



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredit Abbey Gardens

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

The Agency has also decided that the period of accreditation of Abbey Gardens is 3 years, until 15 December 2010.

The Agency has found that 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 that the Home will undertake continuous improvement measured against the Accreditation Standards.

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

Maureen Douglas Holland
Acting State Manager
Queensland

Information considered in making an accreditation decision

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Abbey Gardens
RACS ID: 5346N
Number of beds: 99 Number of High Care Residents: 39
Special Needs Group catered for: People with dementia or related disorders.

Street/PO Box: 69-71 Caboolture River Road
City: MORAYFIELD State: QLD Postcode: 4506
Phone: 07 5495 9000 Facsimile: 07 5495 9028
Email address:

Approved Provider

Approved Provider: Domain Aged Care NO. 2

Assessment Team

Team Leader: Ms Mary Tattam
Team Member/s: Ms Elizabeth White
Ms Sandra Henry

Date/s of audit: 01/10/2007 to 02/10/2007

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

Expected Outcome	Assessment Team Recommendations
3.1 Continuous improvement	Compliant
3.2 Regulatory compliance	Compliant
3.3 Education and staff development	Compliant
3.4 Emotional support	Compliant
3.5 Independence	Compliant
3.6 Privacy and dignity	Compliant
3.7 Leisure interests and activities	Compliant
3.8 Cultural and spiritual life	Compliant
3.9 Choice and decision-making	Compliant
3.10 Resident security of tenure and responsibilities	Compliant

Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Assessment team's reasons for recommendations to the Agency

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



The **Aged Care**
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Abbey Gardens
RACS ID	5346N

Executive summary

This is the report of a site audit of Abbey Gardens 5346N, 69-71 Caboolture River Road, MORAYFIELD QLD 4506 from 1 October 2007 to 2 October 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 8 October 2007.

Assessment team's recommendation regarding compliance

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

44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Abbey Gardens.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 4 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.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 1 October 2007 to 2 October 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of 3 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:	Ms Mary Tattam
Team Member/s:	Ms Elizabeth White
	Ms Sandra Henry

Approved provider details

Approved provider:	Domain Aged Care NO. 2
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Details of home

Name of home:	Abbey Gardens
RACS ID:	5346N

Total number of allocated places:	99
Number of residents during site audit:	94
Number of high care residents during site audit:	61
Special needs catered for:	Dementia and related disorders

Street/PO Box:	69-71 Caboolture River Road	State:	QLD
City/Town:	MORAYFIELD	Postcode:	4506

Phone number:	07 5495 9000	Facsimile:	07 5495 9028
E-mail address:	csmag@domainagedcare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Abbey Gardens.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 4 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
Care Operations Manager	1	Residents	11
Systems and Compliance Manager Quality Education	1	Care staff	6
Systems and Compliance Manager Care and Lifestyle	1	Administration staff	1
Workplace Health and Safety Officer National	1	Workplace Health and Safety Officer	1
General Services Manager	1	Catering staff	1
Operations Manager	1	Cleaning staff	2
Clinical Care Coordinator	1	Laundry staff	1
Registered nurses division one	3	Maintenance staff	1
Endorsed Enrolled Nurse	1		

Sampled documents

	Number		Number
Residents' files	11	Medication charts	50
Wound clinical pathways	14	Personnel files	5
		Pain assessment charts	20

Other documents reviewed

The team also reviewed:

- Activities calendar
- Agency staff orientation
- Annual education planner
- Annual medication competency assessments
- Approved supplier data base
- Assets register
- Audits
- Berg Balance Scale
- Care of nebuliser equipment
- Controlled drug register
- CQI register
- Cleaning schedules
- Dietary folder
- Emergency evacuation plans
- Emergency procedure manuals
- Events monitoring form (resident care)
- Falls prevention program
- Fire Safety Declaration (2006)
- Functional outcomes measures
- Hazard register
- Incident reports
- Incident reporting flowchart
- In-service evaluation folder
- Infection control manual
- Insulin therapy guidelines
- Job descriptions
- Laundry practices folder
- List of residents with diabetes
- Lifestyle monthly evaluation folder
- List of group exercise programs
- List of residents at risk of falling
- List of residents with sensor mats
- Material Safety Data Sheets
- Minutes of meetings
- Mandatory training records
- Manual handling guide
- Medical authorisation for self medication
- MPS medication flow chart
- Monthly in-service planner
- Monthly resident weight charts
- Noticeboards
- Nurse initiated medication list
- Nurse initiated medication agreement
- Orientation program
- Outbreak management program folder
- Physiotherapy assessment form
- Physiotherapy plan of care
- Policies and procedures
- P-Doc summary

- Policy intent statements
- Policy and procedures
- Preventative maintenance schedule
- Protocol for wound management
- Quality activity evaluation reports
- Quality improvement plan
- Registered nurse signature list
- Resident comments and complaint form
- Resident incident data
- Resident incident reporting summary
- Residents' information handbook
- Resident newsletter
- Resident admission package
- Resident shower list
- Restraint authorisation form
- Rosters
- Surveys
- Symptoms of hypoglycaemia information sheet
- Team manual
- Temperature records
- Three monthly evaluation of care form
- Treatment room cleaning program
- Weight watchers focus group
- Weight watchers report
- Wound clinical pathways

Observations

- The team observed the following:
 - Activities in progress
 - Chemical storage
 - Equipment and supply storage areas
 - Fire fighting equipment
 - Hand washing stations
 - Interactions between staff and residents
 - Linen supplies
 - Living environment
 - Meal service
 - Medication round
 - Noticeboards for residents and staff
 - Personal protective equipment
 - Residents' meeting in progress
 - Residents participating in an exercise program
 - Secure storage of residents' and staff information
 - Shift handover
 - Spill kits
 - Staff practice
 - Storage of medications

Assessment Information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The organisation’s policy intent statements and process master documents assist the home in the implementation and monitoring of continuous improvement activities. Mechanisms for the identification of improvement opportunities include improvement forms, comments/concerns, scheduled audit/surveys, ad hoc ‘walk around’ audits, staff and resident meetings, and incident/hazard reports. Improvement activities are monitored through the continuous quality improvement action plan, meeting minutes, and the continuous improvement register. Evaluation occurs through staff and resident feedback, audits, surveys and management observation. Feedback is provided through staff and resident meetings, memos, notice boards, and newsletters. The results of quality monitoring activities are reviewed by relevant personnel and groups representing management and all staff functions. Residents and staff contribute to identifying improvement opportunities and receive information and feedback about initiated improvement activities.

Examples of improvements relevant to Standard One include:

- Recent attendance by key personnel at a course related to the conduct of internal audits has provided management with an increased awareness of the parameters of audit methodology and in particular with reference to the Accreditation Standards.
- A review of linen supply and daily usage has resulted in the purchase of additional supplies and the implementation of an imprest system to monitor ongoing requirements. Staff report that supplies are now adequate to meet resident care and service needs on a seven day basis.
- A ‘DECT’ phone system has been introduced for contact between clinical staff. This reportedly is more efficient and also more conducive to a ‘home-like’ environment, limiting the necessity for the use of the paging system throughout the home.

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

Identification of relevant legislation is monitored at an organisational level and through subscription to various industry peak bodies that include automatic updating services and notification of changes. Changes are communicated initially to management for review and action as required and disseminated to staff through staff meetings (regulatory compliance is a standing agenda item for staff meetings) and memos. Policy intent statements and process master documents (that guide staff practice) are

reflective of relevant legislation where applicable and are reviewed as changes occur. The home monitors compliance with regulatory, standard and professional requirements through internal audits, third party audits/inspections, monitoring of key performance indicators, staff performance appraisals and observation of staff practices. Results of monitoring link with continuous improvement processes and identified non-compliances are remedied.

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

Information outlining the roles of staff is provided through the orientation program which includes requirements specific to each staff designation and through policy intent statements, process master documents and work schedules. Education needs are identified through annual training needs analysis and results of internal audits, key performance indicator reviews and competency assessments, observation of practice, introduction of new equipment / processes, resident needs, and staff feedback. An annual education plan is developed based on mandatory requirements and additional training is incorporated as needs dictate. Processes are in place to monitor attendance and follow up occurs where required. Staff are allocated time to attend in-service education, a 'mobile education; facility' is available for staff to attend self-paced training sessions and processes are in place to access external education. Staff are aware of the requirements of their roles within the home and resident feedback indicated satisfaction with the care and services provided by staff.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

Residents and representatives are advised of internal and external complaint mechanisms (verbally) on entry to the home, and information relating to internal and external complaints processes is provided in the Residents and Relatives Handbook. Forms are available for resident/representatives wishing to make a written complaint and all issues are documented, discussed, actioned and feedback provided to the individual. A comments and complaints register provides a record and details appropriate action and response where indicated. Residents indicate satisfaction with management's response to complaints and/or issues of concern.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented its mission, vision, values, philosophy, objectives and commitment to quality care and services that are provided at Abbey Gardens. This information is included in the resident and staff handbooks.

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

Staffing levels are based on resident needs and are monitored through staff feedback and review of routines and workloads; rosters are amended as needs / resident numbers change and processes are in place to replace leave as required. Qualifications, skills and experience required for each position have been identified and are documented on position descriptions including key accountabilities and key performance indicators; professional registration is checked where required. Organisational expectations are communicated to staff through the orientation program and policy intent statements and process master documents are used to guide staff practice; new staff are rostered with a more experienced staff member to assist them in becoming familiar with the new environment / work routines and individual residents and their needs and preferences. Monitoring of staff knowledge and skills is facilitated through annual key performance indicator review, competency assessments and observation of practice; identified deficits are referred to the education program. Residents indicate that their care needs are met in a timely manner and express satisfaction with staff response to requests for assistance.

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

Processes are established to assess, purchase, monitor and maintain goods and equipment appropriate to the needs and requirements of the residents, staff and management. Goods and equipment are budgeted for purchase or replacement based on maintenance/service reports, staff feedback and legislative requirements. Stock control and rotation processes are in place for bulk supplies and storage facilities are secured appropriately. Preventive, routine and breakdown maintenance processes are established and records are maintained. Internal maintenance staff and external contractors, in accordance with a planned schedule carry out preventative and routine maintenance. Education is provided to staff on the correct use of equipment as required. Staff have access to sufficient goods and equipment required to carry out their duties and outlined processes for accessing stock and for requesting / raising suggestions in relation to equipment 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 implemented processes to identify, collect, store and communicate information to meet the needs and requirements of the organisation, management, staff, residents/representatives and other stakeholders. Processes include controlling the security of access to organisational, staff and resident information to appropriate personnel through providing locked storage facilities, password protection of electronic files and staff education regarding confidentiality of information. Policy intent statements and process master documents are available in various locations to guide staff practice. Current information regarding legislative requirements, policies and procedures, administrative and educational issues are communicated to staff and residents by various means as appropriate including manuals, notices/memos, meeting minutes and one-to-one discussion. Key documents are kept as master copies with review dates identified, processes are in place to ensure superseded documents are removed so that information available to residents and staff is current. Resident care information is communicated to staff at shift hand over reports, in care plans and in various communication diaries. Staff are aware of internal communication processes and report they are consulted in relation to issues that affect them and their work practices.

1.9 External services

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

Team's recommendation

Does comply

The home has established service agreements with the providers of key external services; these are negotiated and managed through the organisation's corporate office with input from local management to develop contracts with local suppliers. A service provider log and preferred supplier list have been developed to guide purchasing and acquisition of goods and services. Processes are in place for after hours / emergency contact if required. The performance and quality of goods and services provided by external suppliers is monitored by management through feedback from staff and residents/representatives, audit results and quality checks of goods and produce, prior to accepting delivery. Performance issues with an external service provider are addressed and service agreements are usually renewed on an annual basis or changed to meet the organisation's requirements. Residents and staff are satisfied with the provision of externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

The organisation's policy intent statements and process master documents assist the home in the implementation and monitoring of continuous improvement activities. Mechanisms for the identification of improvement opportunities include improvement forms, comments/concerns, scheduled audit/surveys, ad hoc 'walk around' audits, staff and resident meetings, and incident/hazard reports. Improvement activities are monitored through the continuous quality improvement action plan, meeting minutes, and the continuous improvement register. Evaluation occurs through staff and resident feedback, audits, surveys and management observation. Feedback is provided through staff and resident meetings, memos, notice boards, and newsletters. The results of quality monitoring activities are reviewed by relevant personnel and groups representing management and all staff functions. Residents and staff contribute to identifying improvement opportunities and receive information and feedback about initiated improvement activities.

Examples of improvements relevant to Standard Two include:

- Following the home's participation in a pilot dental health project, staff have received education on the management of oral and dental health for aged residents. Staff with additional experience conduct regular oral assessments and attend to residents' oral hygiene care needs. This has led to residents requiring specialist oral/dental care to be referred in a timely manner.
- The introduction of a pre-packaged food supplement has reportedly assisted in increasing residents' fluid intake (due to its favourable acceptance by residents and the ease of access to the supplement on a 24 hour basis).
- The introduction of an external 'walking program' has provided residents with an added incentive/opportunity to mobilise on a regular basis.
- The introduction of the 'Weight Watchers' group has assisted in addressing issues related to residents' weight loss and has provided a useful surveillance tool to monitor residents' weight status and their response to the addition of dietary supplements.

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

Identification of relevant legislation is monitored at organisational level and through subscription to various industry peak bodies that include automatic updating services and notification of changes. Changes are communicated initially to management of the home for review and action as required and disseminated to staff through staff

meetings (regulatory compliance is a standing agenda item for staff meetings) and memos. Policy intent statements and process master documents (that guide staff practice) are reflective of relevant legislation where applicable and are reviewed as changes occur. The home monitors compliance with regulatory, standard and professional requirements through internal audits, third party audits/inspections, monitoring of key performance indicators, staff performance appraisals and observation of staff practices. Results of monitoring link with continuous improvement processes and identified non-compliances are remedied.

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

Information outlining the roles of staff is provided through the orientation program which includes requirements specific to each staff designation and through policy intent statements, process master documents and work schedules. Education needs are identified through annual training needs analysis and results of internal audits, key performance indicator reviews and competency assessments, observation of practice, introduction of new equipment / processes, resident needs, and staff feedback. An annual education plan is developed based on mandatory requirements and additional training is incorporated as needs dictate. Processes are in place to monitor attendance and follow up occurs where required. Staff are allocated time to attend in-service education, a 'mobile education facility' 'is available for staff to attend self-paced training sessions and processes are in place to access external education. Staff are aware of the requirements of their roles within the home and resident feedback indicated satisfaction with the care and services provided by staff.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents' care needs, preferences and abilities are assessed on entry and used to inform development of individualised care plans that are reviewed three monthly or when changes occur. Documented schedules for regular care plan review/reassessment ensure that care being delivered meets residents' current needs. An electronic database to manage residents' health/personal care processes is currently being implemented. Residents' needs, preferences and changes currently communicated to care staff via verbal shift handover, handover sheets and communication diaries. Residents are attended by a visiting doctor of their choice and referred to allied health professionals as needs indicate. Progress notes indicate that residents' treatment is provided as prescribed and acute care episodes are reported, actioned in a timely manner and followed up until resolution. Residents' ongoing health status is monitored through medical and nursing review, regular recording of weights/observations and analysis/review of infections and other clinical data; case conferences are held on entry/as required. Care staff demonstrate knowledge of residents' needs and preferences related to health and personal care and interventions necessary to meet these needs in their daily practice. Residents are satisfied with the care they receive and their involvement in care planning according to their preferences.

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 through assessment/reassessment processes and consultation with residents, representatives and the health care team. Care interventions are recorded in resident care plans and in treatment regimens if required. Specialised nursing needs treatment plans are formally reviewed/ evaluated three monthly or more frequently if necessary. Registered staff are provided with education and training relating to specialised nursing care including enteral feeding, insulin dependent diabetes, oxygen therapy, wound care and medication management; external consultative services are accessed if necessary. Equipment and supplies required to deliver specialised nursing care are readily available and maintained. Residents requiring specialised nursing care are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are referred to specialist medical and/or allied health professionals as their assessed needs indicate. Physiotherapists undertake residents’ initial mobility/transfer assessments and care planning with regular reviews in place. Speech pathology, nutritional, dental and podiatry consultations are arranged according to residents’ assessed needs, with care interventions changed as required and documented in care plans. Indicators for referral to other health professionals are recorded in progress notes and residents are assisted to access relevant internal and/or external services. Information relating to reports from health related practitioners is documented in residents’ clinical records and conveyed verbally to care staff if/when required. Residents report they have access to allied health services and are assisted to attend appointments when necessary.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents’ medications are supplied utilising a packaged system, with administration undertaken by registered nurses and endorsed enrolled nurses. Medication management policies/procedures guide medication practices including prescribing, supply, administration and storage. Medication charts reflect correct prescribing, documentation and administration procedures; information relating to specific procedures including anticoagulant therapy, insulin therapy and nurse initiated

medication is recorded. Processes in place to monitor effectiveness and safety of the medication management system include annual competency assessments, medication chart audits, incident recording and investigation, medication reviews, medication advisory committee meetings and staff education. Staff demonstrate understanding of the medication incident reporting/investigation system, including pharmacy errors, with staff incidents/issues addressed by individual/group discussion and practice review. Residents are satisfied with management of their medications, as well as with the assistance and support provided.

2.8 Pain management

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

Team's recommendation

Does comply

Residents' pain is identified during initial assessments, and reassessment is implemented when new pain is identified and/or when existing pain control strategies are ineffective. Medical practitioners, allied health professionals and residents/representatives are involved in development of individualised care plans that record location and intensity of pain, and strategies to manage the pain including positioning, gentle exercise/massage, heat therapy, aromatherapy and administration of analgesia and other medication. Effectiveness of interventions, including use of "as necessary" (PRN) analgesia is monitored and documented on a pain assessment record; active records are located in medication chart folders to ensure that consistent documentation is maintained. External professionals are consulted if/when additional information to enhance pain management strategies is required. Staff receive education on pain identification and management and demonstrated awareness of nonverbal cues and tools available to assist in identifying pain/discomfort in residents unable to articulate pain. Residents expressed satisfaction with current pain management strategies and the responsiveness of care staff when they report pain.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents' end of life care wishes are discussed with residents/representatives during entry processes or as resident needs change, with relevant information documented in residents' clinical records. The home aims to maintain/support seriously ill and dying residents, with twenty-four hour medical and registered nurse coverage provided. Residents' pain, comfort and spiritual needs are managed in consultation with the resident/representative, health care practitioners, and pastoral care personnel according to individual resident's preferences. Palliative care issues are discussed at wing meetings and supportive aids including air mattresses, syringe drivers and aromatherapy are readily accessible. Education in palliative care is available and the Clinical Care Coordinator and team leaders provide support for staff caring for dying residents. Members of the care team work together to provide physical, psychological, emotional and spiritual support to seriously ill and dying residents and their families.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ food preferences, special dietary requirements and food allergies are identified on entry to the home; initial information and any dietary changes are recorded in comprehensive resident dietary profiles that are forwarded to catering staff to guide daily food/fluid services. Observation/assessment of residents’ weight, ability to chew and swallow and food intake identify need for referral to a speech pathologist and/or dietitian; adjustments such as texture modified diets and food supplements are implemented as required. Residents’ weights are monitored regularly, with variations assessed and actioned according to the ‘Weight Watcher’s Program’. Strategies implemented to manage unplanned weight loss/gain include more frequent weight monitoring, introduction of food/fluid intake chart, food supplements and/or special diets and referral to specialist services as required. Residents are assisted with meals and fluids and special eating utensils are available. Residents are generally satisfied with the quality and quantity of food and fluids supplied and are having input into the menu through a menu group that meets regularly.

2.11 Skin care

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

Team’s recommendation

Does comply

On admission, residents’ skin care needs and strategies to prevent breaks in skin integrity are identified through skin integrity assessment tools, mobility and falls risk assessments and consultation with residents/representatives. Individualised care plans outline care strategies including attention to correct manual handling procedures, regular repositioning, application of emollients, use of limb protectors and pressure relieving aids, attention to residents’ nutritional status and resident education. Podiatry and manicure services are provided/available to reduce risk of self-inflicted skin tears. Registered nurses/endorsed enrolled nurses undertake wound management; wound care clinical pathways document interventions, monitoring and progress of healing. Advice from external wound care consultants is accessed if required. Skin tears and pressure ulcer data is documented, analysed and trends investigated; strategies to reduce breaks in skin integrity in high dependency/ bedfast residents include daily observation by care staff, reduction in number of showers per week, and compliance with pressure area care regimens. Residents are satisfied with the assistance provided to maintain skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence history and details of previous management strategies are obtained on entry to the home. Continence assessments include collection of bladder

and bowel continence data over designated periods; this data informs development of care plans that include toileting regimens combined with use of continence aids as required. Appointed link nurses receive education from an external consultant and are responsible for developing care plans, monitoring suitability of continence aids, ensuring continence plans are current and maintaining sufficient stocks of aids. Bowel management programs include provision of natural dietary products, encouragement of additional fluid intake and optimum levels of physical activity. Medical practitioners prescribe aperients and evacuants as required, including for those residents taking regular analgesia for pain. Care staff receive continence education and attend to residents' personal hygiene when changing continence aids, particularly for those residents with a history of urinary tract infections and/or cognitive impairment. Data relating to urinary tract infections is analysed to identify trends and causative factors if possible. Strategies introduced in the secure unit (including daily showers and regular attention to personal hygiene) in response to an increase in urinary tract infections have reduced the incidence of these infections over the past year. Residents report that staff maintain their privacy when attending to continence needs.

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 with challenging behaviours are assessed for a period following entry to the home and a detailed behaviour care plan developed in consultation with the resident, family members and the resident's visiting doctor. Assessments identify context of behaviours, possible triggers and any successful interventions and are reflected in care plans that are regularly reviewed. Residents' episodes of challenging behaviour are managed by techniques including distraction, one to one interaction, involvement in activities, medication review and family support. Strategies in place to achieve/maintain a calm atmosphere in the secure unit include flexible daily schedules and provision of a variety of activities/exercises by the physiotherapy aide/lifestyle team member and care staff. Education relating to behaviour management/dementia care is provided and stable staffing maintained in the unit as an additional behaviour management strategy. Staff demonstrate knowledge of individual resident's behaviours and implement appropriate interventions to manage challenging behaviours and ensure that all residents' rights are respected.

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

Initial assessment by a physiotherapist, including use of functional outcome measures provides information relating to residents' mobility, dexterity and rehabilitation needs on entry to the home. Individualised care plans reflect transfer and mobility requirements, falls risk status and risk management strategies. Manual handling procedures and daily exercise programs for residents are documented and the physiotherapists provide manual handling training and advise staff in relation to residents' exercise programs. There is a high level of resident participation in daily walking programs and a range of

group exercise programs offered to assist residents to maintain optimal mobility and balance. The Falls Risk/Prevention Program includes investigation of resident falls, identification of actual or potential risks and outlines strategies for falls minimisation. These include the use of appropriate assistive devices, introduction of sensor mats, early identification of resident infections, increased observation and medication review. Residents report that their mobility and dexterity needs are met.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ dental history, preferences relating to management of their teeth and dentures and other oral/dental care needs are identified on entry through interview and assessment of their oral health status. Care staff monitor residents’ ability to self manage their oral care, assist when required and initiate referral to dentists as necessary. Equipment to meet residents’ oral hygiene needs is available and attention to fluid intake and nutritional status are included in strategies to maintain/improve residents’ oral health. A dental hygienist visits regularly to provide and advise on individual resident’s oral care and assists with arranging necessary dental consultations. Residents report satisfaction with the assistance given by staff to maintain their dentures/overall oral hygiene.

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 sensory capacity including hearing, vision, speech, and communication ability is collected through initial and ongoing assessment processes. Resident need prompts assessments to identify environmental risks, and control measures are implemented to maximise resident safety. Care interventions reflect identified needs and personal preferences and sensory care is linked to other relevant care plans such as hygiene, skin care, behaviour and leisure activities. Residents are referred to specialists such as audiologists, optometrists and speech pathologists according to assessed need/resident request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the interventions required to meet individual residents’ needs. Residents are satisfied with the assistance provided with daily living and leisure activities.

2.17 Sleep

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

Team’s recommendation

Does comply

Initial and ongoing information about residents' usual sleep patterns, settling routines and personal preferences is collected through assessment and review processes. Care plans that reflect individual needs and preferences are written in consultation with the resident/representative and staff. Staff are aware of residents' sleep and rest patterns, including personal preferences, and assistance is provided when residents have difficulty achieving/maintaining sleep. Residents report they are generally able to sleep well and that staff provide assistance when required such as help with toileting, repositioning, pain management and offering refreshment.

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.

Team’s recommendation

Does comply

The organisation’s policy intent statements and process master documents assist the home in the implementation and monitoring of continuous improvement activities. Mechanisms for the identification of improvement opportunities include improvement forms, comments/concerns, scheduled audit/surveys, ad hoc ‘walk around’ audits, staff and resident meetings, and incident/hazard reports. Improvement activities are monitored through the continuous quality improvement action plan, meeting minutes, and the continuous improvement register. Evaluation occurs through staff and resident feedback, audits, surveys and management observation. Feedback is provided through staff and resident meetings, memos, notice boards, and newsletters. The results of quality monitoring activities are reviewed by relevant personnel and groups representing management and all staff functions. Residents and staff contribute to identifying improvement opportunities and receive information and feedback about initiated improvement activities.

Examples of improvements relevant to Standard Three include:

- Residents have nominated a staff member to speak on behalf of those residents who are hesitant to raise matters at residents’ meetings or who are unable to attend.
- A newsgroup has been introduced so that residents have the opportunity to hear and discuss the news of the day.
- Students from the nearby primary school are participating in a visiting program and residents report that they look forward to these gathering and being able to interact with the children.
- The increase in the number of concerts included within the activities program has resulted in increased attendance at these functions and residents’ feedback indicates that they enjoy these activities.

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

Identification of relevant legislation is monitored at organisational level and through subscription to various industry peak bodies that include automatic updating services and notification of changes. Changes are communicated initially to management of the home for review and action as required and disseminated to staff through staff meetings (regulatory compliance is a standing agenda item for staff meetings) and memos. Policy intent statements and process master documents (that guide staff practice) are reflective of relevant legislation where applicable and are reviewed as changes occur. The home monitors compliance with regulatory, standard and professional requirements through internal audits, third party audits/inspections,

monitoring of key performance indicators, staff performance appraisals and observation of staff practices. Results of monitoring link with continuous improvement processes and identified non-compliances are remedied.

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

Information outlining the roles of staff is provided through the orientation program which includes requirements specific to each staff designation and through policy intent statements, process master documents and work schedules. Education needs are identified through annual training needs analysis and results of internal audits, key performance indicator reviews and competency assessments, observation of practice, introduction of new equipment / processes, resident needs, and staff feedback. An annual education plan is developed based on mandatory requirements and additional training is incorporated as needs dictate. Processes are in place to monitor attendance and follow up occurs where required. Staff are allocated time to attend in-service education, a 'mobile education facility' is available for staff to attend self-paced training sessions and processes are in place to access external education. Staff are aware of the requirements of their roles within the home and resident feedback indicated satisfaction with the care and services provided by staff.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents/representatives are provided with information in regard to the care and services the home provides prior to and on admission. Information is collected in relation to the resident's life experiences; significant relationships and the cultural, spiritual and emotional support that may assist in their adjustment to living in a residential aged care facility. Residents are provided with an orientation to the home and a resident "buddy" system provides residents with additional support. Staff from all service areas are involved in supporting and familiarising residents to develop friendships and participate in the activities program. Staff demonstrate a caring and supportive approach when interacting with residents and knowledge of those residents requiring additional and ongoing support. Residents are satisfied with the support received from staff and management while adjusting to life in a new environment and on an ongoing basis.

3.5 Independence

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

Team's recommendation

Does comply

The home has processes in place to assess residents' needs in regard to optimising physical, emotional, social, cultural and financial independence. Care planning processes with regular review ensure residents receive the required assistance to maximise physical and emotional ability on an ongoing basis. Residents are supported and encouraged to form new friendships within the home and maintain existing friendships and involvement in external community groups. Residents and visitors are encouraged to participate in the lifestyle programs at the home and use the internal and external living areas to entertain guests. Residents are satisfied with the assistance they receive to develop friendships, maintain independence and participate in activities of the community.

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 on entry to the home receive information in relation to their right to privacy and how information collected will be used, stored and accessed. There are processes in place to identify residents' individual needs and preferences in regard to maintaining privacy, dignity and confidentiality and to communicate this to staff. Residents' clinical and financial records are securely stored in filing cabinets in locked areas with access restricted to relevant care and administrative staff. Electronic clinical documentation is password protected with authorised access. The environment ensures that residents have adequate personal space when mobilising along walkways and are able to access private dining and lounge areas. Private rooms with ensuites and "do not disturb" signs for doors support resident privacy and dignity needs. Staff practices are consistent with maintaining residents' privacy, dignity and confidentiality and residents are satisfied that this is recognised and respected.

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

Residents' individual preferences regarding interests and leisure needs are assessed on admission and on an ongoing basis and incorporated in a care and lifestyle care plan. A lifestyle program is developed from this information and encompasses a wide range of individual, group and community activities. Residents with any cognitive, physical and/or sensory impairment are assisted and supported to attend activity programs designed to maximise participation and enjoyment. Residents are informed of activities and outings via a monthly calendar, whiteboard and verbal communication from staff. The effectiveness of the activities program in meeting residents' individual needs is evaluated by reviewing resident attendance, resident surveys, one to one conversation, observation and through resident/representative feedback. Residents are satisfied with the range of activities provided and the assistance and support received from staff.

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 systems and processes in place to identify residents' spiritual, cultural and ethnic practices on entry to the home and on an ongoing basis as resident needs change. A multidisciplinary approach is taken to meeting residents' cultural and spiritual needs and staff assist residents to attend church services and public or private devotions as preferred by the resident. The home has access to interpreter services should this be required. Culturally significant days are recognised and incorporated into the activities program. The catering staff prepare food in accordance with these belief systems and preferences if required. Staff demonstrate awareness and understanding of residents' cultural and spiritual diversity. Residents are satisfied that their cultural and spiritual needs are respected by staff and management.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home has processes in place to provide relevant information that enables residents' decision-making in relation to the services they receive on admission and on an ongoing basis. Residents' choices and preferences are identified and documented in care plans and communicated to staff. Residents are encouraged to participate in resident meetings, case conferences, provide feedback through surveys, comments and complaints mechanisms and advocacy processes to exercise choice and control over their care and service delivery. Residents are satisfied that they are enabled to exercise choice and control and participate in care and lifestyle decisions.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The residential care agreement offered to new residents contains information relating to residents' rights and responsibilities, the terms and conditions of their tenure, dispute resolution processes and the care and services provided. Residents/representatives are provided with an information handbook and monthly resident/representative meetings are held to provide ongoing opportunities to advise residents of their rights and responsibilities. Residents/representatives are consulted if any change to security of tenure is being considered or if there is a significant change to resident care needs. Residents indicate they feel safe and secure in the home and are aware of and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The organisation’s policy intent statements and process master documents assist the home in the implementation and monitoring of continuous improvement activities. Mechanisms for the identification of improvement opportunities include improvement forms, comments/concerns, scheduled audit/surveys, ad hoc ‘walk around’ audits, staff and resident meetings, and incident/hazard reports. Improvement activities are monitored through the continuous quality improvement action plan, meeting minutes, and the continuous improvement register. Evaluation occurs through staff and resident feedback, audits, surveys and management observation. Feedback is provided through staff and resident meetings, memos, notice boards, and newsletters. The results of quality monitoring activities are reviewed by relevant personnel and groups representing management and all staff functions. Residents and staff contribute to identifying improvement opportunities and receive information and feedback about initiated improvement activities.

Examples of improvements relevant to Standard Four include:

- The purchase of electric beds has provided ease of transfer for residents with compromised mobility and increased safety for staff.
- The purchase of additional sensor mats has provided early alerting of staff to residents who may require assistance and reportedly reduced the incidence of falls.
- A tap replacement program has provided for the installation of taps which have a dual role in ease of use for both staff and residents and act as a water-saving device.

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

Identification of relevant legislation is monitored at organisational level and through subscription to various industry peak bodies that include automatic updating services and notification of changes. Changes are communicated initially to management of the home for review and action as required and are disseminated to staff through staff meetings (regulatory compliance is a standing agenda item for staff meetings) and memos. Policy intent statements and process master documents (that guide staff practice) are reflective of relevant legislation where applicable and are reviewed as changes occur. The home monitors compliance with regulatory, standard and professional requirements through internal audits, third party audits/inspections,

monitoring of key performance indicators, staff performance appraisals and observation of staff practices. Results of monitoring link with continuous improvement processes and identified non-compliances are rectified.

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

Information outlining the roles of staff is provided through the orientation program which includes requirements specific to each staff designation and through policy intent statements, process master documents and work schedules. Education needs are identified through annual training needs analysis and results of internal audits, key performance indicator reviews and competency assessments, observation of practice, introduction of new equipment / processes, resident needs, and staff feedback. An annual education plan is developed based on mandatory requirements additional training is incorporated as needs dictate. Processes are in place to monitor attendance and follow up occurs where required. Staff are allocated time to attend in-service education, a 'mobile education facility' is available for staff to attend self-paced training sessions and processes are in place to access external education. Staff are aware of the requirements of their roles within the home and resident feedback indicated satisfaction with the care and services provided by staff.

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

Provision of a safe and comfortable living environment is facilitated through the preventative and reactive maintenance programs, the cleaning program and through workplace health and safety processes (including observation of the environment, environmental auditing, hazard identification and incident monitoring). Processes are in place to ensure that identified maintenance or safety issues are addressed in a timely manner. Residents are encouraged to decorate their rooms with personal items of their choice and resident input regarding environmental issues is gathered through resident meetings and verbal and written feedback such as comments / complaints and resident satisfaction surveys. Individual needs of residents are identified through assessment and care planning processes such as falls risk assessment and are documented in care plans as applicable. Residents' feedback indicates they feel comfortable and secure in 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

Processes are in place to manage the occupational health and safety system including provision of policies and procedures, incident and hazard reporting, investigation and risk management. An occupational health and safety group representing management and staff meets regularly to review audit results, continuous quality improvement forms, resident and staff incident reports, hazard reports and risk assessments. Environmental safety audits are conducted; identified issues are reviewed and corrective actions are implemented. Processes are in place to provide staff with initial education about occupational health and safety including manual handling, infection control, use of personal protective equipment and chemical safety, staff are required to attend annual mandatory updates in manual handling. Staff demonstrate awareness of their responsibilities in maintaining 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

Emergency procedures are documented in the fire security and emergency manual and outline procedures to follow in the event of various internal and external emergencies. A current resident list is in place to assist in evacuation if necessary and is updated as required. Security procedures are in place and the home is monitored by an external security company who also provide escort for staff to the car park in the evening. An agreement is in place with an external provider to ensure maintenance of fire safety systems and equipment is carried out in accordance with legislative requirements; this is monitored through the preventative maintenance program. Fire safety training is provided at orientation and annually and staff are required to complete a fire safety questionnaire; attendance at education is generally monitored. Evacuation plans are displayed throughout the home and emergency instructions are displayed beside the fire panel. Staff demonstrate knowledge of fire safety and evacuation procedures, location and use of fire fighting equipment.

4.7 Infection control

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

Team's recommendation

Does comply

The infection control coordinator coordinates and monitors the effectiveness of the homes' infection control program. Systems are in place to collect and analyse infection data and to provide staff with information relating to infection trends. Issues relating to infection are discussed at staff and risk management meetings and any deficiencies identified are actioned in a timely manner. The home has an outbreak management program which is readily available to staff. Staff have mandatory training in relation to infection control measures at orientation and at regular intervals. The effectiveness of infection control measures in all areas including the kitchen, cleaning services and laundry is monitored through regular audits. Temperature checks on equipment are documented to ensure that equipment is operating within parameters outlined in the relevant guidelines; irregularities are reported and corrective action taken. The home provides adequate hand washing facilities, sharps containers and personal protective equipment for staff. There are processes in place to effectively manage waste, pest

control and food hygiene. Staff demonstrated a sound knowledge of the colour-coded equipment, the use of personal protective equipment and general principles used to prevent cross infection.

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

Catering services are provided to meet residents' individual dietary needs and preferences as identified on entry to the home and when needs change. The menu is rotated every four weeks and is reviewed seasonally and checked by a dietician to ensure that it meets residents' nutritional requirements. Residents have input into the menu through meetings, surveys and one to one verbal communication with staff. A resident menu group has been formed which meets regularly to provide residents with the opportunity to have greater input into the menu. Meal alternatives and snack foods are available to residents, if required. The kitchen is managed in accordance with safe food handling practices, including the use of personal protective equipment by staff and daily temperature monitoring of stored and cooked food and local regulation. Duty lists and schedules ensure regular cleaning of residents' rooms, general environment, high surfaces and windows and external areas. Linen is sorted by care staff into colour-coded bags and taken to the laundry each day and the laundry is set up to separate soiled and clean linen to minimise the risk of cross-infection. Appropriate wash cycles are used for laundering residents' clothing, flat linen, and items are returned in a timely manner. Catering, cleaning and laundry staff demonstrated knowledge of infection control and the use of personal protective clothing. Residents are satisfied with the standard of the cleaning and laundry services provided at the home.