



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit The Mews Aged Care Facility

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

The Agency has decided that the period of accreditation of The Mews Aged Care Facility is three years until 10 May 2014.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details					
Details of the home					
Home's name:		The Mews Aged Care Facility			
RACS ID:		3629			
Number of beds:		60	Number of high care residents:		51
Special needs group catered for:			<ul style="list-style-type: none"> • Nil 		
Street:		2a Warburton Road			
City:	Camberwell East	State:	Victoria	Postcode:	3126
Phone:		03 8809 0200		Facsimile:	03 8809 0200
Email address:		gillg@carringtonagedcare.com.au			
Approved provider					
Approved provider:		Peel Street Management Services Pty Ltd			
Assessment team					
Team leader:		Lois Knox			
Team members:		Gerard Barry			
Dates of audit:		8 February 2011 to 9 February 2011			

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	The Mews Aged Care Facility
RACS ID	3629

Executive summary

This is the report of a site audit of The Mews Aged Care Facility 3629 2a Warburton Road CAMBERWELL EAST VIC from 8 February 2011 to 9 February 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd. on 11 February 2011.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- Forty four expected outcomes.

Assessment team's recommendation regarding accreditation

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

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 8 February 2011 to 9 February 2011

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Lois Knox
Team member:	Gerard Barry

Approved provider details

Approved provider:	Peel Street Management Services Pty Ltd
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Details of home

Name of home:	The Mews Aged Care Facility
RACS ID:	3629

Total number of allocated places:	60
Number of residents during site audit:	52
Number of high care residents during site audit:	51
Special needs catered for:	Nil

Street:	2a Warburton Road	State:	Victoria
City:	Camberwell East	Postcode:	3126
Phone number:	03 8809 0200	Facsimile:	03 8809 0200
E-mail address:	gillg@carringtonagedcare.com.au		

Assessment team's recommendation regarding accreditation

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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
Chief executive officer	1	Residents/representatives	16
Director	1	Training coordinator	1
Director of residential services	1	Hotel services manager	1
Facility manager	1	General practitioner	1
Quality manager	1	Catering contractors	2
Residential services manager	1	Chef manager	1
Registered nurse consultants	2	Laundry staff	1
Endorsed enrolled nurse	1	Cleaning staff	1
Care staff	4	Chemical contractor	1
Receptionist	1	Maintenance staff	
Account manager for continence aid contract	1	Lifestyle coordinator	1

Sampled documents

	Number		Number
Residents' clinical files (electronic and hard copy)	12	Medication charts	10
Catering admission forms (food allergies)	28	Blood glucose level records	6
Resident weight records	10	Deceased resident files (electronic progress notes)	2
'Whenever necessary' medication administration records	22	Personnel files	6
Restraint authorisations	17	Wound records	6

Resident agreements	6	Supplier agreements	4
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Other documents reviewed

The team also reviewed:

- 'Aged care home pharmacy services' document
- 'End of life/preference in treatment' form
- 'Knowledge quiz' folder 2011
- Activities calendar and records
- Assessments: validated and generic
- Audit schedule 2010
- Catering cleaning schedule
- Catering instructions for gastroenteritis outbreak management
- Certification instrument
- Choice and decision making survey summary August 2010
- Cleaners reference folder
- Cleaning detail schedule
- Clinical pathways/procedures: enteral nutrition, diabetes, wound care and catheter care
- Comments and complaints folder
- Continuous improvement register
- Dangerous drugs register
- Data analysis reports: monthly and annual
- Education attendances and staff evaluations
- Education training summaries
- Emergency manual
- Essential services records of inspection
- Food safety plan
- Handover document (electronic)
- Infection monitoring record (electronic)
- Job descriptions
- Laundry documents: communication book, operating instructions and work sheet
- Mandatory education matrix
- Mandatory reporting folder
- Material safety data sheets throughout the home
- Memoranda
- Menu
- Minutes of meetings
- Mission statement and core values
- Organisation chart
- Orientation checklist
- Police check register
- Policies, procedures and associated documents : clinical and non-clinical
- Position descriptions
- Preventive maintenance schedule and records
- Priority action plan
- Privacy and dignity statement
- Professional registration register
- Quality plan
- Renewal certificate of registration of food premises 9 November 2010
- Requested maintenance records
- Resident post-admission survey August 2010
- Resident satisfaction survey August 2010
- Residential medication management reports
- Residents dietary requirements

- Residents' handbook
- Residents' surveys
- Self-directed learning program for registered and enrolled nurses
- Skills assessments
- Staff competency folder
- Staff handbook
- Staff list
- Staff training matrix
- Staff training plan
- Suite of catering documents
- Third party food safety audit report and certificate 29 August 2010
- Trend analysis data.

Observations

The team observed the following:

- Activities in progress
- Charter of Residents' Rights and Responsibilities
- Cleaners' room
- Clothing labelling machine
- Continence aid storage
- Equipment and supply storage areas
- Hairdressing salon
- Interactions between staff and residents
- Internal and external living environment
- Kitchen: preparation spaces, dry larder, cool room and freezer
- Laundry: soiled and clean areas
- Lifting equipment and other mobility equipment
- Meal and refreshment services in progress
- Personal protective equipment
- Secure resident and staff file storage
- Staff and resident notice boards
- Staff room
- Storage of medications and trolleys.

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

Management and staff at The Mews Aged Care Facility (The Mews) actively pursue continuous improvement for the betterment of residents, representatives, visitors, staff and contractors. Various sources are used to identify possible improvement activities including internal audits, improvement forms, the analysis of incidents, hazards and accidents and through the comments, compliments and complaints process. Meetings, staff and resident surveys, strategic planning and informal conversations are also used as sources for improvement opportunities. Management maintains an improvement register, quality plan and priority action plans to ensure that once identified a project is seen through to the final evaluation stage. The home’s management report monthly to senior management at the corporate level. Policies, procedures and associated forms are available on the home’s shared computer drive for easy staff access.

Improvements include:

- A placement officer has been appointed to assist in filling vacant beds in the home.
- A new payroll system has been introduced that includes the use of biometrics to improve staff confidentiality and security as well as improve the data input.
- Knowledge quizzes have been introduced to assess staff knowledge over an increasing range of topics. The results of the quizzes are used to identify where further training is required.
- New servers are being installed to provide faster and more secure computer operations.

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 receives updates on regulatory and legislative changes through a commercial update service as well as through government departments, coronial communiqués and newsletters/journals from industry bodies. Management informs staff of changes through memoranda, education, noticeboards, electronic mail and staff meetings. The corporate body makes sure that relevant policies and procedures are revised and updated as legislation changes and directs staff to the shared computer drive where policies/procedures are uploaded at the corporate level. Management ensures ongoing compliance is monitored through internal assessments and meets the requirements of keeping staff informed through an extensive educational program. Management provided examples of regulatory compliance relevant to Standard one - Management systems, staffing and organisational development including a process to ensure relevant staff, volunteers and contractors have current police checks.

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

The home provides all staff with a learning and development training program to enable the maintenance and up-skilling of clinical and non-clinical practices. The training program addresses clinical issues, issues identified through the training needs analysis, changing resident needs and a comprehensive suite of mandatory subjects. Education sessions are provided using a variety of informal and formal modalities including self-directed learning through access to an audio visual library; attendances are monitored and sessions are evaluated. Staff selection criteria require all clinical staff have basic certification and/or be working on the way to higher registration. All staff attend a formal orientation that includes an overview of mandatory topics. Staff are informed of forthcoming learning and development training programs through displayed fliers, meetings, meeting minutes and the 'short message service' system (SMS). Staff confirm their satisfaction with the opportunities offered in accessing continuing education.

Recent education opportunities that have had a major influence on staff practices and resident outcomes reflecting management systems include the following:

- Understanding mandatory reporting. Management reported and staff confirm that this has enhanced staff knowledge of specific legislative requirements.
- Managing complaints.
- Customer service. This program improved telephone skills and responses to complaints.
- An update program for the management team related to the computerised documentation system.

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 on the comments/complaint and suggestion system is contained in the resident information pack given to residents and their representatives when entering the home. Information on the Complaints Investigation Scheme is available from various areas in the home in multilingual brochures. Residents and their representatives can use the home's complaint form or they can verbally state their concerns to management and staff. All written complaints and compliments are registered and assigned to the relevant personnel for action all responses are evaluated by senior management. Documentation showed that concerns raised by residents and or their representatives had been addressed and feedback as to the action taken had been provided. Residents and their representatives spoken to during the assessment stated they knew of the system but that if they had any concerns they would prefer to talk directly to management.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented its mission statement and core values displaying them in the home and including them in documents such as the policies and procedures manuals, resident and staff handbooks and the new staff orientation process. The home's commitment to quality and its quality objectives are documented in the home's quality plan which is reviewed annually for its continued strategic direction.

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 facility manager provides overall supervision, support and guidance at all times, this role is supported by a corporate residential team and registered nurse consultants. Registered, and enrolled nurses and personal care staff provide clinical care across all shifts. Clinical services are complemented by lifestyle staff, contracted cleaning and catering services, in-house laundry and maintenance staff. To ensure maximum resident care during periods of increased resident acuity, the facility manager, in collaboration with corporate and the nurse consultants has the ability to increase the broader staffing profile. Recruitment is managed at a local level, vacant positions are offered through the home's website, local print media, word of mouth and other modalities. Staff are selected according to organisational needs and clear selection criteria for the vacant position are available. New staff attend a formal orientation that includes an overview of mandatory topics. The home has a bank of casual staff and has access to external agency staff. Staff confirm that staffing levels reflect the changing needs of the residents. Residents and representatives confirm their satisfaction with the staffing profile and complimented the staff's attention to individual 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 goods and equipment that support quality service delivery. An effective stock control system is in place, inventory is regularly checked and reordered before minimum stock levels are reached. Purchased goods/equipment are inspected and evaluated upon arrival and electrical equipment is properly tagged. Stock is stored safely in clean and secure areas. An asset register is maintained. New equipment is trialled prior to implementation with residents and allied health personnel being consulted with respect to the selection of mobility and health aids. There are reactive and preventive maintenance systems in place. Staff, residents and representatives confirmed their satisfaction with the quantity and quality of goods and equipment available to them.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff have access to accurate information appropriate to their roles. Confidentiality and security of staff and resident information is maintained at all times with the home having several locked archive rooms. Computers used within the home are connected to a common server with staff having access to a common drive for policies, procedures and forms. Electronic systems are password protected with restricted levels of access to files; there is regular off-site back up of computerised files. Residents and representatives are provided with information appropriate to their needs and which assists them to make decisions about their care and lifestyle, they can have supervised access to their files upon request. The flow of information from assessments to care plans, progress notes and notes from allied health professionals along with the reporting of incidents is working efficiently. Residents and their representatives are kept informed through newsletters, meetings, letters and verbally. The team observed notices, memoranda, minutes of meetings and confirmed with staff and residents that they were kept informed and current with the home's operations.

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 home has systems in place to ensure the quality and suitability of externally sourced services. Contracts exist with all major providers of goods and services specifying quality requirements, occupational health and safety, infection control and insurance requirements. Contractors must produce proof of criminal record checks and when on site all contractors must sign in and out. All contracts are approved, negotiated, monitored and reviewed at a corporate level with input from the home's management. Regular meetings with service providers and suppliers allow for two way communication, problem solving and improvement opportunities. The home has a list of approved providers with emergency contact numbers which staff can use as required. Residents and representatives expressed their satisfaction 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

Please refer to Expected outcome 1.1 Continuous improvement for more details on the home's continuous improvement system. The home maintains an internal audit and competency program to measure performance against the accreditation standards. Incident reports assist in providing clinical and management indicators. Staff are encouraged to complete improvement forms, attend meetings and to improve their skills by attending educational sessions. Staff confirmed they actively participate in the continuous improvement system.

Improvements include:

- Nurses have received training in catheterisation so that this service can be provided at the home rather than needing to send residents to hospital. This reduces agitation and discomfort for the residents involved.
- To provide better practice and financial benefit the home has sourced a new supplier for enteral nutrition products and equipment. The home currently has five residents needing this type of service.
- The home has been working with its supplier of continence products to train their staff and reduce the imbalance between the type and number of aids being ordered against residents' actual needs. The benefit of this is that residents will be more comfortable in properly fitting continence aids and the home will receive a financial gain through appropriate orders.

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

Refer to Expected outcome 1.2 Regulatory compliance for details on the home's overall system. Management provided examples of regulatory compliance relevant to Standard two - Health and personal care including procedures for the reporting of unexplained resident absences.

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

The home provides all staff with a learning and development training program to enable the maintenance and up-skilling of clinical practices reflecting health and personal care. The training program addresses clinical issues, issues identified through the training needs

analysis, changing resident needs and a comprehensive suite of mandatory subjects. Clinical staff confirm their satisfaction with the opportunities offered in accessing continuing education reflecting health and personal care.

Recent education opportunities that have had a major influence on staff practices and resident outcomes reflecting health and personal care include the following:

- Additional competencies to enhance personal carer basic training.
- Oral and dental assessment and care procedures for the ageing resident.
- Understanding dementia and depression in the elderly.
- 'Before and after death' care and procedures.

2.4 Clinical care

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

Team's recommendation

Does comply

There are clinical policies, procedures and associated documents to inform and guide staff in all aspects of clinical care. Residents' clinical care needs are assessed using validated and generic assessments to enable staff to meet residents' abilities, expectations, choices and preferences. The comprehensive assessment period is completed in collaboration with all levels of care staff, the family and health practitioners. A care plan is developed from this comprehensive information and a two monthly review of the resident occurs including a consultation with either the resident and/or the representative that may occur more or less frequently. Residents have a choice of general practitioner and visiting allied health professionals who assess, review and document treatments in the resident's electronic progress notes. The attending general practitioners are informed of all clinical changes. If residents require an episode of acute care, a suite of transfer documents accompanies them. Direct care shift handovers are conducted and clinical and behavioural incidents are reported, recorded and monitored. All aspects of clinical care are monitored through scheduled clinical audits, resident and representative feedback, and the formal review. Residents and representatives confirm their satisfaction with the health and personal care practices provided by the home.

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

Specialised nursing care needs are assessed, planned, managed and reviewed by registered nurse consultants in collaboration with all other care staff. Specialised nursing care is demonstrated in medication management, diabetic care, catheter care, wound management, pain management, palliative care, enteral nutrition, anti-embolic therapy and managing challenging behaviours. Specialised nursing care needs have individual clinical pathways in place guide staff. A range of regional and industry based nurse specialists can be accessed to provide additional specialised advice and support. Care plans and the electronic integrated progress notes record strategies recommended by these nurses. Specialised nursing care is monitored through care plan reviews, the formal audit schedule and feed back from residents and representatives. Residents and representatives confirm their satisfaction with the provision of specialised nursing care.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are referred to visiting allied health professionals such as a physiotherapist, a speech pathologist, a dietitian, a dentist and a podiatrist. Audiometrists, optometrists, a dental service and an aromatherapist also visit and some residents continue to consult practitioners in the broader community. A psycho-geriatrician, social workers and counsellors visit the home on referral. Comprehensive assessments and prescribed treatments are documented in the electronic progress notes and specific information is transcribed into the care plans. Residents and representatives confirm that they are aware of the availability of allied health professionals.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nurse consultants manage residents’ medication safely and correctly. Registered nurses, endorsed enrolled nurses and medication competent personal carers administer medications from multi-dose packaging. Resident identification is clear and administration processes are systematic. A scheduled monitoring system ensures that deficits are identified and addressed, there are documented processes in place to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a scheduled basis providing the attending general practitioners and the home with a confidential report. A resident outcome is recorded after the administration of ‘whenever necessary’ medications. The team observed that general medications are stored securely and that there is a safe disposal system in place. Dangerous drugs are stored with additional security. The home has a system in place to ensure safe administration of all controlled and complex drugs. Residents confirmed that their medications are given in a safe and timely manner.

2.8 Pain management

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

Team’s recommendation

Does comply

The resident’s past history and current presence of pain are defined during the entry assessment phase. Two validated pain assessment tools are used to assist care staff in assessing pain management. Pain assessments are holistically linked to the physiotherapy, continence, behaviour and sleep assessments. The presence of pain is a major consideration if there is a disturbance to sleep, mobility and behaviour. Pain management protocols are reviewed if there is a change in cognition, a change in clinical status, when there is a new episode of reported pain and when ‘whenever necessary’ analgesia is administered over a period of time. Alternatives to medication such as simple hand massage and individualised diversional tactics are utilised. Equipment such as oscillating air mattresses, memory foam mattresses and other equipment are available and the home has access to specialist pain management nurses for additional support and advice. Residents and representatives interviewed said that they are satisfied with the home’s individual management of 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

Residents and their families are consulted about and encouraged to discuss and complete ‘end of life/preference for treatment’ wishes during the entry phase or when the family choose to communicate these wishes. In addition, families are encouraged to discuss all end of life concerns with the family general practitioner. The registered nurse consultants reassess the resident’s needs when the resident has moved to the palliative phase of care in collaboration with the family, attending general practitioner and if requested, the regional palliative care specialists. The home has access to specialised equipment for the constant and consistent administration of analgesia and other specific medications to minimise anxiety and nausea and specialised personal hygiene products are available. Deceased residents’ files confirmed that the procedures in place guided staff in giving all possible care and that the families concerned were regularly informed and supported during this time. To enhance resident and relative support, the home facilitates visiting religious clergy and other related services.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

During the entry assessment, resident nutrition and hydration needs, food preferences, the presence of food allergies, intolerances, any swallowing difficulties and weight management requirements are noted and a care plan is developed from this information. Residents ‘at risk’ are reviewed by the contracted dietitian and when nutritional deficits are identified, a visiting speech pathologist complements this service. Catering staff are informed of specific and relevant dietary information. A range of texture modified meals, thickened fluids and adaptive cutlery and crockery are available for all meals and at refreshment times for those who need them. Residents are weighed monthly or as required, unplanned weight loss is monitored and reviewed by registered nurse consultants and the dietitian. A range of nutritional supplements are available and a record of their administration is maintained. Residents and representatives confirm their general satisfaction with the quality and quantity of the meals provided.

2.11 Skin care

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

Team’s recommendation

Does comply

After moving into the home, residents undergo a systematic review of their skin integrity. Using a validated skin assessment tool, registered nurse consultants and enrolled nurses conduct an assessment to identify risks to skin integrity and the potential for pressure injury. Special note is taken if the resident has co-morbidities that may diminish skin integrity such as diabetes, peripheral vascular disease, reduced mobility, is receiving palliative care, is post-surgery or is frail. Wounds are managed using contemporary dressing protocols and the home has access to regional wound nurse specialists. Skin tears and pressure injuries are monitored. Specialised pressure relieving practices and equipment and formalised re-

positioning regimes are defined by the registered nurse consultants, emollients, barrier creams and a variety of specific nutritional supplements are provided if required. A podiatrist and a hairdresser enhance skin care practices. Residents and representatives confirm their satisfaction with skin care management.

2.12 Contenance management

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

Team’s recommendation

Does comply

Individual resident continence requirements reflecting if and what aids are being used, how successful the current practices are and what can be done to enhance dignity and comfort are discussed during the entry assessment period. Times and levels of staff assistance are individually prescribed after a defined period of observation and charting and individual trials of continence aids are conducted. The registered nurse consultants and the home’s continence team have access to an industry based nurse specialists for additional support. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour, continence requirements are also considered if there are disturbed sleeping patterns. The use of invasive bowel preparations are minimised by the implementation of early intervention strategies such as increased hydration and a nutritious, high fibre diet to maximise normal bowel health. Urinary tract infections are monitored as part of the infection surveillance requirements with validated signs and symptoms used to ensure accurate diagnosis. Residents confirm their satisfaction with the individual continence care provided and representatives are satisfied with their relatives’ continence care.

2.13 Behavioural management

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

Team’s recommendation

Does comply

All residents undergo a suite of validated behaviour management assessments on moving into the home, annually and if and when behaviours change. Comprehensive care plans are developed from assessment tool information, documented staff observations over a defined period of time, information from the aged person’s mental health team including a visiting psycho-geriatrician and the family. The home has clear protocols and environmental safety mechanisms in place to manage residents who are aggressive and for residents who may leave the home without notice. Lifestyle staff have individual diversional, validation and reminiscing therapies in place and access to a range of living spaces for relaxation and change of environment to moderate challenging behaviours. The need for restraint is assessed and authorised by the attending practitioner in collaboration with the family and registered nurse consultants. Staff confirm their understanding of mandatory reporting requirements. The team observed the staff interacting in a therapeutic manner with all the residents.

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

The physiotherapy team, in collaboration with the registered nurse consultants, assess the resident’s mobility, dexterity and slow stream rehabilitation needs and activities of daily living

to maximise individual independence. Residents have individualised physiotherapy programs in place that are supervised by the physiotherapist and care staff and some residents access their own physiotherapist. Lifestyle staff have regular gentle exercises incorporated into various activities throughout the week. Residents were observed utilising different mobility aids in a safe manner. Maintenance of mobility aids is provided by the maintenance staff. All falls are reported, monitored, analysed, trends identified and if necessary actioned, the home has a formal falls risk assessment in place. Residents confirm their satisfaction with the physiotherapy services provided.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The resident’s oral and dental needs are reviewed during the entry assessment phase, then as part of personal hygiene practices using a validated assessment tool. Care plans document individual preferences for cleaning dentures and other care and residents have a choice of tooth brush bristle. Residents identified as having swallowing difficulties are referred to a visiting speech pathologist. During palliation and enteral regimes, the resident’s oral care is specialised. Oral care after inhaler or nebuliser use is individualised. The home supports residents to attend visiting dentists or dental technicians. Residents confirm their satisfaction with the oral and dental care and assistance provided to them; representatives confirm their satisfaction with the home’s oral and dental management.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Communication, comprehension and a sensory assessment is completed on entry and the resulting care plan nominates individual strategies to manage the residents’ sensory needs. Residents are referred to visiting allied health professionals and some residents continue to access allied specialists in the broader community. Care staff and lifestyle staff provide simple hand massages, relaxing music, one to one time and quiet conversation to minimise agitation; a formal aromatherapy program is available to residents. The home has a bath that is often utilised. The living environment is not overstimulating and corridors are wide with hand rails. During palliation, additional care is taken to ensure that sensory care is enhanced. Residents confirm that care staff are sensitive in caring for their sensory losses and representatives confirm their satisfaction with the home’s management of sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

During the entry assessment phase, the resident’s sleeping and rest patterns are assessed over a defined period of time and re-assessment occurs if sleep patterns are disturbed. In consultation with the resident/representative, individual resident preferences for rising and settling and other specific rituals are documented in the care plan. The home promotes the use of non-pharmacological interventions where possible. Past life histories, pain management, continence care, immobility and behaviour management are defined

precursors to disturbed sleep patterns and are integral to individual care planning. Residents say they sleep well.

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

Please refer to Expected outcome 1.1 Continuous improvement for more details on the home’s continuous improvement system. The home conducts continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. Comments, complaints and feedback from the resident/representative meetings are also fed into the continuous improvement register. Evaluation of the success of improvements is formally conducted with results being documented and feedback provided to the originator. Residents and their representatives stated that management of the home informs them of changes through meetings, newsletters and informal discussions.

Improvement activities include:

- Due to a recent resignation the home is currently advertising for a suitably qualified manager for their leisure and lifestyle department. The home is aiming to further improve its existing program.
- Sensory rugs have been introduced to reduce resident agitation. The rugs are placed on a resident’s knees and instead of fidgeting the resident strokes the rug.
- The creation of scrapbooks of the residents’ lives has been introduced into the arts and crafts program. The scrapbook is handed on to the family upon the passing of the resident as a permanent memento of the residents’ life.
- The home introduced a ‘men’s shed’ program where men only participate and can unwind. Activities are varied, the program aims at allowing men to express themselves in ways that may not always be possible in mixed company.
- Residents living with dementia are now offered a short bus ride to break the routine and allow them some time out to see the sights. Residents stay on the bus for reasons of security but can now participate in this type of activity which previously had been limited to more capable residents because of the length of the normal bus trips.

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 Regulatory compliance for details on the home’s overall system. Management provided examples of regulatory compliance relevant to Standard Three, resident lifestyle including a system for the mandatory reporting of resident assaults.

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

The home provides all staff with a learning and development training program to enable the maintenance and up-skilling of practices reflecting resident lifestyle. The training program addresses resident lifestyle issues, issues identified through the training needs analysis, changing resident needs and a comprehensive suite of mandatory subjects. Clinical staff confirm their satisfaction with the opportunities offered in accessing continuing education reflecting the residents' lifestyle.

Recent education opportunities that have had a major influence on staff practices and resident outcomes reflecting the residents' lifestyle include the following:

- Lifestyle and other staff completed a three day course focussing on understanding dementia.
- Privacy and dignity.
- Residents' rights.
- One staff member has commenced a lifestyle and leisure certificate course.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents' individual emotional needs and preferences are identified on entry to the home through discussion with the resident, their representative and significant others during the initial assessment process. Care plans include individualised strategies that assist the resident and staff to provide one on one emotional support to residents and family as required. Resident rooms are individualised and visitors are encouraged to participate in events. Lifestyle staff monitor residents' emotional status through participation in activities and interactions with others. Staff described examples of emotional support provided to residents on an ongoing basis and at times of need or crisis. Residents and representatives report that they are supported, happy and settled in the home.

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

Documentation demonstrated initial and ongoing assessments of residents include consideration of strategies to maximise their independence. Residents are assisted and encouraged to maintain friendships and associations outside of the home and to participate in the life of the community within. Residents are encouraged to use aids such as hearing aids, special cutlery and crockery and walking frames to maintain their mobility and independence. Residents are encouraged to participate in decisions about their physical, intellectual, spiritual and social care through regular meetings and ongoing assessments. Staff gave examples of interventions to maximise independence for example, ensuring those residents who continue to vote are able to express their democratic right through postal

votes. Residents and representatives are satisfied with the support and encouragement given by staff to enable residents to remain as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents' privacy, dignity and confidentiality wishes and preferences are identified, documented and incorporated in care plans. There are quiet indoor and outdoor areas available for use by residents and representatives. Staff practices are monitored to ensure residents' privacy and dignity is not compromised while they are being assisted with hygiene routines or when staff are discussing residents' individual care needs. Observations showed, and residents confirmed, that staff interact with residents in a supportive, consultative manner respecting their privacy and treating them with dignity. All resident files are kept in the locked nursing station or securely archived. Residents and representatives are satisfied that staff keep their personal information confidential and are appreciative of the private spaces in the home where they can relax or entertain visitors.

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

A leisure and lifestyle assessment is completed upon entry to the home in consultation with the resident and their representatives resulting in a lifestyle care plan. The care plans are reviewed regularly through the 'resident of the day' process or as a resident's condition changes. The program includes a range of activities including visiting entertainers, arts and crafts, word games, bus trips and the 'diners club' where special efforts are made to entertain a changing group of residents at dinner time. The effectiveness of the activity program in meeting individual residents' needs is evaluated by feedback from surveys, meetings and direct feedback that is documented in leisure and lifestyle activity evaluations. Minutes of meetings showed that residents are given the opportunity to suggest activities. Observations and residents/representative interviews indicated residents participate in a range of leisure activities.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' cultural, religious and spiritual beliefs are identified upon entry to the home through the assessment and care planning processes. Regular religious services are provided for residents at the home and multi-cultural events and days are conducted throughout the year. Days of religious or cultural significance for residents are included on the activities calendar and celebrated at the home. Residents and representatives stated they are satisfied with the home's response to their cultural and spiritual needs and promote activities related to their ethnic and cultural backgrounds.

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

During the entry assessment phase, detailed information about the resident's individual preferences is gained from the resident or their representative. These preferences include rising and settling times, personal hygiene practices, choices for dressing, grooming, oral and dental care, food preferences, lifestyle and leisure activities, cultural and spiritual needs and choice of general practitioner. If the resident and their representatives choose to, 'end of life/preference in treatment' wishes may be discussed and documented at this time. Residents and their representatives are provided with a comprehensive information package that clearly defines the operations of the home and the Charter of Residents' Rights and Responsibilities is on display. Surveys and feedback from meetings monitor residents' satisfaction with their choices. Residents and representatives confirm their satisfaction with the staffs' respect and opportunities for individual decision making offered to them. Residents and representatives are satisfied that their preferences and choices are acknowledged.

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

There are procedures in place to ensure that residents are informed of their rights and responsibilities, the services and goods supplied by the home and to keep residents informed of any changes particularly with respect to their tenure. Management provides residents and their representatives with a handbook, residential agreement and information brochures to assist them to settle into the home. Management describe processes for assisting residents to find alternative accommodation if the home can no longer meet the resident's needs. Residents and their representatives told the team that they had been provided with sufficient information on the conditions of the tenure, fees and their rights and responsibilities when entering 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

Please refer to Expected outcome 1.1 Continuous improvement for more details on the home’s continuous improvement system. The physical environment and safety systems are monitored through regular internal and external auditing, analysis of incident reports and resident and staff surveys, comments and complaints. Resident surveys are used to assess the level of satisfaction and also to highlight equipment or environmental needs. Actions identified for attention are included on the home’s improvement register.

Improvement activities include:

- The home has been going through a period of ‘soft’ refurbishment that has involved purchasing new flat screen televisions for resident rooms, painting inside and out and replacing the carpet. The carpet has not been done yet as management are sourcing the most suitable type for a high care facility.
- A hotel style lobby trolley has been introduced to assist residents and representatives to move luggage and small furniture items especially useful when just entering the home.
- A new labelling system has been introduced so that staff can identify the uses of the new linen skips and ensure that the proper skips are used each time.

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 Regulatory compliance for details on the home’s overall system. Management provided examples of regulatory compliance relevant to Standard four - Physical environment and safe systems including having a food safety program in place, meeting occupational health and safety requirements and compliance with fire safety regulations.

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

The home provides all staff with a learning and development training program to enable the maintenance and up-skilling of practices associated with the physical environment and safe systems. The training program addresses the physical environment and safe systems, issues identified through the training needs analysis and a comprehensive suite of mandatory subjects. Clinical staff confirm their satisfaction with the opportunities offered in accessing continuing education reflecting the physical environment and safe systems.

Recent education opportunities that have had a major influence on staff practices and resident outcomes reflecting the physical environment and safe systems include the following:

- Fire and emergency training
- Manual handling
- Infection control including hand washing
- Handling chemicals safely.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

Residents are accommodated in single rooms with en suites. Corridors are wide and have hand rails for additional resident support, communal areas are spacious and there are smaller lounges that suit entertaining resident's relatives and friends. The living environment maintains an atmosphere that is calm and not overstimulating and has well maintained gardens and courtyards. Specific doors are key padded for additional security. The home has a reactive and preventive maintenance program in place that is managed by the maintenance department. Residents and representatives confirm their satisfaction with the living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

The home conducts regular occupational health and safety meetings attended by management and workplace representatives. Minutes of meetings confirm that incidents, hazards, infection rates and training are all discussed and actioned appropriately. Documentation and staff confirmed that staff are trained in aspects of safe work practices and that environmental inspections are conducted monthly. Identified hazards are corrected through the improvement system with ongoing issues being added to the preventive maintenance schedule for control.

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 team observed that there are appropriate security measures, equipment and environmental controls to ensure the home is safe and staff well trained to combat any emergency that may arise. Fire exits are clearly marked and free of obstructions, fire detection and fire fighting equipment is accessible and maintained. External doors are controlled by key pad locks that automatically release in the event of an emergency. Smoke doors provide compartmentalisation of the home to assist in limiting the spread of a fire and in any partial evacuation. Staff confirmed they have annual training in fire and emergency. Residents and representatives stated they do not receive any instruction but are confident that staff know what to do.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program in place. Infection control policies and procedures are accessible to all staff and have been developed from evidence based practices. Staff are informed of current practices appropriate to their area of work at orientation and at other times and are provided with appropriate personal protective equipment. The home has current information to guide all staff in managing infectious outbreaks and hotel service staff have access to essential equipment to manage outbreaks. The quality manager and the hotel services manager coordinate all aspects of infection control, act as resource persons, conduct or facilitate specific education and carry out formal and random infection control and hand washing audits. Infections are monitored as they occur and data analyses of key performance indicators are reported to various meetings. The team observed care staff using correct hand washing techniques and hotel service staff demonstrating basic infection control principles in their related work areas.

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

Hotel services staff enhance all aspects of residential life and the staff's working environment. Residents and representatives are informed about catering, cleaning and laundry services offered prior to entry and in their handbook. Catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. The home has cleaning schedules that meet individual resident and service needs. Personal laundry services are provided by the home which also provides a labelling service. The home has monitoring systems in place that identify deficits throughout the general service areas. Residents and representatives confirm their satisfaction with the catering, cleaning and laundry services provided by the home.