



Standards and Accreditation Agency Ltd

Decision to accredit Wattle Glen Private Nursing Home

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

The Agency has decided that the period of accreditation of Wattle Glen Private Nursing Home is three years until 1 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: | Wattle Glen Private Nursing Home | | | | |
| RACS ID: | 4240 | | | | |
| Number of beds: | 50 | Number of high care residents: | 30 | | |
| Special needs group catered for: | Nil | | | | |
| Street/PO Box: | 45 Silvan Road | | | | |
| City: | WATTLE GLEN | State: | VIC | Postcode: | 3096 |
| Phone: | 03 9718 2267 | | Facsimile: | 03 9718 2659 | |
| Email address: | wgacf@optusnet.com.au | | | | |

Approved provider

| | |
|--------------------|--------------------------|
| Approved provider: | Belunga Nominees Pty Ltd |
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Assessment team

| | |
|------------------|----------------------------|
| Team leader: | Monica Sammon |
| Team member/s: | Jennifer Thomas |
| Date/s of audit: | 19 May 2009 to 20 May 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 |
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| Does comply |
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| Agency findings |
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| Executive summary of assessment team's report | |
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| 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 |
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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

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|--------------|----------------------------------|
| Name of Home | Wattle Glen Private Nursing Home |
| RACS ID | 4240 |

Executive summary

This is the report of a site audit of Wattle Glen Private Nursing Home 4240, 45 Silvan Road, Wattle Glen VIC 3096 from 19 May 2009 to 20 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 22 May 2009.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through the audit of the home indicates 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 Wattle Glen Private Nursing Home.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 3 support contacts 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 19 May 2009 to 20 May 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 2 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: | Monica Sammon |
| Team Member: | Jennifer Thomas |

Approved provider details

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| Approved provider: | Belunga Nominees Pty Ltd |
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Details of home

| | |
|---------------|----------------------------------|
| Name of home: | Wattle Glen Private Nursing Home |
| RACS ID: | 4240 |

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|--|-----|
| Total number of allocated places: | 50 |
| Number of residents during site audit: | 50 |
| Number of high care residents during site audit: | 30 |
| Special needs catered for: | Nil |

| | | | |
|----------------|----------------|-----------|------|
| Street/PO Box: | 45 Silvan Road | State: | VIC |
| City/Town: | Wattle Glen | Postcode: | 3096 |

| | | | |
|-----------------|-----------------------|------------|--------------|
| Phone number: | 03 9718 2267 | Facsimile: | 03 9718 2659 |
| E-mail address: | wgacf@optusnet.com.au | | |

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Wattle Glen Private Nursing Home.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 3 support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

| | Number | | Number |
|--------------------------------|--------|---|--------|
| Director of nursing | 1 | Residents | 13 |
| Registered nurses division one | 1 | Relatives | 4 |
| Registered nurses division two | 5 | Carer | 1 |
| Care staff | 6 | Laundry staff | 1 |
| Administration assistant | 1 | Cleaning staff | 1 |
| Cook | 1 | Deputy director of nursing | 1 |
| Activities assistant | 1 | Lifestyle coordinator/physiotherapy assistant | 1 |
| Physiotherapist | 1 | | |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|----------------------|--------|
| Residents' files | 15 | Medication charts | 33 |
| Summary/quick reference care plans | 15 | Personnel files | 5 |
| Resident contracts | 8 | Lifestyle care plans | 12 |

Other documents reviewed

The team also reviewed:

- Advanced care planning documentation
- Aged care certification assessment
- Agency staff quick reference guide
- Annual internal maintenance planner and sign off sheets
- Assessment for manual handling
- Behaviour assessment and management plans
- Blood sugar testing documentation and charting
- Bowel management charts
- 'Brag books'
- Chemical register
- Cleaner and chemicals folder
- Cleaning and maintenance schedule and sign off sheets
- Cleaning schedules

- Clinical audits – as per 2009 audit schedule
- Clinical competencies folder
- Comments, suggestions, complaints and compliments folder
- Computerised documentation system
- Continuous improvement register plan and forms
- Daily Director of nursing report
- Daily menu changes
- Daily shift duties lists
- Diabetic care and management plans
- Diet therapy assessments
- Dietary kitchen handover forms
- Doctors communication books
- Documents regarding “good death in residential aged care” project
- Drug register
- E tag compliance certificate and register
- Education calendar
- Education evaluation forms
- Education matrix
- Emails, bulletins, media releases from peak bodies and government departments
- Emergency evacuation folders
- Emergency procedure manual
- Essential services register and log books
- Evacuation plans
- External contracts and certificates
- External food safety audits
- Facility outbreak pack
- Falls flow chart
- Fluid balance charts
- Food register
- Food safety program and audit, checklist and sign off sheets
- Functional care plans
- Handover sheets
- Hazard alert and maintenance folder
- Incident forms
- Infection control folder
- Internal audits
- Laundry checklist
- Lifestyle coordinator activity planning calendar
- Material safety data sheets
- Medication incident forms
- Medication management folder
- Meeting schedule and minutes
- Memo folder
- Menu nutritional assessment
- Monthly facility infection review
- Monthly infection control checklist
- Nutritional risk assessment interventions
- Nutritional risk screening system folder
- Occupancy permit and essential services list
- Occupational health & safety procedures folder
- Pain management charts and care plans
- Palliative care documentation
- Palliative care scholarship letters
- Pest control service agreement
- Physiotherapy exercise plans
- Podiatry communication folder

- Police check register
- Police check review
- Policy and procedure manuals
- Pre-admission information package
- Product and ordering folder
- Progress notes on electronic system
- Recreation record sheet
- Recruitment forms
- Referrals to specialised services
- Registered nurses registration register
- Resident agreement
- Resident care needs charts
- Resident menu choices
- Resident of the day review documentation
- Residents' information package
- Residents' pre-admission information package
- Restraint authorisation and review documentation
- Risk assessments
- Risk control plans
- Role descriptions and duty lists
- Roster book
- Soiled utility room checklist
- Specialised nursing care plans
- Staff incident reports
- Staff memorandum
- Staff orientation documents and checklists
- Strategic plan 2009
- Surveys folder
- Temperature check records
- Urinary assessments and care plans
- Visitors and residents sign/out books
- Wandering residents checklist
- Warfarin therapy management plans
- Weekly activities program
- Weekly first aid box and oxygen equipment checks folder
- Weights recorded
- What to do and where to find guides
- Wound assessments and management plans
- Wound charting
- X-ray and transfer folder

Observations

The team observed the following:

- Activities in progress
- Administration of medication
- Body fluid spill kits
- Cleaners room
- Computer for resident use
- Doctors examination room
- Dressing trolleys
- Equipment and supply storage areas
- Fire and emergency equipment and signage
- Gastroenteritis and influenza kits for aged care
- Infection control equipment and signage
- Interactions between staff and residents
- Kitchen

- Laundry
- Living environment
- Mail box for residents
- Medical director electronic medication program
- Medication refrigerators/pathology collection boxes
- Mission, philosophy and objectives displayed
- Nurse call bell system in operation
- Nurses' station
- Pan room
- Physiotherapy area
- Resident meals
- Resident/relative and staff resource area and library
- Residents' bedrooms and bathrooms
- Residents' laundry
- Residents notice boards
- Staff practices
- Staff room
- Staff work areas
- Stock levels
- Storage of medications
- Suggestion box
- Utility room
- Yellow sharps containers in medication 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

Wattle Glen Aged Care Facility has a mature system of continuous improvement that is informed by inputs from the overall strategic plan, the extensive internal auditing system, staff education sessions and meetings, resident and relative meetings, incident reporting, staff and resident surveys and from comments, suggestions, complaints and compliments by staff, residents and visitors. Short term issues are actioned immediately by the director of nursing while longer term issues are placed on the continuous improvement register, which is monitored monthly by the director and deputy director of nursing. Issues are actioned according to a timeline, responsibility delegated and results evaluated. Specific staff are allocated portfolios; all staff are well informed via regular meetings and memorandums, and residents and their representatives state open communication occurs with staff and management. There is an evident culture of continuous improvement which is used to maximise residents’ personal care and lifestyle, as well as to improve management systems and provide a safe, pleasant living and working environment, with a strong sense of ownership amongst residents and staff.

Improvements that have occurred in management systems, staffing and organisational development are:

- The home has moved from paper based to online systems which has involved constant education and ongoing adoption of the software’s capabilities, in order to ensure that the systems are relevant, efficient, user friendly and provide the information required to maximise resident care.
- The online care planning system has been customised and improved by the addition of the home’s specific forms relevant to their systems. For example, in relation to their program of ‘respecting patient choices’ and veterans affairs residents.
- Management has applied for and gained a planning permit to expand the facility to enable them to accommodate people from the local geographic area.
- New staff members now enter into an ‘education agreement’ reinforcing the commitment to ongoing education. All staff members now have a ‘brag book’ in which they record all the education that they attend and these documents are reviewed during staff appraisals.
- New air mattresses have been purchased to replace the original ones in use at the home.
- In response to staff feedback, an extra shift was recently trialled and is now permanent which has increased time for documentation requirements without reducing resident care.

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 has a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required

changes to practice. Regulatory and legislative updates and best practice information are made available to the home via a legal update service, peak bodies, government departments, relevant authorities and industry specific agencies and via the purchased audiovisual education program. Changes to policies and procedures are made as appropriate, and staff are informed via online messages, memorandum and staff meeting minutes which all staff are required to sign when read. Compliance is monitored via the home's auditing systems, direct observation and sign off sheets. Staff confirmed that they are informed about changes to legislation and policies and procedures, and residents are informed about relevant changes via the resident and relative meetings, the minutes of which are posted on the notice board. Residents and their representatives were informed about the accreditation audit and there is a system in place to accurately monitor the criminal record checks of all relevant staff and contractors, and the current registration of all registered nurses.

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 has processes in place to ensure that staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. The home runs weekly education sessions from a purchased audiovisual training package, followed by staff questionnaires and discussion relating the topic to the specific needs of the facility and the residents, and any consequent improvements that can be implemented. Peak body journals and articles of interest are displayed; external education is advertised and encouraged and staff's commitment to ongoing education and attendance is reviewed during appraisals. Competencies and internal audits monitor the knowledge and skill levels of staff and procedure manuals, guidelines and flow charts outline required practices. Education sessions offered relevant to management systems include ongoing education in the use of the online care planning system; accreditation; situational leadership; care planning and documentation.

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

The home has formal and informal complaint mechanisms throughout the home that are accessible to residents, relatives, staff and visitors. Information about complaint mechanisms is communicated through the resident information book and staff orientation and via the posters and brochures displayed in the home. The residents and their representatives are surveyed annually and residents confirm that they feel comfortable to speak up at the meetings or to approach management with any concerns they have. 'Comment, suggestion, complaint and compliment' forms are accessible to all; however complaints are very few with residents stating that they have no need to complain. Complaints are dealt with confidentially and in a timely manner, and staff are aware of the mechanisms to assist residents or relatives with making comments or complaints.

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 and displayed their mission, philosophy and objectives. These documents are included in information packages given to residents and their representatives and to staff at orientation. The mission, philosophy and objectives are reviewed with input from all stakeholders. The facility demonstrates its commitment to quality through its strategic planning processes, the active continuous improvement system and the provision of resources that provide quality outcomes for residents.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has systems in place to ensure that there are appropriately skilled and sufficient staff employed for delivery of safe care to residents. Staff have role descriptions and detailed duty lists; have adequate and appropriate supervision and undergo annual appraisals. All nursing and care staff complete competencies in medication administration and have access to the education program, many staff have attended external further education, and a range of specialist services are available. The recruitment process targets specific skills; new staff have a comprehensive orientation process and the home maintains a casual bank of employees and nominates specific agency staff when required, who also undergo specific orientation. Records of staff qualification, further education, professional registration and police record checks are maintained. Residents and relatives spoke very highly of the staff, noting the prompt care and attention they receive and in some cases stating that "the staff are like family".

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

Staff in all areas of the home confirmed that the home has appropriate levels of supplies and equipment, and residents and their relatives state that adequate goods and equipment are provided, and maintained in good condition for their care. Staff have input into the purchase and trials of new equipment, and residents are also consulted regarding the purchase of furniture to suit their needs. There are efficient systems in place for ordering, storage, rotation and monitoring of expiry dates in all areas of the home. Equipment used by both staff and residents is well maintained via monitored preventative and reactive maintenance systems, and staff stated that all maintenance requests are actioned promptly.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff can demonstrate they have access to information to assist them to perform their roles and provide care to residents. Management information is disseminated through informal discussions, staff meetings, resident/ relative meetings, on noticeboards, through staff memorandums and online messages. Upcoming events and other general information are displayed around the home. Documentation is stored securely, accessed only by appropriate staff and archived as required. Staff stated that management provides them with current and relevant information to support their roles.

Residents and representatives said they are very satisfied with how information is made available to them around the home.

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

External providers provide services according to the needs of the residents and the necessary goods required for health and hospitality provisions. Service agreements are in place for regular suppliers of goods and services to the home, and health care providers provide evidence of qualifications, insurance and police checks. Tradespeople report to administration on arrival, are accompanied to the work area and care staff informed of their presence. Agreements are reviewed in response to resident and staff feedback, response time and cost comparisons. Staff and residents state that they are satisfied with the services provided by external contractors at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has an active system of continuous improvement. For further details see expected outcome 1.1. Some recent improvements made in relation to residents health and personal care are:

- The home has an established program of 'respecting patient choices' This has recently been complemented by three staff completing training in palliative care to enable all residents to be palliated at the home if that is their choice. The home has recently been accepted into a university project entitled “Good death in residential aged care – best practice medication management.”
- To reduce falls and injuries from falls, the home has purchased sensor mats and crash mats.
- To prevent hip fractures from falls, the home is attempting to build a culture amongst the residents of wearing hip protectors. This is discussed at both pre admission and on entry to the home and the doctor advocates their use. There is new signage inside the resident's wardrobe to remind staff to apply the hip protectors which are stored in a distinctive bag.
- In order to reduce skin tears, the home has purchased more limb protectors for those residents requiring them.
- In order to ensure close monitoring of pain management, paper based documentation of pain management was reintroduced to highlight the frequency of 'as needed' medication for pain.
- Funding was applied for and gained to provide massage therapy which is proving to be very popular and beneficial to the residents.

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 a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details, see expected outcome 1.2. The home complies with medication management regulations and guidelines, and a division one registered nurse oversees the care of all high care residents, and specialised nursing care procedures.

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 has processes in place to ensure that staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details see expected outcome 1.3. Education sessions offered relevant to resident health and personal care are pain management; dementia, depression and delirium; the ageing process; falls prevention; pharmacology; bowel management; medication administration; ulceration; oral hygiene; palliative care; use of hearing aids, blood pressure and respiratory devices and responding to behaviours. Some staff have attended external courses in palliative care, continence and wound management, massage, non pharmacological pain management and management of chronic pain.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has processes and procedures in place to ensure residents receive appropriate clinical care according to their assessed needs and preferences. Staff record on the online resident progress notes all clinical reviews, any follow up required and referrals to specialised health services as needed or preferred by the resident. Registered nurses division one and medication endorsed division two are involved in all facets of care and in the regular review and clinical care evaluation processes. Staff are able to demonstrate they have knowledge of the appropriate clinical care required by residents. Resident and representative feedback was positive regarding the clinical care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Registered nurses divisions one and two supervise, monitor and evaluate the specialised care needs of residents supported by personal care staff. Care plans are implemented and contain additional information for staff to assist them to deliver current care to residents. Staff have access to external consultants and stated they have attended education on specialised care topics such as wound care and diabetes management. Residents with diabetes have reportable levels recorded on their management plans. The team reviewed these plans and found them to be current and completed. Residents stated their satisfaction with the specialised care provided.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has a number of other health and related services that are accessed according to residents’ needs and preferences. Services accessed include dietitian, speech pathology, wound management consultant and palliative care team. These services are available either internally or externally and progress notes document referrals to external services. Residents and representatives confirm they receive these services and are consulted before an appointment is made and are kept informed of the outcomes of any reviews by health specialists.

2.7 Medication management

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

Team's recommendation

Does comply

The home has processes and procedures in place to ensure residents receive medications that are ordered, stored, administered, documented and disposed of safely and correctly. Staff administering medication sign the medication charts which are audited weekly. Registered nurses division one and medication endorsed or medication competent division two nurses and medication competent personal care staff administer medication from a blister pack system. The consultant pharmacist, a resident representative and general practitioner are members of the medication advisory committee. Staff stated they have medication competencies completed and attend medication management education. The team observed safe storage and administration of medication. Residents and representatives expressed satisfaction with their medication management.

2.8 Pain management

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

Team's recommendation

Does comply

All residents have an initial pain assessment undertaken using a specific pain assessment tool. A pain management care plan is developed with interventions documented to assist staff to effectively manage resident pain. Resident progress notes confirm staff attend promptly to resident's requests for pain relief. Analgesics and non-medication strategies are offered. Staff evaluate the effectiveness of pain relief and contact the doctor if current orders are not effective. Pain management education is provided for staff. A massage therapist is available to assist residents as part of their pain management plan. Resident and representative feedback indicated satisfaction with how pain is managed in the home.

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 offers residents and representatives a robust program called 'Respecting Patient Choices.' Six staff have completed the course and are available to discuss and record residents end of life wishes and preferences. Advanced care directives are in place for residents who choose to complete these forms. When a resident requires palliative care a review of their care plan is undertaken and changes made to accommodate the changing needs of the resident. Individual palliative care programs are implemented taking into account the religious and cultural needs of the resident. Resident and representative wishes are respected and residents are supported to remain at the home through all the stages of palliative care. Staff confirmed they attend palliative care education and are aware of the special needs that are required at this time for residents and representatives. The home has a room that is available for quiet contemplation for representatives.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

On entry to the home residents have an assessment undertaken and staff document information relating to their dietary likes, dislikes, allergies and preferences. This

information is recorded on their care plan and sent to the kitchen so residents receive the meals and drinks they have requested. Residents are weighed regularly and if weight loss is identified the doctor and dietitian are notified, the dietitian reviews the resident and may recommend that additional food and/or fluid supplements are given and the resident's weight closely monitored. The team observed resident's meals and noted staff sitting and assisting residents to eat and drink. Residents and representatives' comments in relation to the meals were that they have input into menu and they can ask for extra food and snacks at any time.

2.11 Skin care

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

Team's recommendation

Does comply

Resident files reviewed contained skin integrity assessments, and detailed care plans to assist staff to maintain and protect resident's skin using creams and protective devices. When impairment to the skin integrity occurs wound management strategies are implemented. There are wound dressing guidelines for staff when providing wound care and a wound consultant can be accessed as required. Staff attend education on wound and skin care and said they always have adequate supplies to enable wound dressings and skin care to be provided as required. The team observed residents to have clean skin. Residents stated they are satisfied with the skin care they receive.

2.12 Contenance management

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

Team's recommendation

Does comply

On entry to the home residents have continence assessments that identify the level of their urinary/bowel continence. If a continence management plan is required staff develop and implement an effective plan for each resident, using the information gathered during the assessment period. The deputy director of nursing is responsible for ordering continence aids, and staff stated that there are always adequate supplies of aids available for resident use. Staff attend education on continence management and offer support and advice to residents on the most suitable continence aids to use. Throughout the visit staff were observed disposing of continence aids discretely. Each continence management plan is evaluated and changes made to continence aids as necessary. Residents and representatives stated they are satisfied with the continence management provided by staff.

2.13 Behavioural management

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

Team's recommendation

Does comply

On entry to the home residents are comprehensively assessed for any challenging behaviours. If behaviours are identified a detailed behaviour management plan is implemented. Staff can access a local psychiatric team for advice and strategies to manage challenging behaviours, and the team saw evidence of this information being incorporated into resident care plans. There are residents with restraint authorisation forms in place, and staff said discussions with family take place when any decisions regarding restraint are made. Staff have attended behaviour management education. Residents and representatives said the overall atmosphere of the home was quiet and said if there were any behavioural outbursts from other residents staff attended promptly.

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 have their mobility and dexterity status assessed by the physiotherapist on entry to the home. Care plans are developed and detail the number of staff and equipment required when assisting residents to transfer and mobilise safely. Many of the residents have individual exercise plans implemented by the physiotherapist and carried out one-on-one by the physiotherapist assistant and/or care staff. The home has a separate physiotherapy room. Staff are offered education that incorporates mandatory manual handling and falls prevention. The team observed residents being assisted to mobilise using mobility aids. Residents said they attend exercises and appreciate the assistance given to them by staff to remain as mobile and as physically active as possible.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has processes in place for the assessment, planning and review of residents’ oral and dental needs and to identify when referrals to dental allied health practitioners is required. Residents have access to a visiting domiciliary dental service and a dental technician. Staff attend education on oral and dental care. Residents and representatives informed the team that the oral and dental care provided is satisfactory and said residents do have access to external dental services.

2.16 Sensory loss

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

Team’s recommendation

Does comply

At the time of entry residents undergo vision, hearing and comprehension assessments. A sensory needs care plan is developed for each resident outlining the assistance required to maintain sensory aids. Staff said external services are available for testing resident’s sensory losses as required. Residents stated they would ask the director of nursing if they wanted an appointment. Representatives said they can choose to take the resident to see their own specialists if they so wish.

2.17 Sleep

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

Team’s recommendation

Does comply

Sleep and settling routines are assessed on entry to the home and recorded on the residents care plan. The team noted individual strategies recorded on the sleep care plans including times to wake up and to go to bed. Particular preferences are recorded and staff said they are aware of these. Residents commented that staff assist them to achieve a natural sleep by maintaining a quiet environment and offering medication, hot drinks and snacks if restless 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 an active system of continuous improvement. For further details see expected outcome 1.1. Some recent improvements made in relation to resident lifestyle include:

- A rock and roll dance was held for the residents who have provided very positive feedback. Consequently, similar events are now being planned as a permanent part of the activities calendar.
- A reading group has been introduced to complement the sundowners program held for specific residents.
- Residents now participate in a regular bowling competition which is very popular.
- A multi lingual activities assistant has been appointed to improve communication opportunities for some of the residents with varied cultural backgrounds.
- In response to decreasing relative attendance at the residents and relatives meetings, the time was successfully changed to allow more relatives to attend.

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 a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details, see expected outcome 1.2. Residents and relatives are provided with a resident agreement and an information book which details information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy information. Staff confirmed they receive information and training opportunities related to privacy, elder abuse, mandatory reporting responsibilities and residents’ rights.

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 has processes in place to ensure that staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details see expected outcome 1.3. Education sessions offered relevant to resident lifestyle are personalised lifestyle programming and residents rights and all staff have compulsory training in elder abuse. The activities director attended a cultural care conference and education in complimentary therapies.

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

Entries in progress notes confirm that staff provide residents and representatives with initial and ongoing emotional support. Surveys and audits are undertaken to ensure resident satisfaction with the level of emotional support given to them. Staff could demonstrate that they have a comprehensive understanding of individual residents' emotional needs, and residents spoke very highly of the way the staff interact with them and spend one on one time with them, and noted their appreciation. Staff were observed speaking in a familiar yet respectful manner with residents, some of whom remarked that "it is more than just a job for them".

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

Initial assessments undertaken provide staff with information that assists them to determine and meet resident's needs in relation to their specific interests and to maintain family and community contacts. Audits are undertaken to review resident preferences and to ensure that each resident is assisted to be as independent as possible. Residents stated they attend the lifestyle meetings with minutes confirming resident suggestions and comments about the home's processes and the care provided. Residents and representatives are also invited to join other committees within the home, such as the medication advisory committee. Residents said that they are encouraged and assisted to attend these meetings and state they are given every opportunity to remain independent.

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 and representatives are provided with information on privacy, dignity and confidentiality in the home. Residents have lockable cupboards in their rooms and some residents said they use these daily. Staff are reminded of the special need to maintain privacy and dignity for residents in all areas of the home and during provision of care. Resident information is stored in a separate area accessible by staff only. Residents stated they are extremely satisfied with the manner in which the home supports their privacy, dignity and maintains their confidentiality.

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 lifestyle program offers a wide range of activities for residents that reflect the needs, interests and capabilities of each resident. Residents have a lifestyle care plan that includes their group and one on one activity preferences. Staff complete a daily recreation

record sheet for each resident to ensure all residents are included in the program. Following a request from residents, staff organised a fund raising pancake afternoon tea. Residents stated that they were pleased they could support a charity of their choice. Regular bus trips are a popular part of the program. Residents and representatives expressed great satisfaction with the activities provided, and singled out the lifestyle staff for recommendation.

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 has processes in place that identifies the individual cultural and spiritual needs of residents. Resident and staff interviews indicated that residents are encouraged to participate in activities that fulfil their spiritual and cultural needs and preferences. The home currently has predominately English speaking residents, however there are staff who speak other languages when required. Specific church and pastoral care visits are organised by the lifestyle staff in response to identified resident needs. Staff have access to ethnic and culturally specific information and community contacts if required. Residents reported satisfaction with the way their cultural and spiritual needs are met.

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' preferences for daily living activities including lifestyle and care choices are known by staff and respected. Residents are able to choose activities they wish to attend and the care they want provided. Food likes and dislikes are recorded and residents confirm they receive the meals they request. Residents and representatives confirmed that staff are responsive to any requests and commented that they are able to attend meetings to provide feedback to management. Newsletters are distributed and noticeboards display relevant information relating to resident choice, rights and responsibilities.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents have secure tenure at the home and they and their representatives confirm that their rights and responsibilities are explained at pre-admission and on entry to the home, via personal interview and an information pack which is also permanently displayed on the residents' notice board. The resident agreement documents security of tenure, residents' rights and responsibilities, complaints mechanisms, privacy considerations and the care and services provided at the home. Residents remain informed via the residents and relatives meetings, and by direct communication with management.

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 an active system of continuous improvement. For further details see expected outcome 1.1. Some recent improvements made in relation to the physical environment and safe systems are:

- In order to ensure the attention of staff, residents and visitors to signs regarding infection control procedures, the signs are brightly coloured and continuously changed.
- An emergency box containing several torches and large battery supply is now available if a black out occurred.
- Residents are now asked to suggest favourite recipes.
- Cleaning schedules have been altered in response to some resident feedback regarding dusty areas, and new dusting cloths are being trialled to improve cleanliness and reduce cost from disposable cloths
- A new upright freezer has been purchased for the kitchen. Staff no longer have to bend over and the freezer has a larger capacity.
- The residents’ living environment has been improved by the purchase of outdoor furniture.

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

The home has a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details, see expected outcome 1.2. The home has an audited food safety plan in place, complies with occupational health and safety guidelines, emergency and fire safety regulations and has effective infection control plans and procedures.

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 has processes in place to ensure that staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details see expected outcome 1.3. All staff have compulsory training in fire, emergency and evacuation, manual handling and infection control, and relevant staff have compulsory training in food safety and chemical handling. The deputy director of nursing has attended workcover training in return to work procedures and a member of the staff stress management committee attended an external workshop in stress management.

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

Wattle Glen has mainly single rooms with ensuites, with some double rooms and shared ensuites. Residents' bedrooms and bathrooms are spacious, functional and attractively furnished with call bells within reach. There are two dining rooms and several lounge and seating areas with views of the surrounding woodlands, plus outdoor courtyards which are attractively and comfortably furnished to suit the residents' needs. The total facility is air conditioned and heated, clean and well maintained with wide corridors and handrails. The outside areas are secure with a safe walking path. Security, fire and emergency systems are in place, and the internal audits and maintenance programs ensure that potential hazards are identified and addressed. Wattle Glen is quiet and calm with a pleasant friendly ambience and residents state that they feel safe, secure and happy within their home.

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

Staff confirmed that management provide a safe working environment. There is an occupational health and safety committee which meets six monthly and there is regular assessment and reporting of risks and hazards via the home's extensive auditing systems and risk control plans. There is a thorough scheduled preventative maintenance program and a prompt response to maintenance issues as they arise. Staff confirmed they receive training in manual handling, chemical and equipment safety and infection control, that they report incidents and hazards and that management respond appropriately to staff injuries, including providing a return to work plan. The home has a "stress committee" which offers supports during times of difficulties and is valued by the staff members.

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

There are current systems in place at the home to minimise the risk of fire, security breaches and other emergencies. The home is surrounded by bush and compulsory annual fire and emergency training is held with the Country Fire Authority who review all procedures and update as required. Staff confirmed that they recently reviewed emergency procedures during recent bush fire threats. Emergency procedure manuals and colour coded instructions are accessible and an emergency evacuation folder lists all residents and their mobility requirements and is updated when there is a change in residents. All fire prevention and fighting equipment is maintained according to the home's essential services preventative maintenance schedule and all electrical equipment is tested and tagged by an external contractor annually. Exits are clearly marked and free from obstruction and the home has appropriate signage regarding evacuation and assembly points. The home has a no smoking policy, with a specified smoking area outside for staff and at this time there are no residents who smoke.

4.7 Infection control

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

Team's recommendation

Does comply

There is an effective infection control program in place at the home. Staff confirmed that education is provided in infection control and outbreak procedures, and infection control audits are completed monthly with recommendations actioned. Personal protective equipment and adequate hand washing and disinfection facilities are available, and staff in all areas of the home were observed to be using safe practices. There is an audited food safety plan in place; sharps containers are available where required and there are gastroenteritis outbreak and blood spills kits available for use. Flu vaccination is made available to all residents and staff and a nominated infection control nurse collects data on residents' infections, reviews for trends monthly, makes recommendations and reports to the staff meetings and director of nursing.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents are provided with hospitality services in accordance with their preferences and needs and within a safe work environment for staff. All food is freshly prepared on site. The cook is provided with relevant information regarding the residents' allergies, likes, dislikes, portion size, special dietary requirements and the recommended food consistency, and catering staff have the skills necessary to manage any special dietary needs and hold safe food handling certificates. The kitchen has a food safety plan and is independently audited. Residents provide feedback to the caterers via the home's comments and complaints forms, resident and relative meetings and by speaking directly with the cook who consults residents regularly. The menus are rotated four weekly and annually reviewed by a dietician who has also provided education to the catering staff in monitoring nutritional value. Special meals are prepared for days of significance or theme days and residents are invited to suggest favourite recipes. Residents are served and assisted with their meals in a dignified and respectful manner and they express great satisfaction with the meals provided to them.

Cleaning and laundry services are provided according to a schedule and signed off duty lists. Equipment is monitored and maintained, an auditing system reviews cleaning and laundry practices, and staff are trained in infection control, including the use of personal protective equipment, chemical handling and in respecting residents' privacy and dignity. All linen, cleaning materials and residents' personal clothing is laundered on site; missing clothing is traced and unlabelled clothing labelled. Residents and their relatives are complimentary of the cleaning and laundry services provided to them.