdays, anniversaries and days of cultural and religious significance are celebrated in accordance with residents' preferences. Information is available from external organisations to assist staff in meeting residents' individual cultural and spiritual needs. Residents/representatives are satisfied that their cultural and spiritual needs and preferences are respected.

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 findings

The home meets this expected outcome

Processes are in place to support the individual choices and decision-making rights of residents in the planning and provision of care and to encourage active involvement. Methods to identify residents' choices are incorporated into the home's entry processes and on an ongoing basis through resident meetings, resident surveys, comments and complaints and daily one-on-one interaction between staff and residents. Identification of alternative decision makers such as enduring power of attorney are detailed in residents' admission records and kept on file. Staff support resident choice in daily care routines, leisure interests and other services. Residents/representatives are satisfied with the choices offered and their involvement in decision-making processes.

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 findings

The home meets this expected outcome

The residential care service agreement contains information relating to residents' rights and responsibilities, accommodation fees, charges, and services offered. The agreement is discussed with prospective residents/representatives prior to entry to the home and notification of any changes to information such as fees and charges is provided to residents/representatives in writing. A consultation process is in place if a change in accommodation is necessary for any reason. Residents/representatives indicate they are aware of residents' rights and responsibilities and residents believe that their stay in the home is secure.

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 findings

The home meets this expected outcome

The home has a continuous quality improvement program which is managed and monitored by the CSM, in conjunction with the Director. Opportunities for improvement are identified through scheduled audits and surveys, one-to-one discussions with residents/representatives and staff, completion of improvement logs, resident and staff meetings, the comments and complaints process and clinical performance indicators. Urgent issues are addressed in a timely manner and acted upon as required. Improvements are logged into a register with actions and results being fed-back verbally to the originator and to staff via memo, quality activity reports or through staff meetings; further review and evaluation takes place if appropriate before closure. Residents/representatives and staff are satisfied that improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Management reported examples of recent improvements relevant to Standard Four which included:

- Management conduct a review of the home’s internal living environment in conjunction with the home’s current falls prevention program. As a result systems to ensure more timely assessment and referral of the post fall resident and implementation of risk reduction strategies to ensure a safe and comfortable living environment including hip protectors, movement sensors, bed lowering and exercise programs have been implemented. Management reported compliance with falls prevention/environmental strategies by care staff have resulted in a reduction in incidents.
- To improve the ergonomics of the working station in the Cunningham office the Maintenance Officer built and installed shelving above the desk area, hung a cork board for communication tools and built a raised work table to prevent over stretching for staff. Staff reported the new layout of the office assists in utilising the space within the office environment.
- To create a more home like atmosphere throughout the home management, in conjunction with key personnel, have commenced replacing the white bath towels, hand towels and face cloths with coloured products, clothing protectors replaced with coloured cloth serviettes and plastic dinnerware being replaced with crockery. Management reported the home will continue a gradual replacement of stock until the process is fully completed. Residents using the new coloured cloth serviettes reported satisfaction.

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 findings

The home meets this expected outcome

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Three, through the association with industry peak bodies, professional standards and industry guidelines, access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored and managed by the CSM, in conjunction with the AO, and updates are discussed with key personnel and actioned as is required. Changes are communicated to staff via meetings, flyers posted on notice boards, communication diaries, one-to-one discussions, policy and procedure reviews, and education sessions (orientation and compulsory annual training). Changes are also communicated to residents and families where appropriate. The home has systems in place to ensure fire certification and other environmental requirements (for example workplace health and safety) are met; the home's food safety program has been approved. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

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 findings

The home meets this expected outcome

The home has established processes for the recruitment and selection of staff. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the physical environment and safe systems. Training needs are identified through the current needs of residents, performance reviews, competency assessments, observation of staff practice, audits, surveys and incident reporting. Staff report that education provided is relevant to their work.

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 findings

The home meets this expected outcome

Residents are accommodated in either single rooms with an en-suite or single rooms with a shared en-suite. The home encourages residents to personalise their space with their own furnishings. The home's environment includes communal lounge, dining areas and outdoor court yards with seating and amenities to provide residents with areas to socialise with visitors and other residents. Handrails are in place throughout the home and walkways facilitate resident mobility outside. The Maintenance Officer implements and oversees a

planned preventive maintenance program on buildings, infrastructure and equipment. The home utilises internal auditing processes to monitor the safety and comfort of the living environment; when issues are identified action is taken in response. Consent and authorisation is obtained for those residents who may require protective assistance. Staff lock up procedures, closed circuit television of external entrances and nightly security patrols promote resident and staff safety. Residents are satisfied with the safety and comfort of their living 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 findings

The home meets this expected outcome

The home system in place to ensure that a safe working environment is maintained that meets regulatory requirements. There are processes to access the workplace through discussions/meetings, regular audits of the environment for safety aspects, hazard/risk management processes, incident and hazard reporting, staff education and competency assessments. Staff receive education on the home's safety requirements at orientation and through the annual mandatory training program. Maintenance programs are in place for equipment and building and these are monitored for completion. Material safety data sheets are available in work areas and chemicals are stored securely. Spills kits are available and accessible for staff. Staff accidents and incidents are reviewed, trended and analysed then discussed at focus group meetings to ensure effectiveness of intervention. Staff demonstrated effective knowledge and understanding of the reporting processes of safety issues and how to perform their roles in a safe manner.

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 findings

The home meets this expected outcome

The home has systems in place for the detection and action in the event of a fire, security breach or other emergency incidents within the home. The home's fire detection and alarm and control panel, sprinkler system, smoke and fire doors and fire fighting equipment are inspected and maintained by the external contractors in conjunction with the Fire Safety Advisor to comply with the relevant standards. Emergency evacuation plans are displayed; emergency exits are marked and path of egress are free from obstacles and suitable for the mobility level of residents. Staff are provided with mandatory education during orientation and annual training in fire safety and evacuation procedures. A training matrix is used to monitor the compliance of staff with their compulsory training and staff have access to emergency and disaster procedures manuals and emergency flip charts are in place to guide staff in emergency situations and resident evacuation lists are update and accurate. Monitoring of fire safety systems occurs through key personnel, preventive maintenance program and inspection by external bodies; issues identified are resolved in a timely manner. Security measures are in place to ensure the safety of residents and staff after hours. Staff and residents demonstrate knowledge of fire, security and other emergency procedures including their role in the event of an alarm, emergency or evacuation.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has processes in place to manage infection control in the areas of clinical, catering, cleaning and laundry practices, with key personnel in each area overseeing the infection control program. Infection control policies are available to guide staff practice that includes guidelines on outbreak management. Staff are provided with infection control education at orientation then annually at mandatory training. Residents are administered influenza vaccinations annually by their medical doctor if this is their preference. The home has a food safety program in place; safe food practices are generally followed in the home, with regular temperature monitoring, dating of food and correct storage of cold products being observed. The home provides adequate hand washing facilities, sharp containers, spill kits and personal protective equipment for staff, with processes in place to effectively manage waste and pest control. The effectiveness of infection control measures are monitored through review of infection statistics, regular audits and observation of staff practices. Staff demonstrated awareness of the colour-coded equipment, the use of personal protective equipment and the principles used to prevent cross infection.

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 findings

The home meets this expected outcome

Catering services at the home are provided to meet residents' dietary needs and preferences as identified on entry to the home and when changes occur. The home's new menu introduced three months ago rotates on a four weekly cycle and reflects changes made in response to resident feedback; a review by the Dietitian ensures that the menu meets residents' nutritional requirements. Meal alternatives and snack items are available at residents' request if changes to their health status require it. Cleaning of the home has been contracted out to an external provider, with processes in place to ensure services meet the needs and preference of residents in line with the home's policies and procedures. Laundry services are provided on site seven days a week for personal item and flat linen using specialised equipment and practices that minimise risk of cross infection. Residents are encouraged to label their clothes on entry to the home in line with procedures for the prevention of lost items. Mechanisms such as satisfaction surveys, resident meeting forums and comments and complaints are used to gain feedback in relation to hospitality services. Residents/representative reported satisfaction with the choice available regarding catering, cleaning and laundry services provided by the home.