



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Wellington Park Private Care

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

The Agency has decided that the period of accreditation of Wellington Park Private Care is three years until 11 September 2013.

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:		Wellington Park Private Care			
RACS ID:		5362			
Number of beds:		94	Number of high care residents:		44
Special needs group catered for:			<ul style="list-style-type: none"> • Dementia and related disorders 		
Street/PO Box:		16 Balmoral Street			
City:	WELLINGTON POINT	State:	QLD	Postcode:	4160
Phone:		07 3822 1876		Facsimile:	07 3207 2147
Email address:		kburns@superiorcare.com.au			
Approved provider					
Approved provider:		Superior Care Group Pty Ltd			
Assessment team					
Team leader:		Mary Allen			
Team member/s:		Sandra Henry			
Date/s of audit:		21 June 2010 to 23 June 2010			

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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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Wellington Park Private Care
RACS ID	5362

Executive summary

This is the report of a site audit of Wellington Park Private Care 5362 16 Balmoral Street WELLINGTON POINT QLD from 21 June 2010 to 23 June 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Wellington Park Private Care.

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 21 June 2010 to 23 June 2010.

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:	Mary Allen
Team member/s:	Sandra Henry

Approved provider details

Approved provider:	Superior Care Group Pty Ltd
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Details of home

Name of home:	Wellington Park Private Care
RACS ID:	5362

Total number of allocated places:	94
Number of residents during site audit:	82
Number of high care residents during site audit:	44
Special needs catered for:	Dementia and related disorders

Street/PO Box:	16 Balmoral Street	State:	QLD
City/Town:	WELLINGTON POINT	Postcode:	4160
Phone number:	07 3822 1876	Facsimile:	07 3207 2147
E-mail address:	kburns@superiorcare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Wellington Park Private Care.

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.

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 three days on-site and gathered information from the following:

Interviews

	Number		Number
Head of operations	1	Head of care	1
Registered nurses	5	Residents/representatives	14
Assistants in nursing	4	Volunteers	2
Head of hotel services	1	Physiotherapist	1
Office manager	1	Laundry staff	1
Catering staff	2	Cleaning staff	2
Podiatrist	1	Lifestyle coordinator	1
Counsellor	1	Lifestyle assistant	1
Maintenance officer	1		

Sampled documents

	Number		Number
Residents' files	9	Medication charts	12
Summary/quick reference care plans	9	Personnel files	9
Residential agreements	9		

Other documents reviewed

The team also reviewed:

- Abuse of older people policy
- Advance care plans
- Annual audit schedules 2010
- Annual pharmacy medication review
- Application/check-in form
- Audit summaries
- Automatic fire detection and alarm systems maintenance log book

- Birthday list
- Blood sugar level charts
- Bowel management program
- Buildings - management policy
- Chemical risk assessment worksheet
- Chief fire warden procedure
- Cleaning duties, procedures and schedules
- Communication diaries
- Complaints register
- Contact phone numbers
- Continuous improvement forms
- Critical incident debriefing
- Daily time sheets
- Delivery worksheet of unsatisfactory goods
- Disaster management plan incorporating emergency evacuation procedures and business contingency plan 2010
- Dispute resolution, comments, suggestions or complaints
- Education attendance and evaluation forms
- Equipment breakdown record
- Evacuation transfer forms
- Event records
- Fire protection components inspection list and preventative maintenance log book
- Food and equipment temperature checks
- Food safety program
- Hazard analysis – monitoring and control
- Hazard and incident reporting
- Hazard risk assessment register
- Hazard risk assessments
- Human resource management policies
- Improvement reports
- Improvement request forms
- Inventory and equipment policy
- Job routines
- Maintenance request form
- Mandatory reporting assaults of older people
- Material safety data sheets
- Memo folder
- Memorandum compliance forms
- Menu assessment
- Mission, philosophy, objectives statements
- Open door policy
- Outbreak management flowchart
- Pain assessment form
- Palliative care brochures
- Palliative care manual
- Pet care plans
- Physio care plans
- Policy and procedure manuals
- Position descriptions
- Relative news
- Resident diabetic list
- Resident family meal request form
- Resident handbook

- Residents' medication reviews
- Residents' diet plans
- Residents' meeting minutes
- Restraint policy
- Schedule 8 drug register
- Staff compliance 2010
- Staff handbook
- Staff news
- Temperature control flow chart
- Temperature records
- Treatment folders
- Visitors book
- Waste management control sheets

Observations

The team observed the following:

- Activities in progress
- Certificate of Accreditation
- Charter of residents' rights and responsibilities
- Cleaners' trolleys
- Colour coded kitchen, laundry and cleaning equipment
- Contractors and volunteers sign in book
- Daily activity plans
- Equipment and supply storage areas
- Evacuation plans
- Fire fighting equipment
- Function and activities rooms
- Hairdressing salons
- Hand washing stations
- Interactions between staff and residents
- Laundry operations
- Living environment
- Locked chemical waste disposal unit
- Meal service
- Medication rounds
- Resident and staff notice boards
- Resident condolence offerings folder
- Residents' personalised rooms
- Sharps containers
- Storage of medications
- Weekly activities program on display
- Welcoming pack of toiletries (new residents)

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

Wellington Park Private Care (the home) actively pursues continuous improvement in the four accreditation standards by involving key stakeholders in the process of identifying opportunities for improvement using improvement request forms, resident/relative feedback, meetings, comments and complaints, surveys and audits. The head of operations assisted by senior staff oversees the continuous improvement process; feedback is provided to initiators of improvements through newsletters, progress reports, memoranda and personal communication and where applicable policies and procedures are updated. The continuous improvement cycle is monitored and reviewed on a monthly basis by the head of operations. Stakeholders expressed satisfaction with management’s responsiveness to suggested improvements and improvement outcomes.

Examples of improvements achieved in Standard One include, but are not limited to:

- A casual registered nurse identified areas for improvement to enhance the information made available at handover. As a result, registered nurses were encouraged to provide feedback on a revised form which has been introduced with positive feedback received from casual and agency staff.
- Following a review by management of information sharing with relatives a pre-interview check in list which incorporates relevant information relating to the resident’s care needs and wishes has been implemented. The checklist ensures relevant resident information is obtained and care planning can commence immediately and where necessary allied health professionals can be contacted.
- A master education package has been developed for use with commencing staff which incorporates compulsory education and DVDs. The package enables staff to be more independent with managing their own education.
- In order to improve information sharing with relatives the newsletter has been updated to not only include news from the lifestyle staff but to also include more detailed information relating to the care provided by the home. Three newsletters have been sent to relatives and have resulted in positive feedback from the recipients.

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 service agreements with a range of external providers, including Aged Care Queensland and subscribes to relevant professional publications, to identify and ensure

compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Changes to legislation, regulations and standards are monitored and the home ensures relevant staff are informed of changes through memos, the staff newsletter and communication books, and policies are updated to reflect changes. Commencing staff are made aware of regulatory compliance requirements through the home's orientation process, provision of information and training. Audits are conducted to monitor staff compliance with legislative requirements; staff are familiar with how regulatory changes are communicated and have appropriate knowledge of the home's policies and procedures. There is a system in place to ensure staff, volunteers and relevant contractors have current criminal record 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 ensures management and staff have appropriate knowledge and skills to perform their roles effectively by using a standardised approach to develop relevant position descriptions and to identify required qualifications and competencies for positions. All new staff receive orientation; the induction process includes buddy shifts and assessment of mandatory competencies. Staff confirm they receive orientation including training and buddy shifts when commencing employment with the home; annual mandatory training is completed by staff and a flexible delivery mode is used to provide education. Education needs of staff are identified using a training needs analysis and individual education/training needs are also identified as a result of reviews of staff practice. When new residents enter the home staff education is updated to meet individual resident care needs.

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's comments and complaints processes are discussed during the admission process, at resident meetings, and are documented in the residents' handbook. Brochures are on display at the entrances to the home regarding external complaints processes. An 'open door' policy is maintained by management; residents, relatives, staff and other stakeholders have access to verbal and written avenues to make comments, complaints and compliments to staff. The monthly resident and relatives meeting provides a forum for a discussion of issues with meeting minutes being forwarded to management for action. Staff are aware of the complaints mechanisms available for residents and confirm their role should an issue be raised directly with them. The head of operations acknowledges and investigates all complaints and ensures a response is provided; ongoing monitoring of resident satisfaction is conducted through audits, surveys and meetings. Residents and/or their representatives confirm knowledge of the complaints mechanisms available to them and are satisfied that management address issues of concern when raised.

1.5 Planning and leadership

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

Team's recommendation

Does comply

Wellington Park Private Care has documented the residential care service's, mission, care philosophy, objectives and commitment to quality through displays in the home and documentation in staff and resident handbooks. The home's policies are consistent with its mission, care philosophy and objectives. During the orientation process new staff become familiar with the home's commitment to providing quality care for residents and ongoing staff commitment to the home's philosophy and objectives is monitored by management.

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 a formal recruitment system that includes internal/external advertising, interviews, appointment and orientation of staff. Criminal record checks, evidence of qualifications and registration checks form part of the recruitment process. Residents' changing care needs, clinical indicators, staff availability and skill mix and audit results are monitored and form the basis for each shift. Ongoing education ensures staff members are aware of the requirements of their positions and changing resident care needs. A range of strategies are used to manage staff performance including monitoring performance during the probationary period, performance appraisals and supervision of staff. The home uses a range of incentives to enhance staff satisfaction, retention and productivity. Residents/representatives are satisfied with the responsiveness of staff and the care they receive.

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 systems and processes in place to ensure stocks of appropriate goods and equipment are available for residents and staff. Staff provide input into the purchase of goods and equipment; staff satisfaction with service providers is audited and goods are checked on delivery by approved staff. A maintenance plan is in place which incorporates preventive maintenance and monitoring of equipment. Perishable goods are rotated and monitored for expiry. Faulty equipment is taken out of service for repair and goods that do not meet the quality requirements of the home are returned to suppliers. Staff complete competency assessments prior to using new equipment and staff reported there is sufficient equipment and supplies to enable them to meet resident needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place and management and staff have access to accurate and appropriate information to help them perform their roles. Resident and staff information is managed in a secure and confidential manner; restricted access is provided to secure areas and relevant staff are provided with electronic passwords to access computers. Appropriate back-up systems are in place to prevent the loss of information and storage of information is updated on a daily basis. The home has a system in place to securely store and where necessary retrieve archived information. Residents/representatives and staff are satisfied that the home's communication processes keep them informed about care being provided and about the current and future activities of 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 services are sourced in a way that meets the home's needs and quality goals. Service agreements are signed with regular suppliers and contractors and their performance is routinely evaluated by the home to ensure the home's requirements are being met. The evaluation process also includes resident/representative and heads of department and staff feedback. Service agreements incorporate quality expectations and service expectations that are to be met by the service provider. Contractors visiting the home have police checks, complete an induction procedure and/or are supervised by staff, sign in and out and meet relevant safety standards. Residents and staff confirm they are satisfied with the provision of external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home actively pursues continuous improvement in the four accreditation standards by involving key stakeholders in the process of identifying opportunities for improvement using improvement request forms, resident/relative feedback, meetings, comments and complaints, surveys and audits. The head of operations assisted by senior staff oversees the continuous improvement process; feedback is provided to initiators of improvements through newsletters, progress reports, memoranda and personal communication and where applicable policies and procedures are updated. The continuous improvement cycle is monitored and reviewed on a monthly basis by the head of operations. Stakeholders expressed satisfaction with management's responsiveness to suggested improvements and improvement outcomes.

Examples of improvements achieved in Standard Two include, but are not limited to:

- In response to the difficulty experienced by management to arrange family conferences, a review report to record current information relating to individual residents has been developed and is mailed to families. Preparing the reports has also enabled management to audit resident documentation for consistency and completion, and families particularly those unable to visit the home, receive up to date information relating to their resident. Positive feedback regarding this initiative has been received from family members.
- Following a facility audit which identified incomplete sensory assessments for residents a redesigned format for recording the information has been introduced. This has enabled clinical staff to monitor and rectify deficiencies in information relating to individual residents.
- In response to an identified increase in the use of aperients with residents, registered staff suggested the introduction of fruit for morning tea on three days a week to replace cakes. As a result of the initiative staff report a marked decrease in residents requiring aperients.
- A review of resident care needs has resulted in an increase of physiotherapist hours by four hours per week resulting in more sessions for individual 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 service agreements with a range of external providers, including Aged Care Queensland and subscribes to relevant professional publications, to identify and ensure

compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Changes to legislation, regulations and standards are monitored and the home ensures relevant staff are informed of changes through memos, the staff newsletter and communication books and policies are updated to reflect changes. Commencing staff are made aware of regulatory compliance requirements through the home's orientation process, provision of information and training. Audits are conducted to monitor staff compliance with legislative requirements; staff are familiar with how regulatory changes are communicated and have appropriate knowledge of the home's policies and procedures. The home has a system in place to ensure qualified staff provide clinical and specialised nursing care.

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 ensures management and staff have appropriate knowledge and skills to perform their roles effectively by using a standardised approach to develop relevant position descriptions and to identify required qualifications and competencies for positions. All new staff receive orientation; the induction process includes buddy shifts and assessment of mandatory competencies. Staff confirm they receive orientation including training and buddy shifts when commencing employment with the home; annual mandatory training is completed by staff and a flexible delivery mode is used to provide education. Education needs of staff are identified using a training needs analysis and individual education/training needs are also identified as a result of reviews of staff practice. When new residents enter the home, staff education is updated to meet individual resident care needs. Management and staff have the knowledge and skills required for effective performance in relation to health and personal care of residents.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents' clinical care needs are assessed on admission based on information provided through discharge summaries, medical and allied health reports and residents and/or relatives input during the pre check-in interview; this information forms the basis for the formulation of the interim care plan. Care staff complete daily reports and focus assessments during the initial weeks and registered nurses in consultation with residents and their representatives implement a care plan based on the outcomes of these assessments. Resident care needs are communicated to staff through reference to care plans; shift handover processes and other clinical documentation. The effectiveness of the system and process for supporting effective clinical care is monitored through the internal audit system and resident and representative feedback. Residents/representatives reported satisfaction with the consultation and information giving processes, and the way care is delivered.

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

Residents with specialised nursing care needs are identified either on admission or when health status changes and their needs are assessed in consultation with the resident, their representatives and relevant members of the health care team. A registered nurse is rostered twenty four hours a day to assess and meet residents’ specialised nursing care requirements. Types of specialised care currently provided include catheter care, management of residents with diabetes mellitus requiring regular blood glucose monitoring, oxygen therapy and complex wound management. The home has access to external nursing services to support the provision of specialised nursing care, if required. Care strategies are developed and recorded within care and treatment plans, and implemented care is regularly evaluated. Appropriate equipment and adequate stock levels are available to enable care and treatment to be provided effectively. Residents/representatives reported satisfaction with the care provided.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Where residents’ health care needs require the attention of allied health specialists referrals are made to providers who either visit the home or staff assist in organising and coordinating external appointments. The home maintains processes to ensure that referrals are made in consultation with residents/representatives and their preferences noted. Visiting health specialists document results of consultations, examinations, assessments and recommended courses of treatment. Health and related services including dietetics, speech therapy, physiotherapy, optometry, audiology, and dental services are accessed by residents as required. Residents report they are satisfied with their access and referral to external health specialists when the need arises.

2.7 Medication management

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

Team’s recommendation

Does comply

Medications policies and procedures are documented and made available to staff and the home maintains a multi-dose sachet packaged medication system for the management of scheduled medication. Registered nurses and assistants in nursing who have undergone competency training assist residents to take their medications. Information about the time and frequency of medications, alerts about medications not packed within the medication sachets is communicated effectively to staff to facilitate continuity of care and to ensure that residents receive their medications as prescribed. All medications are either stored in locked trolleys, cupboards or refrigerators when not in use and controlled drugs are housed in locked safes and accessed by appropriately qualified clinical staff. Processes are in place for checking by registered nurses and management and records are kept in accordance with State regulatory authorities’ requirements; those medications required to be kept within

specific temperature range are stored appropriately. Where medication incidents/errors occur, a reporting process is in place to capture and analyse episodes for causal factors/triggers and action is taken accordingly. The residents' general practitioners regularly review residents' medications and external pharmaceutical reviews are undertaken. Residents/representatives confirmed satisfaction with the way in which their medications are managed and the assistance provided by staff.

2.8 Pain management

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

Team's recommendation

Does comply

Residents with pain are identified and factors contributing to pain are assessed and referrals for medical assessment are initiated as needed. A variety of pain management strategies are available for residents including pharmacological and non pharmacological interventions; oral analgesia, sub-cutaneous infusions, massage, repositioning, pressure relieving devices and hot and cold applications. Staff outlined pain management strategies for individual residents, care and treatment plans and progress notes entries show that action is taken in response to residents' reports of pain and the effectiveness of pain management strategies is regularly reviewed. Pain is discussed in the annual resident care progress reports made available to relatives, including information about the type and characteristics of pain experienced and the effectiveness of measures used to relieve any pain experiences. Residents report that their pain is managed effectively.

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 palliative care needs of residents are identified wherever possible during the admission phase or whenever the resident and the family are willing to do so. Care plans are developed/amended in consultation with the resident and their family and the home has access to an external palliative care service to give guidance, education and assistance in the provision of palliative care. Senior staff have attended courses conducted by the community palliative care support team. Staff have access to a range of equipment and therapies to relieve pain and discomfort. Staff are aware of the specific care needs and measures to provide comfort and dignity for terminally ill residents and ongoing support for their families.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents nutrition and hydration needs including likes, dislikes and cultural requirements, allergies and assistive equipment devices required are identified on entry to the home through the completion of a dietary assessment. The information gathered is used to develop the resident's care plan and inform the kitchen, to ensure appropriate meals are provided to

all residents according to individual dietary requirements. Strategies implemented to assist residents to maintain adequate nourishment include the provision of specialised eating utensils/assistive devices, provision of texture modified diets, high protein drinks, dietary supplements and referral to dietitians and speech pathologists, as required. Residents are weighed on admission then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors and results in referral to allied health professionals for the introduction of special diets and/or drinks which are implemented. Residents are satisfied with the quality and sufficiency of food and fluids provided.

2.11 Skin care

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

Team’s recommendation

Does comply

Processes have been established to ensure that residents’ skin integrity is consistent with their general health. Residents at risk of impaired skin integrity are identified through assessment, and care plan strategies outline measures required to maintain residents’ skin integrity. Breaks in skin integrity are recorded and reported through the incident reporting processes and if trends are identified, strategies are put in place to prevent recurrence. Care staff outlined strategies that they use to promote residents’ skin integrity and pressure relieving equipment is available and used as needed. The effectiveness of strategies to promote skin care and treat wounds is regularly reviewed. Residents are satisfied that their daily skin care routines are managed appropriately.

2.12 Contenance management

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

Team’s recommendation

Does comply

Continence assessments are conducted for residents on entry to the home to identify patterns and trends. Residents’ individual continence programs are assessed and developed by registered nurses and are detailed on care plans for care staff reference. Individualised bowel management programs are developed and include pharmacological and non-pharmacological interventions. Bowel patterns are monitored each day by night staff who report concerns to registered staff. Medications are administered to residents (as required) who exhibit constipation if other non-pharmacological interventions have failed. Residents are satisfied with the level of assistance and aids provided to manage their continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents are assessed on admission and actual or the potential indicators for challenging behaviours are identified. Staff document the resident’s behaviour, possible triggers or causes of the behaviour and the effectiveness of the interventions used to manage behaviours on charts. Recreational and behavioural management programs incorporate

strategies that are designed to suit individual needs and provide direction for staff. Pharmacological and non-pharmacological strategies are implemented including environmental and routine modification, diversion and medication review. The home has dementia specific wings where individual and group activities are offered for confused residents who wander to provide them with a safe environment and freedom of movement. Staff demonstrated an understanding of managing residents with challenging behaviours and were observed to interact with residents in a manner that encouraged positive outcomes. Residents/representatives are satisfied with the way challenging behaviours are managed and report staff are discreet and supportive in their interventions.

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' level of mobility and dexterity is assessed on admission by a registered nurse and/or the visiting physiotherapist to determine each resident's specific mobility, transfer and therapy needs; a falls risk assessment is also undertaken, where indicated. Individualised physiotherapy programs are developed and documented on care plans which are evaluated for their effectiveness on a regular basis. Residents are assisted by the physiotherapist to trial and select mobility and dexterity aids appropriate to their needs. Residents are encouraged to participate in an exercise program that is designed to promote resident strength and flexibility; individual programs are devised according to residents' specific needs and care staff receive instruction in supporting resident with their active and passive exercises. Resident falls are monitored and actions are taken to improve outcomes for the individual residents. Resident/representatives indicated satisfaction with the level of support and assistance provided to maintain optimum levels of mobility.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents' oral and dental needs and normal oral hygiene habits are identified on admission and the level of assistance required to maintain oral and dental hygiene is determined, and this information is included in the resident's care plan to guide staff. Strategies to assist residents in maintaining good oral and dental health include referral to relevant health specialists (dentist/dental technician) and oral hygiene assistance as part of assistance with activities of daily living. Identification of dental intervention is acknowledged and dental appointments are arranged. Textured modified meals are provided where oral and dental health is compromised. Residents/representatives are satisfied with assistance provided by staff to maintain dental and oral health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Information about individual resident’s care needs in relation to hearing, vision, speech, touch and communication is collected through both initial and ongoing assessments. This information is then included in the resident’s care plan and makes reference to the use and care of assistive devices as appropriate. Hearing and optical specialists are accessed as required to identify and address identified concerns. Care and therapy staff implement various strategies that may include modification of the resident’s environment, modification of the routine and/or activities and assistance with activities of daily living. Residents are satisfied that staff are sensitive to their sensory losses and support and assist them as required.

2.17 Sleep

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

Team’s recommendation

Does comply

Each resident is assessed on admission and information about their usual sleep patterns, settling routines and personal preferences are documented and forms part of the individualised care plan. Night routines maintain an environment that is conducive to sleep and strategies to enhance a good night’s sleep include the use of dimmer lights and hallway night lights; adjustment of the volume of the call bell systems; reduction in noise, temperature control, repositioning, toileting and pain interventions. Supper is provided for residents before retiring, and pharmacological intervention is available as prescribed by the resident’s medical officer. Residents/representatives indicate that they are satisfied with the level of assistance provided for residents to achieve natural sleep patterns.

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 actively pursues continuous improvement in the four accreditation standards by involving key stakeholders in the process of identifying opportunities for improvement using improvement request forms, resident/relative feedback, meetings, comments and complaints, surveys and audits. The head of operations assisted by senior staff oversees the continuous improvement process; feedback is provided to initiators of improvements through newsletters, progress reports, memoranda and personal communication and where applicable policies and procedures are updated. The continuous improvement cycle is monitored and reviewed on a monthly basis by the head of operations. Stakeholders expressed satisfaction with management’s responsiveness to suggested improvements and improvement outcomes.

An example of improvements achieved in Standard Three includes:

- In order to address secure area residents’ agitation, boredom and restlessness lifestyle coordinator hours and the program have been reviewed. Recently appointed staff working with residents in the secure unit and volunteers working in the secure areas of the home has resulted in positive outcomes for residents.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has service agreements with a range of external providers, including Aged Care Queensland and subscribes to relevant professional publications, to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Changes to legislation, regulations and standards are monitored and the home ensures relevant staff are informed of changes through memos, the staff newsletter and communication books and policies are updated to reflect changes. Commencing staff are made aware of regulatory compliance requirements through the home’s orientation process, provision of information and training. Audits are conducted to monitor staff compliance with legislative requirements; staff are familiar with how regulatory changes are communicated and have appropriate knowledge of the home’s policies and procedures. There is a system in place to ensure compliance with relevant legislative, regulatory requirements and professional standards relating to resident lifestyle.

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 ensures management and staff have appropriate knowledge and skills to perform their roles effectively by using a standardised approach to develop relevant position descriptions and to identify required qualifications and competencies for positions. All new staff receive orientation; the induction process includes buddy shifts and assessment of mandatory competencies. Staff confirm they receive orientation including training and buddy shifts when commencing employment with the home; annual mandatory training is completed by staff and a flexible delivery mode is used to provide education. Education needs of staff are identified using a training needs analysis and individual education/training needs are also identified as a result of reviews of staff practice. When new residents enter the home, staff education is updated to meet individual resident care needs. Management and staff have the knowledge and skills required for effective performance in relation to resident lifestyle.

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

Emotional support is provided to residents and their representatives on entry to the home by all staff involved in the admission process. Information about residents' social and family history, lifestyle choices and preferences is collected from the residents/representatives through initial and ongoing assessment; an individualised care plan is developed based on these findings. Processes in place to assist new residents include provision of information about the home and general planned activities and introduction to fellow residents. Residents are encouraged to furnish and personalise their rooms with items such as photographs and memorabilia; family visits are encouraged and supported. Staff are aware of residents' need for support at particular times such as loss and bereavement; and a counsellor is available to provide additional support. Residents and their relatives are satisfied with the emotional support received from staff to help them adjust to their lifestyle 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

Residents' current lifestyle preferences, interests and abilities are identified during entry to the home to assist with the development of both clinical and activity care plans that maximise individual residents' independence. Staff promote and support residents' independence within their capacity in relation to personal care and activities of daily living, and appropriate equipment such as mobility aids are provided to support independence. Lifestyle coordinators assist residents to participate in a variety of leisure activities and actively solicit support from the local community in promoting resident community involvement. Residents are encouraged to develop new friendships and interests within and outside the home and

report that they are satisfied that they are provided with support and encouragement to maintain independence within their capabilities.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home maintains policies and processes to protect residents' privacy and dignity. Each resident's needs and preferences relating to privacy, dignity and confidentiality are identified upon check-in and reflected in the resident's care plans to guide staff practice. Each resident has a private bedroom and there are a number of quiet indoor and outdoor areas throughout the home available for residents to have privacy with relatives and visitors. Residents' personal, clinical and financial information is stored in a secure manner that protects the confidentiality of residents. Staff sign a confidentiality compliance form on employment. Residents/representatives are satisfied that their privacy, dignity and confidentiality needs are recognised and respected by all staff.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

Information on residents' social history and past/present interests is collected on entry to the home. Lifestyle care plans are developed with consideration given to each resident's cognitive ability, level of independence and mobility, and sensory and communication needs. Residents have input into the activities calendar through meeting forums and one-on-one discussions with staff. One-on-one activities are provided to residents who are unable to or prefer not to participate in group activities. Attendance record sheets, satisfaction surveys and evaluation of activities enables therapy staff to ensure that activities provided meet residents' preferences. A copy of the current activity program is on display in common areas; staff remind/invite residents to activities each day. Residents are satisfied with the activities offered and with the support provided by staff and volunteers to enable them to participate.

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

Information regarding residents' beliefs, language, cultural and spiritual preferences is collected upon admission and used to develop care plans to guide staff in ensuring individual needs are met. Cultural, spiritual and significant special days are celebrated and residents' families/representatives are encouraged to attend and join in celebrations. A variety of religious denominations conduct visits and services to the home on regular basis. Residents are encouraged and supported to participate in cultural and spiritual events of their choice within and outside the home. Residents expressed satisfaction that their cultural practices and spiritual beliefs are provided for and respected.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

Residents are provided with opportunities to exercise choice and decision making in the planning and provision of care and are encouraged to be actively involved. Input and feedback is sought from residents/representatives through resident/relative meetings, resident surveys, the comments and complaints processes and daily one-to-one interaction between staff and residents. Staff utilise strategies to incorporate choice into residents' daily care routines and leisure interests. Residents are satisfied with choices offered in matters relating to care and lifestyle with staff showing due consideration for their personal preferences and choice.

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' rights and responsibilities and security of tenure information is provided during the pre-check in interview and are detailed in the resident handbook and the residential accommodation agreement. Information provided includes fees and charges, services provided by the home and the resident's responsibilities. Where a possible transfer is required within the home, consultation with the resident and/or their representatives takes place. Residents/representatives are satisfied they have secure tenure within the home, and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement in the four accreditation standards by involving key stakeholders in the process of identifying opportunities for improvement using improvement request forms, resident/relative feedback, meetings, comments and complaints, surveys and audits. The head of operations assisted by senior staff oversees the continuous improvement process; feedback is provided to initiators of improvements through newsletters, progress reports, memoranda and personal communication and where applicable policies and procedures are updated. The continuous improvement cycle is monitored and reviewed on a monthly basis by the head of operations. Stakeholders expressed satisfaction with management’s responsiveness to suggested improvements and improvement outcomes.

An example of improvements achieved in Standard Four includes:

- In response to a recent Aged Care Standards and Accreditation Agency publication and in consultation with the local government authority the home has developed an emergency management plan to enhance the safety of residents. Resources for use in an emergency have been purchased and staff have been informed of the plan.

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 service agreements with a range of external providers, including Aged Care Queensland and subscribes to relevant professional publications, to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Changes to legislation, regulations and standards are monitored and the home ensures relevant staff are informed of changes through memos, the staff newsletter and communication books and policies are updated to reflect changes. Commencing staff are made aware of regulatory compliance requirements through the home’s orientation process, provision of information and training. Audits are conducted to monitor staff compliance with legislative requirements; staff are familiar with how regulatory changes are communicated and have appropriate knowledge of the home’s policies and procedures. There is a process in place to ensure staff, volunteers and contractors comply with relevant legislation and regulatory requirements relating to the physical environment and safe systems.

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 ensures management and staff have appropriate knowledge and skills to perform their roles effectively by using a standardised approach to develop relevant position descriptions and to identify required qualifications and competencies for positions. All new staff receive orientation; the induction process includes buddy shifts and assessment of mandatory competencies. Staff confirm they receive orientation including training and buddy shifts when commencing employment with the home; annual mandatory training is completed by staff and a flexible delivery mode is used to provide education. Education needs of staff are identified using a training needs analysis and individual education/training needs are also identified as a result of reviews of staff practice. When new residents enter the home staff education is updated to meet individual resident care needs. Management and staff have the knowledge and skills required for effective performance in relation to physical environment and safe systems.

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

The home is actively working to provide a safe, comfortable and secure environment to meet the residents' care needs. Residents have brought personal items and furnishings to the home to personalise their rooms, communal and activity areas have appropriate furniture and handrails are provided throughout the home to assist with mobility. Regular cleaning processes, workplace health and safety assessments, hazard and risk identification and reporting processes minimise risk/potential risks for residents. The uncluttered environment enables the residents to independently and safely mobilise between their rooms, communal areas and outdoors; a nurse alert system is available to residents for staff assistance; staff store mobility aids and other equipment safely and authorisation for the use of restraints is recorded. Residents confirm they are satisfied with the safety and comfort of the living environment at the 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

Management actively works to provide a safe environment that meets regulatory requirements. The home monitors environmental risks and hazards; visual audits of the indoor and outdoor environments are undertaken; staff receive training in manual handling, chemical handling and use of new equipment; the home's grounds, equipment and building are subject to routine and preventative maintenance. Safety issues are addressed in a timely manner. Staff demonstrate knowledge of their responsibility to report hazards and incidents

and promote a safe working environment. Staff performance is monitored by observation and supervision and staff confirm they are satisfied management is active in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Management actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home monitors environmental risks and hazards; staff receive training in manual handling, chemical handling and use of new equipment; the home's grounds, equipment and building are subject to routine and preventative maintenance; a smoking policy is in place and adhered to; emergency exits are clearly marked and evacuation maps are clearly displayed through the home. Safety issues are addressed in a timely manner. Staff demonstrate knowledge of their responsibility to report hazards and incidents and promote a safe working environment. Staff performance is monitored by observation and supervision and staff confirm they are satisfied management is active in providing a safe working environment.

4.7 Infection control

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

Team's recommendation

Does comply

The home has a process in place to provide an effective infection control program that is overseen by the head of operations. The surveillance system includes regular clinical data collection and analysis to identify trends; this information is evaluated. Staff are provided with regular infection control training; hand washing facilities are located throughout the facility; staff have access to personal protective equipment and receive regular infection control training. Safe food storage practices are evident in the kitchen and catering services; laundry processes support prevention/minimisation of cross contamination. Cleaning schedules are in place to guide general cleaning and regular pest controls are conducted. Facilities and equipment such as single use clinical products, personal protective equipment, sharps containers, waste receptacles and storage areas are provided to enable infection control practices to be implemented and staff are familiar with barrier nursing and outbreak procedures. Hospitality and care staff demonstrated understanding the principles of infection control.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has a system in place to provide hospitality services that enhance residents' quality of life and staffs' working environment and respond to the changing needs of residents. Residents' special dietary requirements/changes are recorded and communicated to the kitchen and residents' suggestions and feedback relating to the menus occurs through

residents' meetings, the feedback system and individual discussions. The laundry operates seven days a week and residents' personal items are collected and returned by the home's laundry in a timely manner. The home has a system to ensure cleaning of residents' rooms and common areas is undertaken regularly and there is provision for ad hoc cleaning if required. The effectiveness of the catering, cleaning and laundry services is monitored by the home using regular audits, satisfaction surveys, the feedback system and meeting minutes. Residents/representatives expressed satisfaction with catering, cleaning and laundry services.