



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Terry Barker Nursing Home

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

The Agency has decided that the period of accreditation of Terry Barker Nursing Home is three years until 29 August 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: Terry Barker Nursing Home

RACS ID: 4329

Number of beds: 30 Number of high care residents: 29

Special needs group catered for: Nil

Street/PO Box: Broadford Crescent

City: MACLEOD State: VIC Postcode: 3085

Phone: 03 9434 5317 Facsimile: 03 9432 2980

Email address:

Approved provider

Approved provider: Southern Cross Care (Vic)

Assessment team

Team leader: Michelle Benson

Team member/s: Val Dudok

Liz Sweeney

Date/s of audit: 2 June 2009 to 3 June 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Terry Barker Nursing Home
RACS ID	4329

Executive summary

This is the report of a site audit of Terry Barker Nursing Home 4329 Broadford Crescent MACLEOD VIC from 2 June 2009 to 3 June 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 Terry Barker Nursing Home.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 2 June 2009 to 3 June 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Michelle Benson
Team member/s:	Val Dudok
	Liz Sweeney

Approved provider details

Approved provider:	Southern Cross Care (Vic)
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Details of home

Name of home:	Terry Barker Nursing Home
RACS ID:	4329

Total number of allocated places:	30
Number of residents during site audit:	29
Number of high care residents during site audit:	29
Special needs catered for:	Nil

Street/PO Box:	Broadford Crescent	State:	Victoria
City/Town:	MACLEOD	Postcode:	3085
Phone number:	03 9434 5317	Facsimile:	03 9432 2980
E-mail address:	N/A		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Terry Barker Nursing Home.

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Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Facility Manager	1	Residents/representatives	14
Registered nurses	2	Volunteer Coordinator	1
Care staff	3	Laundry staff	2
Administration assistant	1	Cleaning staff	2
Catering staff	2	Maintenance staff	2
Organisation service development and quality manager	1	Pharmacist	1
Medical Practitioner	1	Trainee registered division two nurse	1
Service development and quality manager	1	Client finance	1
Occupational health and safety consultant	1	Lifestyle Staff	2
Education Manager	1	Diversional therapist	1
Occupational Health and Safety Representative	1	Domestic staff	2

Sampled documents

	Number		Number
Residents' files	8	Medication charts	12
Personnel files	6	Resident agreements	4

Other documents reviewed

The team also reviewed:

- Activities attendance record
- Activities evaluation
- Activities focus group summary
- Activities review chart
- Aged care advocacy information
- Agency orientation checklist
- Annual fire and safety declaration
- Assessments
- Audits and schedule

- Blood glucose monitoring folders
- Building instrument certification
- Career development reviews
- Cleaning procedures
- Cleaning schedules
- Complaints folder
- Computerised policies and procedures
- Computerised position descriptions
- Continuous improvement folders
- Continuous improvement plan
- Dementia behaviour management advisory service notice
- Dietician menu review report
- Diversional therapy group program
- Diversional therapy individual program
- Diversional therapy meeting minutes
- Duty statements
- Elder abuse reporting register
- Emergency management plan
- Environmental assessments
- External safety checklist
- External services contracts
- External services folder and inspection schedule
- Facility orientation sheet
- Food safety program manual
- Freezer stock list
- Hazard alert forms
- Hazard reports
- Improvement log
- Incident data and graphs
- Induction checklist
- Induction training presentation
- Infection control data
- Job descriptions
- Kitchen maintenance schedule
- Laundry washing instructions
- Lifestyle program summary
- Lifestyle story project
- Maintenance books
- Master file quality statements
- Material safety data sheets
- Medical advisory committee meeting minutes
- Medication advisory committee meeting minutes
- Medication assessments
- Medication audits documentation
- Meeting minutes
- Memorandum
- Memorandum folder
- New product evaluation form
- Newsletters local and organisational
- Nurse's registration register
- Nursing home activities program
- Occupational health and safety environment inspection audit
- Occupational health and safety meeting minutes
- Occupational health and safety representatives list
- Occupational health and safety workplace inspections and reports
- Pest control audit

- Pest control records
- Police check register for staff, local allied health and volunteers
- Policies and procedures
- Policies and procedures
- Pre admission pack
- Preventative maintenance schedule
- Quality performance systems indicators
- Recruitment and retention information form managers
- Resident advanced care plan documents
- Resident and relative request electrical items form
- Resident assessments
- Resident lifestyle stories
- Resident meeting schedule
- Resident progress notes
- Resident social profile
- Resident survey
- Residential facility orientation checklist
- Residents dislikes list
- Residents' information handbook
- Residents' information package and surveys
- Residents' information packages
- Residents' pre-admission information package
- Rosters
- Scheduled drug signing records
- Staff competencies
- Staff duties guide
- Staff education and learning calendar
- Staff handbook
- Suggestion for improvement form
- Summary report of continuous quality improvement activity
- Temperature monitoring sheets
- Vision and mission statements
- Visitors food register
- Volunteer sign in book
- Weekly menu
- Weight monitoring records
- What to do book
- Wound management folders

Observations

The team observed the following:

- Activities in progress
- Clean and dirty laundry procedures
- Clean personalised rooms
- Cleaning in progress
- Continence pads in residents rooms
- Equipment and supply storage areas
- Equipment test and tag stickers
- Food register
- Fresh fruit in residents rooms
- Interactions between staff and residents
- Internal living environment
- Kiosk
- Kitchen practicing good hand hygiene
- Living environment
- Lunchtime meal service

- Menu cards
- Mobile library dates notice
- Noticeboards
- Occupational health and safety notice board
- Palliative suite
- Reading books
- Resident electoral role application form
- Resident happy hour
- Resident private areas
- Residents attending church service
- Special eating aids
- Storage of medications
- Suggestion box
- Water jugs in rooms

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

The home has systems and processes in place to ensure opportunities for improvement are identified, actioned and reviewed for effectiveness. Opportunities for improvement are identified through mechanisms including the home’s comments and complaints system, observations, internal and external audit and changes to legislation. Information is logged and recorded in the home’s improvement log to ensure all activities are completed within appropriate timeframes. Activities relating to continuous improvement are discussed at relevant forums and meetings. Progress is communicated to key stakeholders through meetings, minutes of meetings, and memorandums and one to one communication. Staff, residents and representatives confirm knowledge of recent continuous improvement activities and how to participate in the home’s continuous improvement process.

Recent continuous improvement activities relating to standard one include:

- The implementation of a quality schedule for a structured approach to auditing
- A electronic improvement log for continuous improvement activities has been implemented for a more user friendly approach for capturing and evaluating improvements across the four accreditation standards
- The implementation of an employee software management system to assist the site manager with tools for staff performance management
- The implementation of an electronic contracted police checking system for the timely process for completing staff, allied health, contractors and volunteers police checks
- A complete review of policies and procedures has occurred with changes to the mandatory reporting of elder abuse and missing residents in line with legislated changes with staff being informed of these new policies and processes
- The recruitment of an organisation work cover and occupational health and safety consultant to support staff and management through the return to work process and work cover procedures

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation uses an electronic compliance program and membership to peak bodies to identify legislative information and receive updates. The site manager is informed of relevant changes or updates by the organisation that ensures that information on changes is communicated to staff through memorandums, verbally and is an agenda item at all meetings. Monitoring of regulatory compliance is carried out through the home’s auditing system and also at organisational level. The organisation has a system in place to ensure all staff, allied health, volunteers and contractors have current police checks. Nurses’ professional registrations are monitored annually. Information regarding regulatory compliance is accessible to staff.

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

An organisational wide education program is in place to ensure that staff have the required knowledge and skills to perform their roles effectively. Learning needs analysis, staff surveys, appraisals, audit results and annual mandatory training contribute to the educational calendar. Records show that education sessions are offered internally and externally and are generally well attended; staff feedback of these sessions is sought and informs the ongoing program. Management and staff participate in education seminars external to the home, and staff reported that they are satisfied with the training opportunities available to them.

Recent education topics relevant to standard one have included attendances at industry conferences as well as;

- Employee management system training
- Internal auditor training
- Complaints management
- Customer service training
- Computer training

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

Information regarding internal and external complaints mechanisms are accessible throughout the home. Comments and complaints are encouraged either via opportunities for improvement forms or directly to staff. The site manager investigates complaints at the home and actions taken to address issues are conducted in a confidential and timely manner. Staff said they are aware of the home's procedure for reporting complaints. Residents and relatives said they are comfortable approaching management or staff and said they are responsive to any concerns raised.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented vision, mission, and values statements position through the home and in appropriate documentation. The home's vision and mission include being the leading provider of activities to residents and service options. The statement also includes the homes values which are of caring, dignity, empowerment, integrity and teamwork.

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

Staff are recruited to ensure appropriate care of all residents is provided and to comply with regulatory requirements. Police and reference checks are conducted and a data base record of these checks is maintained. An orientation program to the organisation and to the home is conducted for all new staff. All staff are provided with buddy shifts with fellow staff and have a probationary period. Individual counselling and performance management is provided when any issues arise. A master roster is current with the home's casual bank staff or permanent staff filling any vacant shifts available. Staff confirm regular career development reviews occur and absent staff shifts are filled. Residents said staff are knowledgeable and generally attend to their needs in a timely manner.

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

There are systems in place at the home to ensure an adequate amount of stock is maintained for residents care and services provided. Corrective and preventive equipment maintenance schedules are in place and records indicate that maintenance issues are handled in an appropriate and timely manner. Equipment is fit for the purpose intended and in adequate numbers to meet residents' needs. Documentation shows and staff confirmed that new equipment is trialed where appropriate and assessed prior to purchase after consultation with staff and or residents. Staff, residents and representatives confirm that supplies are readily available and appropriate for care needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has a consistent and systematic approach to the recording, reporting, analysis and storage of information pertaining to all components of clinical and non-clinical residential care. Computerised policies, procedures and work practice information are reviewed at the organisational level accordingly to ensure currency. Confidential and security of staff and resident information is maintained according to legislative requirements. Communication within the home occurs through mechanisms including staff education, a memoranda system, communication books, notices and a variety of stakeholder meetings. Staff, residents and their representatives are satisfied with the level of access to information provided and with the communication and feedback mechanisms available to them.

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

The organisation and home has processes in place to ensure ongoing quality and responsiveness of externally sourced services. External contractors include the home's visiting allied health specialists, fire services and maintenance services. External service providers comply with the home's credentialing process and some sign service agreements which specify required standards of service delivery and qualifications of the provider. Service provision is monitored through observation by management, maintenance staff, nursing staff and feedback from stakeholders regarding the quality and timeliness of external service provision. Staff, residents and representatives said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has system and processes in place for identifying continuous improvement opportunities relating to health and personal care. Systems and processes include surveys, incidents and infection surveillance, focus groups and comments from residents. All improvements are reported back to staff, residents, representatives and other stakeholders through formal and informal channels. Resident incident data is recorded and analysed and appropriate strategies are implemented. For information regarding the home's continuous improvement system refer to expected outcome 1.1 Continuous improvement.

Recent continuous improvement activities relating to standard two include:

- A palliative care suite has been opened for the support of residents requiring palliation. The suite also contains a self contained area for representatives comfort
- An allied health oral hygienist has reviewed residents oral care needs and treatment plans have been implemented. Education was also provided to staff by the oral hygienist
- A complete review of medication policies, procedures and staff practices has occurred to ensure compliance with regulatory requirements
- Falls risk assessments are now completed on entry to the home after the review and analysis of resident incidents
- After consultation with staff in regards to individual residents eye drops. Containers have been purchased and labeled with individual names for easier location of eye drops
- Five electronic beds and eight mattress have been purchased to ensure effectiveness of residents care needs

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 regulatory compliance systems in place to support resident health and personal care. The site manager receives notification of new and amended legislation from the organisation and through various sources. Relevant information is tabled and discussed at meetings and conveyed to staff both formally and informally. Refer to expected outcome 1.2 Regulatory compliance for details of the home's system for ensuring regulatory compliance.

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to Expected outcome 1.3 Education and staff development.

Recent education topics relevant to standard two have included;

- The introduction of a video based education system that enables staff access to the education program at their leisure. Staff reported that this has given them greater flexibility in accessing information of interest to them.
- Palliative care
- Pain management
- End of life pathway
- Oxygen care
- Dementia care and challenging behaviours
- Syringe driver pump
- Wound care
- Continence management

2.4 Clinical care

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

Team’s recommendation

Does comply

All residents are assessed and monitored by registered nurses division one with input from registered nurses division two and personal care staff. A medical advisory committee has been established at the home and are an integral part of overseeing the clinical management processes at the home. This committee has been established for a number of years and as it has evolved, the terms of reference and purpose has been redefined over time. The committee is made up of four general practitioners, a pharmacist, nursing staff and management; guest speakers are often invited to present information on current contemporary clinical practices. Residents undergo a number of health assessments soon after admission in accordance with a documented schedule. Once these assessments are completed, a more detailed care plan is developed in consultation with the resident or their representative. All residents living at the home are assigned a primary carer (registered nurse division 1) who undertakes regular detailed reviews of residents care needs and evaluate the ongoing effectiveness of the current care plan. Other allied health professionals are regularly consulted as required, and care staff are able to show detailed knowledge of residents clinical care requirements. Residents and their representatives said that they felt very comfortable and confident with the care provided by all staff.

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

Registered nurses division one assess and manage residents’ specialised nursing care. Other health professionals are regularly consulted and involved in specialised nursing care including doctors, speech pathologists, dietitians and other external specialist consultants. Some of the specialised care requirements at Terry Barker nursing home include the management of diabetes, palliative care, wound management and complex pain management. Education and competency testing is provided to all staff who may undertake certain procedures in relation to specialised nursing care such as wound dressings. Residents and relatives commented that they are confident that staff have the necessary skills to manage their specialised nursing care and that they are always kept informed about any changes that may occur.

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 provided with information on admission about what health services will be provided to them and the associated costs. Terry Barker nursing home has a number of other health services that are utilised regularly from within the broader organisation; this includes a specialist behaviour management consultant and occupational therapist. The home also accesses a variety of other health specialists including dentistry and dental technicians, podiatry, speech pathology, audiometry, optometry and physiotherapy. Other specialist services including the aged psychiatric team and palliative care services are contacted when necessary, and any suggested changes are incorporated into the residents care plan. Residents, staff and documentation confirm that specialist referrals are made as required and that any resulting changes to residents' care needs are acted upon. Residents said they are confident in the care provided by other health providers and that they are assisted to access these services as required.

2.7 Medication management

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

Team's recommendation

Does comply

The medication advisory committee oversees the medication management system; this committee meets every two months and is an integral component of the way in which medication is managed at the home. All medication is managed by registered nurses division one and is administered from multidose packs by either registered nurses division one and two. Individual medication is able to be identified, and all medications are stored securely. A consultant pharmacist undertakes regular reviews of residents' medication and liaises directly with the home and/or the residents' doctors. Medications are delivered weekly from the pharmacy and auditing procedures are in place to ensure the safety of the medication management system. Residents said that they are happy with the way that their medication is managed, and staff are able to describe they way they manage residents medication safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

On entry to the home residents are assessed for pain, and if identified, a more comprehensive review is undertaken. The home utilises a specific assessment tool for assessing residents who may have difficulty in communicating or expressing pain. Pain management plans contain information about individually assessed strategies to manage pain, and these plans are comprehensively reviewed three monthly or more frequently if required. Residents are referred to their doctor, physiotherapist or a consultant geriatrician pain as required. The home has special interest in the provision of complex pain management and have purchased specific equipment to assist them administer complex pain medication. A number of staff have completed specialised training in contemporary pain management strategies. Residents and relatives said that the staff attend to their pain needs promptly and that the provision of the exercise programs has been very beneficial for some residents in minimising their pain.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has well developed processes and procedures to manage residents in the terminal stages of their lives. The home has a focus on providing current contemporary practices in this area of care. A comprehensive advanced care directive process is in place and individual care wishes are identified and requested care requirements are acted on by staff. The home has a palliative care suite available for residents and their families to use when they are in their last stages of life and may require more intensive personal and emotional care. This suite is equipped with an adjoining lounge room for family members to be able to stay and make themselves refreshments in the privacy of their own room, while being right beside their relative receiving palliative care. A number of staff have had specialist training in this area of care. The manager of the home has an interest in expanding this area of care in accordance with the evidence based practices in palliative care. The medical advisory committee are an integral part of overseeing the palliative care processes and are intimately involved in the ongoing care of individual residents; particularly in the area of pain management.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ nutrition and hydration needs and preferences are assessed on entry to the home, and this information is communicated to the kitchen. A care plan is developed and reviewed by a registered nurse division one. Residents’ weights are monitored in accordance with individual needs, some residents who are at risk have their weights monitored weekly, other residents may be weighed monthly or two monthly. Any significant weight changes prompt a referral to a dietician and other specialised services as indicated. Following weight loss supplements are provided as indicated and weight, dietary and fluid status are monitored, with nutrition and hydration needs re-assessed as required. Residents and representatives confirm satisfaction with the food and drinks provided and with the way in which their particular dietary needs are met.

2.11 Skin care

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

Team’s recommendation

Does comply

All residents undergo an assessment of their skin on admission to the home to identify if the resident is at risk of skin breakdown, or has an existing skin condition. A management plan is developed to ensure that the resident’s skin is maintained, or that any existing skin conditions are monitored in accordance with assessed need. Residents care plans detail the strategies to prevent skin breakdown and are reviewed three monthly or more frequently if required. Any residents who have a wound are monitored in accordance with assessed need; and this need and frequency of dressings is documented in a wound management plan. Only staff deemed competent to undertake wound dressings are able to perform these procedures, and all wounds are over seen by registered nurses division one or two. Staff said they monitor the condition of resident’s skin while they are undertaking personal care tasks such as showering. Residents said they are very satisfied with the care that staff provide them in relation to their skin, particularly in assisting them to apply creams.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence management needs are assessed on admission and care plans are developed to promote continence or maintain social continence. Continence programs are

trailed and regularly reviewed to identify the most suitable strategies for each individual resident. A range of aides are provided to residents, who are individually assessed to ensure they are using the correct aid. Staff utilise a spreadsheet to assist them to identify toileting times throughout the day, this document is regularly reviewed to ensure it accurately reflects the toileting needs of all residents. Care staff discussed the different types of strategies used to manage residents' continence. Residents' are assisted to ensure that they have enough fibre and fluids to aid with bowel management, and a range of interventions both pharmacologically and nutritionally are used to promote bowel regularity and prevent constipation. Residents said that staff are always helpful with their continence needs and attend to them in a dignified and private manner.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents' undergo detailed behaviour assessments soon after admission; this information is then evaluated to identify triggers to behaviours and effective strategies to manage them wherever possible. The broader organisation has a dementia consultant who specialises in behaviour management and he is available when required for complex or difficult cases. The home is secure and recent reviews of the security systems have seen improvements being implemented, particularly to external doors. The majority of staff have had training in behaviour management. Some staff have had more intensive training and become "champions" and assist other staff who may find some resident behaviours more challenging. A broad range of interventions are used to minimise the incidence of challenging behaviours and to manage these behaviours when they occur. Residents said that the home is usually very quiet, and staff attend to residents with challenging behaviours very attentively and respectfully.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents are assisted to maintain optimum levels of mobility and dexterity via an initial assessment by the physiotherapist and/or occupational therapist. Specific exercise plans are developed for residents' and care staff assist residents with their exercises. Falls are monitored and reported and falls risk assessments are implemented at the home. Residents are advised about appropriate footwear and environmental audits monitor risks. The occupational therapist can undertake environmental audits of resident's rooms, and individualised requirements as required. Residents confirm that they have a wide variety of exercise options available to them, including specialised exercise equipment. Residents walking aids and wheelchairs are maintained and assistive eating devices are available as required.

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 health needs and preferences are assessed on admission, and individual care needs and preferences are recorded on residents' care plans. These care plans are reviewed regularly to ensure that resident's oral hygiene needs are being met. The home has recently engaged the services of a visiting oral hygienist who is in the process of assessing all

residents' oral health. Reports and recommendations have been made for individual residents and are being implemented by staff. Dental technicians are also consulted and visit the home when required. Education has been provided to staff on mouth care through the new training program, and management advised that there may be further education and training provided as direct result of the recent dentist reviews. Residents and/or their representatives commented that staff manage their teeth or dentures well, and in accordance with their preferences.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents' sensory losses are identified on entry to the home, and include cognitive ability, communication, vision and hearing. A range of assessments are completed to ascertain the level of assistance residents may require and any special aides they might need. Care plans reflect the assessments and are regularly reviewed. The home has recently purchased a pocket talker (personal amplifier) to assist communicating with residents who have severe hearing loss. Some registered nurses have received training in the use of auroscope (device for viewing internal ear canal) to ascertain wax build-up. If wax build-up is identified doctors are consulted for specialist treatment to assist in the removal of wax and improve residents' hearing. Residents say that staff assist them in maintaining their sensory aids in accordance with their preferences.

2.17 Sleep

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

Team's recommendation

Does comply

On entry to the home, residents sleep, settling and rising times and behaviours are charted and sleep assessments completed to identify residents' individual patterns. Sleep care plans are developed and reviewed, indicating triggers that disturb sleep and identifying specific strategies to assist in achieving natural sleep patterns. Residents state that the home is quiet, and that the staff respond quickly to their needs during the night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a quality monitoring system in place which identifies opportunities for improvement for resident lifestyle. This includes auditing and identifying opportunities for improvement through suggestion forms, focus groups, surveys and verbal suggestions. Improvements are logged on an improvement register and monitored to ensure actions are completed in the appropriate timeframe. The home’s site manager monitors the effectiveness of all continuous improvement activities. All improvement opportunities and activities are provided to stakeholders at appropriate forums. Residents, representatives and staff report that they are aware of ways to raise improvement requests and contribute to the home’s continuous improvement process.

Recent continuous improvement activities relating to standard three include:

- A bus has been purchased with wheelchair access for residents to remain in contact with the local community and for outings
- Each resident has had their ‘life story’ completed by volunteers in conjunction with residents and their representatives to provide information about each resident’s past and present life
- An activity board has been purchased to provide information to residents about the activities planned for each day
- Sensory blankets have been made to assist residents with sensory loss and to support management of behaviours
- The home’s activity staff now attends lifestyle forums with co staff at other homes within the organisation to discuss programs and share knowledge
- A quilt has been made and donated to be draped across deceased residents’ as they leave the home to acknowledge the resident’s life at the home and provide dignity

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to identify and respond to legislative changes, professional standards and industry guidelines relating to resident lifestyle. Information from changes to legislation and regulations is provided to the site manager who then distributes the information to stakeholders. Residents receive information relating to security of tenure, financial changes and rights and responsibilities on admission to the home and on an ongoing basis. In addition, privacy and confidentiality of information is maintained both electronically and in hard copy. Staff and residents said they are aware of changes to regulatory compliance.

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to Expected outcome 1.3 Education and staff development.

Recent education topics linked to standard three have included;

- Certificate four in lifestyle
- Mandatory reporting elder abuse
- Respecting patient choices
- Privacy education

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 system and processes in place to provide residents and their representative's with introduction, familiarisation, and initial and ongoing assessments of resident's individual emotional needs. A social profile of each resident is developed including; their history, background, significant personal events, and cultural and spiritual needs. In the assessment period resident's current social, family, relationships and personal preferences are identified and documented. Ongoing quarterly evaluations are undertaken to ensure residents ongoing needs are identified and supported. The home provides spiritual care and regular church services are held in the chapel for residents wishing to attend. The team observed staff providing residents with one on one emotional support. Residents and their representatives said that staff were always very considerate toward them, and supported their individual preferences and emotional needs.

3.5 Independence

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

Team's recommendation

Does comply

The home assists residents in maintaining independence by identifying each resident's personal needs and preferences on admission. Staff assist residents to retain friendships and participate in the community wherever possible. Residents have access to newspapers and a library service and the lifestyle team provide opportunities for residents to practice personal cultural and spiritual practices. The home provides various community activities including visiting school children and community groups. Relatives and friends are encouraged to visit and join in at meal times, and residents are assisted on outings to do their personal shopping and banking. Residents' and their representatives are invited to participate in regular meetings and management provide feedback to residents at these meetings about what is happening at the home. Management utilises a variety of mechanisms to seek resident feedback about care and services feedback forms, open door policies and an annual survey. Residents said the assistance they receive from staff helps them to maintain their independence and many residents said that they enjoyed their involvement in activities and friendships both within and outside the home.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home recognises and respects each resident's rights to privacy, dignity and confidentiality. The team observed staff drawing curtains when assisting residents with personal care and assisting in a respectful manner when undertaking activities and assisting with meals. Staff, residents and volunteers receive information about privacy, dignity and confidentiality requirements of the home. Residents consent is formally obtained regarding taking photographs, and the use of their personal information. Residents' personal information is maintained, stored and archived securely. There are private lounge areas for meetings with family and friends as well as a secure outdoor garden area. Residents and relatives said they do not feel rushed with daily activities and life within the home, and that the home recognises and respects 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

The home has processes in place to identify residents' preferred interests and actively encourages participation in activities. Assessments are completed upon entry to the home and contribute to the development of the resident's leisure care plans; these care plans are reviewed every three months. A weekly activities program is provided that promotes residents' physical, mental health and social well being. A diverse range of activities are offered which include outings, guest entertainers, sensory blankets, doll therapy, quizzes and reminiscing. A large volunteer community contribute to assisting residents in maintaining their leisure and interests and promoting links with the broader community. During the visit the team observed activities for residents' occurring as well as staff providing one on one sensory stimulation. Residents and relatives confirm a high degree of satisfaction with the range and quality of activities offered to residents.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home values and fosters individual interests, customs, beliefs, and cultural and ethnic backgrounds. Residents who enter the home with individual cultural needs are supported to maintain these wherever possible. Staff have access to cultural care information to assist in responding to residents' individual care needs. Residents have access to pastoral care if requested and the team observed residents being assisted to attend religious services. Language and translation cards are available to assist residents with communication. National and religious days are celebrated with catering being provided to support special needs. Residents and their representatives confirm satisfaction with the support provided by management and staff in the provision of 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

Residents and their representatives are encouraged to actively participate in decisions about the care and services residents receive at the home. Resident profiles and assessments capture individual choices and preferences in relation to care needs and services. Residents' choices are supported by staff including choice of doctor, refusal of treatment, daily care

routines, mobility aids, food choices and choice to vote. Residents are encouraged to bring in personal belongings and to discuss and share their views and comments directly to staff or through the comments and complaint process, resident meetings, and surveys. Residents confirm they have choices in their daily life at the home, and they are satisfied with the support provided in choice and decision making.

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

Management demonstrated residents and representatives are provided with information about their security of tenure and information about their rights and responsibilities. Residents are offered a residency agreement, which includes information for residents regarding fees and charges, their security of tenure, and the manager gave examples of how changes in tenure are managed. The home has the support of the organisational finance officer in providing information regarding security of tenure to residents and representatives. Information about the internal and external complaints mechanisms and resident rights and responsibilities are provided in resident's information packages and are on display in the home. Residents and representatives said they feel secure with regards to tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems and processes in place for identifying continuous improvement opportunities relating to the physical environment and safe systems. Opportunities are identified through mechanisms including internal and external audits, occupational health and safety inspections, hazard alerts, visits from the Accreditation Agency and feedback. Opportunities for improvement are logged on to the improvement log and are reported back to the appropriate staff, residents, representatives and other stakeholders through the relevant meetings. For information regarding the home’s continuous improvement system refer to expected outcome 1.1 Continuous improvement.

Recent continuous improvement activities relating to standard four include:

- Three flat screen televisions have been purchased to enhance resident lifestyle and assist with planned activities
- Two floor alarm mats have been purchased to assist with the residents safe living environment
- A review of the menu has occurred by the dietitian and with residents feedback a focus group has been commenced with the menu being changed
- The dining room has been recarpeted and has improved the living environment for residents
- A wanderers alarm system has been implemented to ensure safety for all stakeholders living in or visiting the home
- The home has upgraded doors in certain areas of the home for security purposes for all stakeholders.

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

Processes and systems are in place to ensure that the home maintains ongoing regulatory compliance in relation to the physical environment and safety systems. Internal and external auditors and statutory bodies regularly audit food, safety, fire, living environment, chemical storage, laundry and cleaning services. Changes to regulations relevant to the physical environment and safe systems are tabled at the appropriate meetings, and policies and procedures are amended accordingly. Staff, residents, representatives and stakeholders are notified of regulatory changes through formal and informal processes.

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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to Expected outcome 1.3 Education and staff development.

Recent education relevant to standard four have included;

- Manual lift
- Fire and emergency response
- Food safety
- Safe use in chemicals
- Laundry procedures
- Infection control
- Gastroenteritis
- Occupational health and safety

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 towards providing a safe and comfortable environment for residents and staff. Residents' share accommodation and bathrooms and are encouraged to personalise their space with their own belongings and mementos. Shared living areas are comfortable, maintained and clean. The external areas are maintained, and at the request of the home, the local council recently cleared public land behind the home that was a potential fire hazard. Preventative and routine maintenance programs are in place and records confirm maintenance is attended to in a timely manner. Residents and representatives said they are satisfied with the safety and comfort of the living environment including their rooms and communal areas.

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

The home has processes in place to provide a safe working and living environment for residents and staff. The hazard and incident reporting processes are effective in identifying, documenting and actioning all hazards and incidents occurring at the home. Staff receive training in occupational health and safety, manual handling and in the safe use of equipment. There is a schedule for routine maintenance and occupational health and safety audits, all identified issues are actioned appropriately. Occupational health and safety meetings are held every second month where issues from audits, routine maintenance and staff feedback is discussed. Information collected from these processes is incorporated onto the home's continuous improvement plan when required. The effectiveness of the program is evaluated through internal audits, and resident and staff surveys. Staff were observed using correct manual handling and lifting techniques and said they were satisfied that the home provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Procedures are in place for providing a safe and secure work environment to minimise fire, security and emergency risks. Fire education and evacuation training is compulsory for all staff and volunteers, and is provided at orientation and then annually. Staff have easy access to the emergency procedure manual, fire equipment, and resident occupancy and mobility status is kept up to date and accessible in the event of an emergency. Signage is displayed throughout the home alerting residents, staff and visitors to exit points. External contractors monitor and service the home's fire detection system and electrical testing and tagging is conducted twice a year. Staff said they understood the homes fire and evacuation procedures and are able to state the required responses to fire and emergencies. Residents and their representatives said that they feel safe and secure at the home, and knew what to do in the event of an alarm being activated.

4.7 Infection control

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

Team's recommendation

Does comply

Data on infections is collected, analysed and acted on when necessary. Information is reported and discussed at relevant meetings. Infection control training is mandatory for all staff working at the home, and must be completed annually. Competencies are assessed regularly, including hand washing; and staff demonstrate awareness and knowledge of appropriate procedures. An immunisation program is offered to residents and staff; management reported that all but one resident have had the annual flu vaccinations. Staff uptake is relatively high, and these immunisations are paid for by the home. A gastroenteritis outbreak kit and a blood spills kit is accessible to staff. Cleaning, catering and laundry infection controls are implemented including such items as colour coded cloths and mops, personal protective equipment and temperature records are kept. External food safety audits are complete, and contaminated waste is appropriately handled.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has a system and processes are in place to ensure that hospitality services are managed according to legislative requirements. Meals are prepared fresh in the kitchen and served to residents in accordance with their individual nutritional and hydration requirements. The home has a rotating four week seasonal menu in place which has recently been reviewed by a dietitian. Cleaning is undertaken according to a schedule and the team observed the home to be clean and well maintained. Residents' personal laundry is laundered on the premises with an external contractor providing all other laundry services. An infection control program is in place to ensure hospitality services are provided in accordance with health and hygiene standards. Staff were able to describe and demonstrate the appropriate application of these procedures to their areas of work. Residents and relatives said they are satisfied with the home's catering, cleaning and laundry services.