Decision to accredit
St Mary's Retirement Village

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit St Mary's Retirement Village in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of St Mary's Retirement Village is three years until 25 October 2012.

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:	St Mary's Retirement Village
RACS ID:	0201

Number of beds:	33	Number of high care residents:	12

Special needs group catered for:	• Nil

Street/PO Box:	211 Northcliffe Drive

City:	BERKELEY	State:	NSW	Postcode:	2506

Phone:	02 4271 5190	Facsimile:	02 4272 8968

Email address:	jmcmahon@chcs.com.au

Approved provider

Approved provider:	Catholic Healthcare Limited

Assessment team

Team leader:	Matthew Hough
Team member/s:	Sue Brown
Date/s of audit:	4 August 2009 to 5 August 2009

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	St Mary's Retirement Village
RACS ID	0201

Executive summary

This is the report of a site audit of St Mary's Retirement Village 0201 211 Northcliffe Drive BERKELEY NSW from 4 August 2009 to 5 August 2009 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 St Mary's Retirement Village.

The assessment team recommends the period of accreditation be 3 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 4 August 2009 to 5 August 2009

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:	Matthew Hough
Team member/s:	Sue Brown

Approved provider details

Approved provider:	Catholic Healthcare Limited

Details of home

Name of home:	St Mary's Retirement Village
RACS ID:	0201

Total number of allocated places:	33
Number of residents during site audit:	21
Number of high care residents during site audit:	12
Special needs catered for:	Nil

Street/PO Box:	211 Northcliffe Drive	State:	NSW
City/Town:	BERKELEY	Postcode:	2506
Phone number:	02 4271 5190	Facsimile:	02 4272 8968
E-mail address:	jmcmahon@chcs.com.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Mary's Retirement Village.

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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

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

Interviews

	Number		Number
Operations Manager	1	Residents/representatives	13
Registered nurses	1	Residential Manager	1
Care staff	3	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	1	Maintenance staff	1
Pastoral care coordinator	1	Recreations activities officer	1
Physiotherapy aide	1	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files (including care plans, assessments, medical notes, progress notes, pathology results)	10	Medication charts and signing sheets	20
Blood pressure forms	15	Medication incident forms	5
Continuous Improvement forms (comments and complaints)	6	Incident forms	8
Weight charts	11	Blood sugar level forms	10

Other documents reviewed
The team also reviewed:

- Job descriptions
- Recruitment policies and procedures
- Residents' information handbook
- Residents' information package and surveys
- Staff handbook
- Continuous improvement (CI) flow chart

- Continuous improvement register
- Meetings schedule and minutes including CI committee, Medication advisory committee (MAC), Resident/Relatives, OHS, and Staff.
- Corporate continuous improvement plan
- Personnel files
- Position descriptions
- Catholic Health Care (CHC) staff feedback and development system
- Staff competencies including manual handling and hand washing
- Employee evaluation of external education/training program
- Menus
- Resident food service questionnaires (completed)
- Dietetic services tax invoice
- Service organisational chart
- Discussion group schedule including Security of tenure, comments and complaints, sensory loss, and pain management
- Audit schedule
- Internal audits flowchart
- Completed audits including staff skills, night environment, pain management
- Call system check
- Hostel fridges check
- 'Providing feedback' instructions
- Annual fire safety statement
- Safe work method statements
- Continuous Improvement policy
- New employee pack
- Food safety policy
- Grievance resolution policy
- Orientation and staff mentoring program
- Annual staff training matrix
- Staff compulsory education 2009
- Staff education session flier
- Staff education attendance records
- Staff education evaluations and assessments
- Fire safety officer course attendance
- Orientation program participant workbook (completed)
- Position descriptions
- Reportable assaults register
- Reportable incidents flowchart
- Guidelines for reportable incidents
- Staff police check records
- Residential care agreement
- Medication manual
- Resident clothing policy
- RN and medical officers registration
- Duty statements
- Cleaning schedules
- Staff memorandum
- Cleaning request log
- Staff roster
- Resident meal choices
- Thermometer calibration records
- Temperature records including plated food, food on delivery, coolroom, fridges, freezers, and dishwasher
- NSW Food Authority license

- Preventative maintenance schedule
- Legionella testing reports
- Thermostatic mixing valve maintenance records
- Fire inspection reports
- Maintenance request forms
- Staff OHS Consultation certificates
- Employee education training record
- Staff skills assessment records
- External contractor files including police check, insurances and business registration
- Laundry protocol
- Infection data collection, infection control flowchart, infection control policy
- Activities resident daily notes folder, activity record and evaluation forms
- Audit schedule
- Bowel and toileting charts folder including bowel charting protocol
- BSL and BP and weights folder
- Clinical procedures manual
- Faxes to doctor folder
- Flowcharts folder
- Incident accident register including criteria and critical assessment scale
- Incident management flowchart
- Manual handling instruction charts
- Medication management folder
- Optometrist visits list
- Pastoral care book
- Pathology results
- Physiotherapy benchmarking report (2007 and 2008), communication folder, evaluation charts, work folder
- PRN progress note stickers used for determining efficacy of prn medication
- Resident incidents summaries and time of day reports (February to June 2009)
- Wound treatment, physiotherapy and massage folder including wound protocol, wound treatment sheets, massage protocol, physiotherapy statistics per resident

Observations
The team observed the following:

- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Storage of medications
- Aged Care Complaints Investigation Scheme brochures
- Charter of residents rights on display
- Emergency response procedures on display
- Organisation's vision, mission, values on display
- Noticeboards containing newsletters and resident meeting minutes
- Colour coded cleaning and kitchen equipment
- Outbreak kits
- Personal protective equipment
- Material Safety Data Sheets
- Safe storage of chemicals
- Emergency flipcharts
- Fire fighting equipment
- Emergency warning and intercom system
- Designated smoking area
- Waste disposal system

- Staff educational resource library
- Pest control
- Security patrol sign on/off records
- Activities in progress including exercises, craft, choosing colours to paint dining area
- Activities whiteboard
- Call points in hallways and residents wearing call pendant
- Cleaning of the home in progress including the use of wet floor signs
- Furniture and equipment appropriate for the elderly
- Guidelines for: storage of residents clinical records; signing medication signing sheets; falls management
- Hairdresser attending to residents
- Infection control information displayed
- Lists: doctors, shower, resident allocation, high care, daily documentation high care residents, volunteer contacts, buzzer register, optometrist visits, bus trip resident list for medications
- Management plan evaluation schedule
- Photographs of residents and other activities within the home displayed
- Power meeting between staff Quiet room
- Resident mobility and transfer equipment including wheelchairs, wheeled walkers and walking sticks
- Resident saying grace prior to lunch and participating in lunch
- Site audit information displayed
- Staff notice board
- Staff serving lunch time meals

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

St Mary's Retirement Village actively pursues continuous improvement (CI). There is an effective, overarching organisational CI framework in existence which is responsive to input from management, staff, residents and their representatives. The system utilises established mechanisms for capturing information including, but are not limited to, incidents and accident reports, internal assessments, comments and complaints, external audits, and survey results. Continuous improvement plans are made at both a corporate and site level and overseen by the Operations Manager who works closely with the site manager. CI initiatives are actioned, monitored, and reviewed by management through regular and ongoing staff and management meetings, audits, surveys, staff appraisals, and through observation.

Staff demonstrated knowledge of, and participation in the home's CI system. They understand the importance of identifying opportunities for improvement and the process for initiating them. They expressed the ease at which they can communicate their ideas and opinions to management, and their satisfaction with management's response. Staff confirm that, where necessary, appropriate information and training is given concerning CI initiatives and implementation.

Residents and their representatives confirmed they are happy with the opportunities they are given to contribute to the home's CI system through surveys, comments and complaints, meetings and in person. They indicated the home is responsive to their needs and preferences and they are pleased with the quality of care that is offered to them.

Examples of recent improvements in relation to Accreditation Standard One include:

- A recent corporate management restructure has streamlined management processes enabling operational managers to give a more focused, supportive role to individual site managers. St. Mary's Residential Manager expressed increased confidence in the role due to this support.
- The home has developed a mentoring program for new staff. As well as orientation, new staff are assigned a 'mentor' to assist, guide and train them. Mentors are chosen for their experience and people skills and undergo specific training given by the organisation's learning and development officer. New staff not only receive skills training but are given emotional support if needed.
- To ensure comprehensive auditing is attended for each resident, weekly, monthly and three monthly checklists have been developed for clinical documentation including assessments, daily charts, medication charts and culling, as well as checking resident refrigerators and resident rooms.

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

Team's recommendation
Does comply

The home's management has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation is a member of a number of peak bodies which provide the home with updates when legislative or regulatory changes occur. The organisation receives circulars from the Department of Health and Ageing, and the Aged Care Standards and Accreditation Agency. The home's policy and procedures are updated in alignment with any regulatory changes. Management discuss legislation, regulation, and standards at quality meetings and any changes are communicated to stakeholders via meetings, memos, emails and newsletters. Staff report that updates on regulatory issues are communicated to them and that they have access to legislative and regulative resources, training and information.

Examples of compliance with regulatory compliance specific to Accreditation Standard one includes:

- There is a system in place to ensure all new staff, volunteers and relevant contractors undergo criminal history record checks as per Commonwealth Government legislation.

- The home meets their obligations in relation to the mandatory reporting of resident abuse legislation.

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

Team's recommendation
Does comply

Management and staff have appropriate knowledge and skills to perform their roles effectively. Education and training is actively promoted through the home's education program. Needs are identified through staff appraisals, scheduled audits, staff meetings, improvement logs, incident/accident reports, and the home's complaints system to name a few. Internal and external educators are used and centre on the home's monthly education and training calendar. Staff participation levels are monitored and competencies assessed. Staff advise they have benefited greatly from the relevant and ongoing education program.

Specific examples of education and staff development relating to Accreditation standard one include:

- Aged Care Funding Instrument
- Certificate III in business administration

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, their representatives, and other interested parties have access to both internal and external complaints mechanisms. Residents and their representatives' report they are very satisfied with the opportunities they have available to them if they wish to comment or complain. There are internal avenues for registering complaints including 'Improvement Forms' available in the front foyer, regular resident meetings and surveys, and external avenues including the Aged Care Complaints Investigation Scheme brochures on display. Complaints are documented and overseen by the home's manager and if need be the operations manager. Residents indicate they are most comfortable to pass on comments and complaints by speaking directly to staff and management and advised the team that management listen to them and respond promptly and appropriately to their concerns.

1.5 Planning and leadership

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

Team's recommendation
Does comply

The organisation has documented the home's mission, vision, values and commitment to quality and these statements are clearly communicated to all stakeholders via the home's key documentation including the resident and employee handbooks. The home's vision, mission, and value statements are on display inside the home, including the home's commitment to quality, and the understanding of these statements form part of the staff's orientation program.

1.6 Human resource management

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

Team's recommendation
Does comply

The home employs appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the home's philosophy and objectives. Management are able to demonstrate that numbers and types of staff are appropriate through the regular review of indicators that highlight residents' care and lifestyle needs, the home's quality performance and through the review of feedback from staff, residents and representatives. Numbers of staff are maintained at all times including replacements for leave and absenteeism using the organisation's staff to resident ratio tool as a guide and the ability to source staff from the organisation's neighbouring facility. Job descriptions, selection criteria, and reference checks are used by management and performance appraisals are conducted regularly. Staff are provided with position descriptions and duty lists as necessary. Residents and representatives are satisfied with the responsiveness of staff and adequacy of care.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has stocks of appropriate goods and equipment for quality service delivery. Needs are identified through staff and resident requests, audits, stock take, and asset replacement and acquisition programs. Appropriate storage is provided to guarantee the integrity of stock which is rotated where required. Department heads are responsible for the monitoring of equipment and maintaining of stock levels. The home has preventative and reactive maintenance programs in place. Residents and staff confirm there are appropriate goods and equipment available to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

St. Mary's Retirement Village has effective information systems in place. Management, staff and resident/representatives have access to current information on the processes and general activities and events of the home through a system which utilises activity lists, email, notice boards, newsletters, memo's, business plans, resident and staff handbooks, reports, training sessions, and meetings to name a few. Confidential information is stored securely and access is controlled and limited to authorised personnel. Computer systems are password protected and backed up daily. Staff sign confidentiality agreements to protect the rights of residents and records are archived and destroyed appropriately. Staff confirm they receive and have access to relevant information that allows them to perform their roles effectively.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

All externally sourced services are provided in a way that meets the home's needs. External services are sourced at a corporate level, or when appropriate, locally by the site manager or departmental heads. Quality assurance checks are performed by the organisation's engineer. Service agreements are entered into and include information regarding business registrations and licences as well as police checks. Performance evaluation is delivered through the home's staff and residents' information feedback system and this information is reviewed at management meetings. Residents/representatives and staff expressed their satisfaction with externally sourced services.

Standard 2 – Health and personal care
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

Team's recommendation
Does comply

The home has a system in place that enables it to actively pursue continuous improvement. For further information relating to the home's continuous improvement system, please see expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Accreditation Standard Two include:

- The home has recently introduced blister packs into their medication administration system. Management and staff had found that the sachet system previously employed led to a number of problems including delivery and packing errors. Management advises that the use of the blister packs has contributed to the system's consistency and safety.
- Engaging the services of an external auditor for medication management has enabled a more consistent, reliable and unbiased reporting of the home's system. The provider also attends the home's MAC meetings and gives advice, recommendations and education.
- In response to an audit which identified that the efficacy of 'prn' (as needed) medication was not being followed up with residents, on a regular basis, the organisation introduced the use of 'prn' stickers. Staff advise this has resulted in an efficient process and ensures the efficacy is now followed up regularly.

2.2   Regulatory compliance
This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care".

Team's recommendation
Does comply

The home has systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home's regulatory compliance system refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance issues relevant to Accreditation standard two include:

- The storage, administration, record keeping and disposal of medications as per the guidelines of medication management in residential aged care services.

- The monitoring of professional registrations of registered nurses.

- The home has a system to monitor all medical officers and other allied health professionals to ensure they have current authorities to practice.

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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skill to perform their roles effectively.

Education sessions attended by staff that relate to this standard include but are not limited to:

- Palliative care
- Dementia care
- Pain management
- Medication management

2.4　Clinical care

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

Team's recommendation
Does comply

Management is able to demonstrate that residents receive the clinical care required for their needs and preferences. Residents are assessed on entry to the home using validated assessments and an interim care plan is developed. Comprehensive assessments are undertaken which assist the home to develop clinical care plans which are reviewed regularly. The documented care describes residents' specific needs as well as identifying residents at risk. Regular consultation occurs with resident/representatives via case conferences and residents are regularly reviewed by their medical officer either on site or in the medical officer's practice. Residents/representatives confirm they are very satisfied with care staff as well as the care provided.

2.5　Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation
Does comply

There are processes in place at the home to assist care staff provide specialised nursing care consistent with the needs and preferences of residents as well as the skills of staff. A registered nurse attends the home Monday to Friday and is available on call to oversee and review clinical care particularly residents who require high care. External services provide support for specialised nursing care when required including visits by the community nurse and the resident's medical officer reviews each resident regularly and is generally kept informed of changes. Staff confirm they are provided with regular training to provide specialised nursing care needs and residents/representatives confirm their satisfaction with the care provided.

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

Team's recommendation
Does comply

Residents are referred to a wide range of health professionals and allied health specialists in accordance with the residents' needs and preferences. These referrals are arranged in consultation with residents/representatives and medical officers. Referrals to specialist services include psychogeriatrician, neurologist, rheumatologist, renal unit, diabetic unit, cardiologist, dietician, podiatrist, physiotherapist and dentists. Staff ensure that information is provided from the specialist services, following approval from the resident, even when the resident chooses to attend the service independently. Care staff demonstrate a good understanding of the residents' health needs and multiple communication processes are available to ensure staff are aware of any changes required to care. Residents /representatives interviewed were very satisfied with the arrangements for referral to appropriate health specialists.

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

Team's recommendation
Does Comply

Management demonstrates that residents' medication is managed safely and correctly and staff comply with the medication management system. Care staff who have undertaken specific training and medication competencies administer medications from single unit medication packs. Systems include photographs of residents and identifying allergies whilst resident's special requirements for medication administration are identified using the resident identification chart. Medication incidents are monitored on a monthly basis and senior staff follow up incidents in a timely manner. An independent pharmacist undertakes a review of individual residents' medication on a regular basis. Residents/representatives advise that they are satisfied with the management of medication including medications being given on time and staff returning to ensure the medication has worked.

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

Team's recommendation
Does comply

Documentation review and interviews with residents as well as staff confirm the systems in place ensure residents are as free as possible from pain. The home has specific assessment and monitoring tools to assist staff to identify resident's pain and strategies for pain relief include the use of heat packs, passive exercises and emollient creams. The resident's response to pain relief is monitored and documented in progress notes. The assessment conducted by the physiotherapist also includes a pain assessment. Residents are referred to allied health professionals and other specialists for advice and treatment when required. Resident/representative interviews confirm that pain management strategies are effective and staff respond in a timely manner to requests for pain relief.

Name of home: St Mary's Retirement Village RACS ID 0201
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2.9   Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's recommendation
Does comply

The home has limited systems in place to care for terminally ill residents. Management advise that residents and representatives are informed of this on entry to the home and this was confirmed by documentation review. Staff identify residents' specific wishes, their spiritual, cultural and emotional needs and families are encouraged and supported to spend time with the resident. When a resident who is terminally ill expresses a desire to remain in the home, staff make every effort to implement the resident's wishes, provided they are able to maintain the resident's comfort, control symptoms and can provide the care required within their skill level. The pastoral care coordinator and volunteers are also available to support residents/representatives.

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

Team's recommendation
Does comply

There are systems in place to ensure residents receive adequate nutrition and hydration. These systems include assessment on entry to the home to identify food and drink preferences and special dietary requirements as well as the subsequent development of a care plan. The dietary analysis form is reviewed regularly and any changes are communicated to care staff and catering personnel. Residents are weighed on at least a monthly basis to monitor changes, weight loss or gain is investigated and the resident's medical officer notified. Systems also include monitoring of infection rates and skin tears. A dietician reviews the menu, is available to provide advice regarding special dietary requirements and reviews residents on a regular basis if required. Nutritional supplements are also available. Discussion with staff and observation by the team, confirms staff understand residents' needs and provide residents with assistance at meal times if required. Resident/representative interviews confirm satisfaction with the meals provided, there is sufficient quantity and variety of food and drinks available and alternatives are offered.

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

Team's recommendation
Does comply

Documentation review confirms there are systems in place for maintaining resident's skin integrity consistent with the resident's general health, including initial and ongoing assessments, care planning and skin integrity evaluation. Wound charts include the location and description of the wound, treatment and frequency of wound care and regular evaluation by a registered nurse. A range of dressing products and aids to maintain and promote skin integrity are available including egg shell mattresses, application of emollient creams and regular pressure area care. The home monitors incidents such as falls and skin tears on a monthly basis as well as wound infections. A podiatrist also visits the home regularly. Interviews with residents and staff as well as documentation review, demonstrates that residents' skin integrity issues are identified in a timely manner, addressed and documented.

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

Team's recommendation
Does comply

A review of the continence management system confirms residents' continence is managed effectively. Assessments are conducted on entry to the home and management strategies are implemented as required. These strategies are reviewed on an ongoing basis and where indicated, closer monitoring of continence patterns is conducted and strategies adjusted. Residents/representatives confirm residents' continence is managed in an effective and dignified manner. The home's external continence aid supplier is accessed for education and support with complex continence issues. A range of equipment, in various sizes is also available. Bowel management programs are also in place and monitoring is via daily recording by care staff. Continence management strategies include individualised toileting programs, which may include prompting, scheduled toileting times, continence aids, high fibre diets and increased fluid intake. This programme is overseen by a registered nurse.

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

Team's recommendation
Does comply

The home has systems in place to identify, assess and manage residents with challenging behaviours. Resident behaviours are assessed on entry to the home, including interactions with other individuals and monitored regularly. Progress notes document challenging behaviours and care plans reflect specific triggers as well as strategies for residents. The home has access to specialist health professionals including the geriatrician and mental health team. Documentation review confirms that staff consider the impact challenging behaviours may have on other residents and implement specific strategies to address this. Staff confirm there is ongoing education in managing challenging behaviours and no restraints are in use. Interviews with residents/representatives indicate they are satisfied with the care given by staff when managing residents who display challenging behaviours.

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

Interviews and documentation review confirms optimum levels of mobility and dexterity are achieved for residents. The physiotherapist assesses mobility, falls risk, transferring needs, range of movement, pain and respiratory function on entry to the home and on a regular basis. The activity officer, who has received specific training, conducts falls prevention or seated exercise programmes on a daily basis and specific pictorial exercise guides are provided to residents. Instances of resident falls are collated on a monthly basis and physiotherapy outcomes are benchmarked against other aged care facilities. The falls prevention program includes assessing for falls risk, reviewing residents' nutritional status, medication and footwear. Equipment is available during the exercise class and the team also observed residents using mobility aids throughout the home. Ongoing staff education in manual handling of residents ensures resident and staff safety. Residents/representatives confirm involvement in the programs as well as satisfaction with the strategies implemented.

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

Team's recommendation
Does comply

Residents' oral and dental health is assessed on entry to the home and regularly reviewed by care staff. The system in place includes referral for expert assessment and treatment with residents visiting local dentists and surgeons if required. Staff interviews demonstrate knowledge of each resident's oral and dental care needs and confirm that sufficient equipment is available. Staff advise that the level of assistance provided to residents is based on the resident's ability to remain independent with oral hygiene. Residents/representatives confirm they are assisted with oral hygiene if required and have regular access to dental practitioners.

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

Team's recommendation
Does comply

Documentation review indicates there is a system in place to identify and effectively manage residents' sensory needs and losses. Assessments are undertaken on entry to the home and residents with specific sensory needs have management strategies documented in their care plan which is reviewed regularly. Staff interviewed could identify various sensory activities and resources offered to residents including large print books, talking books, flash cards, music, large games, magnifying sheets and cooking of food. The newsletter is also provided in large font. The physical environment contains safe walking areas, good lighting, hand rails along corridors and grab rails in the bathrooms. A review of clinical notes also confirms the home has a process for referring and assisting residents who require hearing and/or visual review or assessment. Residents/representatives confirm they receive assistance with care and maintenance of their glasses and hearing aids if required.

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

Team's recommendation
Does comply

A review of documentation and staff interviews demonstrates that the practices in place at the home support residents to achieve natural sleep patterns. Staff confirm sleep patterns are assessed, identified, reviewed regularly and adjusted as required. There are also processes in place to alert staff to residents having difficulties during the night. Documentation review confirms residents with disturbed sleep patterns are monitored closely by staff and strategies are adjusted to ensure there is minimal impact on other residents. Strategies in place include low lights at night, noise minimisation floor surfaces, continence management, repositioning, warm drinks, massage, pain management and night sedation when ordered by the medical officer. Interviews with residents/representatives confirm they are satisfied with the homes' approach to sleep management.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's recommendation
Does comply

The organisation actively pursues continuous improvement. For further information relating to the homes continuous improvement system, please see expected outcome 1.1 Continuous Improvement.

Examples of recent improvements in relation to Accreditation Standard Three include:

- Recent resident surveys revealed that residents wanted more variety in the menu. Management, in consultation with residents and the home's chefs, have designed and implemented a new menu which became effective in February this year. Residents are delighted with the quality and variety of meals they are offered.
- A staff educational resource library is currently being developed and includes books, magazines and DVD's on subjects such as privacy and dignity, independence and cultural and spiritual life.
- A new position of Pastoral Care Coordinator was introduced for September 2009. Staff advise this has resulted in increased emotional and spiritual support for residents.

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

Refer to expected outcome 1.2 Reglatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples specific to this standard are:

- Ensuring staff and volunteers sign a confidentiality statement for maintaining confidentiality of residents' information and providing residents with information on their rights and responsibilities.
- Providing a residential agreement for signing which includes information in accordance with regulatory requirements.

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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skill to perform their roles effectively.

Education sessions attended by staff that relate to this standard include but are not limited to:

- Programs presented through the Aged Care Channel
- Pastoral care

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

The home has a number of strategies in place to support residents to adjust to life in their new environment and during their stay at the home. A review of residents' files indicates life and social profiles are developed during consultation with residents and their representatives and information on significant events, dates, fears and favourites is identified. This information is used to develop a care plan with strategies to support the individual emotional needs of each resident and is regularly reviewed and evaluated. The pastoral care coordinator and activities officer also spend time with new residents and ensure they are introduced to other residents. Volunteers are also available to spend time with residents and support them emotionally and residents are teamed with another resident for support. Residents/representatives confirm they are provided with support to adjust to their new life within the home and are satisfied with the ongoing emotional support they receive from 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 recommendation
Does comply

Interviews and documentation review confirm residents are assisted to maintain their independence as well as established links with friends and the community external to the home. Each resident is assessed regularly to determine their level of independence in relation to physical, emotional, cultural and social aspects of life and this information is documented and communicated to staff as required. Observations by the team confirm the home provides equipment, aids, qualified staff, as well as leisure and physical therapy programs to assist residents' with mobility, communication and cognitive needs to maintain their independence. Residents are encouraged to spend time with friends and family in the community, are taken on bus trips which include lunch at the local clubs or shopping and residents from the on-site village are encouraged to participate in activities within the home. A shopping trolley is available for residents who are unable to visit the local shops and there are a number of opportunities for interaction with local school children. Interviews with

residents confirm they are encouraged and supported to be independent with care needs, mobility, decision-making and entertainment.

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

There are systems in place to ensure each resident's privacy and dignity is respected and their confidentiality is maintained. Residents have the option to entertain family and friends in their own room, in the small lounge areas, the meeting room or quiet room. The team observed staff being respectful to residents, address residents in a courteous and polite manner and ensure the privacy of residents who require assistance. Staff demonstrate an understanding of each resident's right to privacy, dignity and confidentiality and they also have an awareness of specific privacy needs of residents. Residents' records and personal information are stored securely, with access by authorised staff only. Residents /representatives confirm that staff treat residents with respect and maintain their privacy and 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

Comprehensive leisure and activities programs are offered to all residents in the home. Staff interviews and review of documents confirm the programs are developed and reviewed based on information from residents about their interests, hobbies, past experience and special life events. Residents have the choice of attending a variety of activities such as readings, bingo, movies, cards, darts, putt putt, quoits, quizzes and craft. Concerts are also held monthly and include tap dancers, choirs, solo performers as well as duets and special events such as Christmas in July. Staff assist residents to attend group activities and one to one activities such as hand massage, music and reminiscence are also provided. Interviews with residents/representatives confirm they are satisfied with the variety of activities in the leisure 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 recommendation
Does comply

Documentation review indicates that residents' interests, customs, beliefs and cultural and ethnic backgrounds are acknowledged and fostered. Communion is held every Saturday within the home and if required, staff assist residents to attend Mass at the Church located next door to the home. Church of England services are also held every month. Other spiritual support is available one on one with the pastoral care coordinator as well as volunteers who have been provided with specific training. Cultural and religious days are celebrated at the home such as Italian week and Bastille Day and this includes a discussion of different foods, history and posters and pictures relevant to the event. Interviews with staff confirm that they know and understand the needs of residents from other cultures and encourage interaction. Residents indicate they are satisfied that the home meets their cultural and spiritual 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

The home has systems in place to ensure that each resident is able to exercise choice and control over their lifestyle. When residents enter the home they are encouraged to participate in decisions regarding their care and leisure activities. A review of documentation indicates that resident meetings provide an opportunity for residents to express their views and staff adjust activities for example, following suggestions by residents. Information on residents' rights and responsibilities is given to new residents and displayed in the home. Resident and staff interviews confirm residents make choices relating to meals, care, doctors, personal environment, movies and activities provided the decisions do not infringe on the rights of other residents. Residents/representatives report satisfaction with the level of participation they have in decision-making and the ability to make choices while living at the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation
Does comply

The home provides information for residents on security of tenure and their rights and responsibilities in the resident agreement and the resident handbook. The resident handbook and agreement include, but is not limited to, information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. In addition the Charter of Residents' Rights and Responsibilities is displayed clearly in the home and discussions have recently been held with residents on security of tenure. Residents are also provided with information on complaints management including internal and external complaint mechanisms and advocacy services. Residents are encouraged to attend residents' meetings and participate in resident surveys. Residents/representatives state they feel secure living at the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's recommendation
Does comply

The organisation actively pursues continuous improvement. For further information relating to the homes continuous improvement system, please see expected outcome 1.1 Continuous Improvement.

Examples of recent improvements in relation to Accreditation Standard Four include:

• The organisation has employed the services of a fire safety provider across all of its forty sites. This initiative has provided a consistent and high level of service quality across all sites as well as a consistent and standardised staff fire training service.
• A new chemical supplier provides an all-in-one laundry detergent and sanitiser, and a pump system that eliminates the need to manually add detergent to the wash. Management advise that residents' clothes are not only sanitised, but there is increased safety for staff, no product wastage, and improved time efficiency.

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

Refer to expected outcome 1.2 Reglatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines.

Examples specific to this standard are:

• The home has a current fire safety statement.
• The home meets the requirements in relation to infection control, food safety and fire, security and other emergency legislation.

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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skill to perform their roles effectively.

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Education sessions attended by staff that relate to this standard include but are not limited to:

- Manual handling
- Infection control
- Fire evacuation

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

Management is actively working to provide a safe and comfortable environment. The team observed that the home is clean and free of clutter or other hazards. There is sufficient and appropriate furniture, comfortable internal temperatures and ventilation, little noise, and a secure internal and external environment. The home has a preventative and reactive maintenance program in place to ensure the environment is safe and well maintained. Safety and comfort of the home is monitored through feedback from residents, observations from staff, accident/incident reports, and environmental audits. Residents/representatives interviewed are very satisfied with the physical environment which enables residents to maintain an independent lifestyle.

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 through the establishment of an OH&S committee, governed by the organisation's OHS policy and procedures. Committee members have appropriate qualifications and all staff are trained in the identifying and reporting of hazards which are logged, rated, and actioned, resulting in the hazards' elimination or reduction. Environmental audits are performed regularly. Staff OH&S training is carried out at orientation, which includes manual handling, and is ongoing through the home's education program. The team observed that all chemicals are safely stored with associated material safety data sheets located close by. Staff were observed to be following safe practice procedures and all residents/ representatives interviewed indicated that the home provides a safe environment

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

Team's recommendation
Does comply

The home's systems to ensure the safety and security of residents and staff include regular checks of equipment by the home's staff and contractors, lock up procedures, external lighting, and emergency and fire evacuation procedures. The home is fitted with fire warning and fire fighting equipment, smoke detectors, sprinklers, 'break glass' fire alarms, fire and smoke doors, all of which have been checked and maintained regularly. The home regularly monitors its fire equipment and provides annual compulsory fire training for staff.

Documentation and equipment relating to fire safety and other emergencies includes evacuation site maps, emergency signage, and emergency flipcharts, and security patrol records. There is an evacuation pack on site and an up to date residents' identification list. Staff demonstrate they have knowledge of emergency procedures and security systems and there is a fire safety officer on site. Residents advise they feel safe and secure in the home.

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

Team's recommendation
Does comply

The home has in place an effective infection control program that includes policies and procedures, an infection control manual, education programs, provision of personal protective equipment, and monitoring and analysis of infection rates with appropriate strategies to deal with infections. All resident infections are documented and monitored, and results are forwarded to corporate management for analysis. Mandatory staff orientation and on-going education includes infection control principles and practices. Infection outbreak management guidelines and procedures are in place. The team observed washbasins, hand hygiene gels and signage located throughout the home, and staff were observed using personal protective equipment and colour coded cleaning equipment appropriately. Waste disposal and management systems are in operation, scheduled cleaning programs are in place and are followed and spills kits are provided for use if necessary. Regular temperature testing of all aspects of food preparation and delivery is done. Catering staff follow safe food handling guidelines and all staff interviewed by the team demonstrated a good understanding of infection control principles and practices related to their roles. Residents reported that the home is always clean and they see staff wearing gloves and washing their hands.

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

Team's recommendation
Does comply

The home employs its own kitchen, cleaning and laundry staff who provide catering, cleaning and laundry services in a way that enhances residents' quality of life and staff working conditions. All resident/ representatives interviewed by the team stated that they are very satisfied with the catering, cleaning and laundry services provided.

Catering

The home has its own kitchen and catering staff who provide meals according to varied, rotating seasonal menus which have been developed in consultation with residents and are reviewed by a dietician. Food safety principles are implemented and the home is responsive to residents' feedback regarding meals. Catering staff are advised of the specific dietary requirements of residents and there is a system to regularly update this information. Food storage, refrigeration and preparation areas are well organised with foods correctly stored, labelled and dated.

Cleaning

The team observed the home to be clean and free of odour. All cleaning is done according to cleaning schedules and protocols. The team observed that all cleaning equipment is appropriately stored and staff were observed to use cleaning equipment according to infection control principles. Residents and resident representatives interviewed by the team are satisfied with the cleanliness of the home.

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Laundry

All residents' personal items are laundered on site. All other items including bed linen are out sourced. Care staff wash residents' clothing each day as necessary and have a system to identify residents' belongings. Residents are welcome to wash their own clothing if they wish.