Mary Potter Nursing Home
Approved provider: Holy Spirit Care Services (Cairns) Limited

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for two years until 20 September 2013. We made the decision on 11 August 2011.

The audit was conducted on 5 July 2011 to 6 July 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Home and approved provider details

Details of the home

Home's name:	Mary Potter Nursing Home
RACS ID:	5212

Number of beds:	75	Number of high care residents:	74

Special needs group catered for:	• Dementia care

Street/PO Box:	85 Toogood Road				
City:	Woree	State:	QLD	Postcode:	4868
Phone:	07 4054 5544		Facsimile:	07 4033 1080	
Email address:	mwilliams@holyspiritcairns.com.au				

Approved provider

Approved provider:	Holy Spirit Care Services (Cairns) Limited

Assessment team

Team leader:	Chris South
Team member/s:	Kathy Prain
Date/s of audit:	5 July 2011 to 6 July 2011

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.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

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.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.	
Expected outcome	**Accreditation Agency decision**
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	
Expected outcome	**Accreditation Agency decision**
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met

Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Mary Potter Nursing Home 5212

85 Toogood Road

Woree QLD

Approved provider: Holy Spirit Care Services (Cairns) Limited

Executive summary

This is the report of a site audit of Mary Potter Nursing Home 5212 from 5 July 2011 to 6 July 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 5 July 2011 to 6 July 2011.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Chris South
Team member/s:	Kathy Prain

Approved provider details

Approved provider:	Holy Spirit Care Services (Cairns) Limited

Details of home

Name of home:	Mary Potter Nursing Home
RACS ID:	5212

Total number of allocated places:	75
Number of residents during site audit:	75
Number of high care residents during site audit:	74
Special needs catered for:	Dementia care

Street/PO Box:	85 Toogood Road	State:	QLD
City/Town:	Woree	Postcode:	4868
Phone number:	07 4054 5544	Facsimile:	07 4033 1080
E-mail address:	mwilliams@holyspiritcairns.com.au		

Audit trail

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

Interviews

	Number		Number
Organisational managers	4	Residents/representatives	11
Service manager	1	Catering staff	2
Clinical nurse	1	Cleaning staff	2
Registered nurses	2	Maintenance staff	1
Care and therapy staff	8	Support managers/supervisors	2

Sampled documents

	Number		Number
Residents' files	10	Medication charts	8
Care plans	8	Personnel files	4

Other documents reviewed

The team also reviewed:

- Action plans for residents with aggression
- Activity schedule and records of attendance
- Care plan monthly evaluations
- Care staff skills training program
- Casual staff orientation checklist
- Catering communication book
- Cleaning schedules
- Communication diaries
- Complaint records
- Complaints management policy
- Compulsory reporting of assaults policy
- Compulsory reporting of missing person policy
- Compulsory reports to DHA
- Controlled drug register
- Diet forms and colour coded tags
- Emergency procedures
- External agreements
- Fire system and equipment inspection reports
- Food safety program
- Food temperature records
- Handover sheets
- Hazard list
- Hazard reports
- Incident data
- Incident reports
- Infection data
- Infection outbreak report
- Interim care plans
- Maintenance records
- Maintenance requests
- Material safety data sheets
- Medication incident reports
- Meeting minutes
- Menu
- Orientation checklists
- Pest management program
- Policies and procedures
- Position descriptions
- Post assault for aggression forms
- Post fall checklists
- Referrals
- Register for police certificates
- Register of registered nurses
- Resident guidelines for complaints
- Residential care agreement
- Residents' information handbook
- Residents' information kit
- Restraint records
- Safety audit report
- Staff handbook

- Staff orientation program
- Staff roster
- Staff survey report
- Staff training records
- Weight monitoring data.

Observations

The team observed the following:

- Activities in progress
- Care practices
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Medication practice
- Secured unit
- Storage of medications.

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 Mary Potter Nursing Home (the home) has actively pursued continuous improvement in its management systems, staffing and organisation development and the home has monitored its performance measured against the expected outcomes of this standard. Improvements have been achieved through the application of the organisation's systems and processes. The home has processes that enable the identification of issues and opportunities for improvement, processes that support review and analysis to determine the most appropriate response and processes to implement and monitor improvement initiations. Records of these processes and feedback from management, staff and residents demonstrated that these processes were active and improvements were implemented without significant delay. An example of a recent improvement in this standard is the introduction of regional staff to improve the management of staff leave replacements and to improve staff skill development.

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's risk management and compliance systems have identified and ensured compliance with relevant regulatory requirements. These systems are managed by staff at various levels of the organisation including the head office and at the home. Information concerning new regulatory requirements or amendments to existing requirements is obtained through memberships of relevant groups, through alerts provided by external organisations and through subscriptions to industry publications. This information is reviewed to determine if any changes need to be made to the organisation's policies or practices. Processes are in place to implement changes to policy and practices including informing the home's staff and if required providing appropriate training. The home has systems in place to ensure that all staff and volunteers have a current police certificate and to ensure that relevant registrations of key staff are current. The organisation has met its responsibilities by informing residents about the accreditation audit.

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

Processes are in place to identify the skills and knowledge required by management and staff to perform their roles effectively. Position descriptions are used to specify selection criteria and to inform staff of the requirements of their position and performance requirements. New staff are provided with an introduction to the organisation, to the home and to their role through an orientation program. At this time management and staff are trained in key skills and knowledge such as compulsory reporting requirements, working with dementia, workplace safety, food safety, resident safety infection control and emergency procedures. Processes are in place to identify educational needs following orientation and to appraise ongoing performance. Overall, residents were satisfied with the skills and knowledge of management and 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

Processes are in place to provide residents, their representatives and other persons with information about internal and external complaints mechanisms. This information is provided in both written and verbal form. Mechanisms are available to facilitate the lodgement of complaints including the lodgement of confidential complaints. The home's policies do not place restrictions on how complaints are to be lodged and management demonstrated that complaint mechanisms have been accessed using a range of formats including complaint forms, letters, meetings, email and verbally. Complaints are investigated by the home's management and feedback is provided to complainants. The organisation's senior management monitor complaints and complaint outcomes. Residents and/or their representatives reported that were aware of how to access complaint mechanisms.

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 organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality in documents provided to residents, their representatives and staff and in documents on display at the home.

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

Management has established position descriptions and recruitment criteria to ensure that staff have the appropriate qualifications and skills to meet the needs of residents and to meet relevant regulatory requirements. Processes are in place to determine the number of staff required at different times, taking into account the care needs of residents, the layout of the home and staff qualifications and skills. Staff with particular qualifications such as registered nurses are rostered at all times. The home's roster also includes staff with qualifications in diversional therapy, food safety, occupational health and safety and fire safety. Processes are in place to replace staff on leave with staff with equal qualifications and skills. Staff report that there are sufficient staff to meet the needs of residents and the home. Resident and/or their representatives reported that there are sufficient staff to meet their care and service needs.

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 processes in place to determine its needs in relation to goods and equipment. This process takes into consideration the needs of residents and staff and equipment effectiveness. Stock levels are monitored with imprest systems being used for some critical goods. Stock levels are increased to manage the risk of supply chain disruptions due to extreme weather events. The organisation uses a product evaluation process for new equipment. There is a maintenance program in place and this includes a program of scheduled maintenance and a process to repair damaged or faulty equipment. Residents and staff report satisfaction with the availability of goods and equipment and the maintenance program.

1.8 Information systems

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

Team's recommendation

Does comply

Information management systems effectively provide management, staff and residents with key and current information. Residents were satisfied that the communication processes kept them informed about their care and about current and future events. Residents' care information contained in assessments, care plans, lifestyle plans and dietary assessments are up to date, securely stored and available to care and support staff. Information management systems such as the continuous improvement system, the safety system, staff orientation and training and the reporting of clinical data are operating effectively. Policies are in place to manage information security and information confidentiality.

1.9 External services

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

Team's recommendation

Does comply

The organisation has established processes to guide the management of externally sourced services. These processes include service specification and performance review. Contracts are negotiated with key external service providers. Contacts are regularly reviewed to ensure that the quality of goods and services provided meets the home's needs. Staff reported satisfaction with external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has actively pursued continuous improvement in the delivery of health and personal care. The home has monitored its performance measured against the expected outcomes of this standard. Improvements have been achieved through the application of the organisation's systems and processes. The home has processes that enable the identification of issues and opportunities for improvement, processes that support review and analysis to determine the most appropriate response and processes to implement and monitor improvement initiations. Records of these processes and feedback from management, staff and residents demonstrated that these processes are active and improvements are implemented without significant delay. Examples of recent improvements in this standard are the introduction of new assessment, care planning and evaluation processes and the introduction of new management strategies for the home's secure special care unit that have reduced seclusion and improved outcomes for 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's risk management and compliance systems have identified and ensured compliance with relevant regulatory requirements. These systems are managed by staff at various levels of the organisation including the head office and at the home. Information concerning new regulatory requirements or amendments to existing requirements is obtained through memberships of relevant groups, through alerts provided by external organisations and through subscriptions to industry publications. This information is reviewed to determine if any changes need to be made to the organisation's policies or practices. Processes are in place to implement changes to policy and practices including informing the home's staff and if required providing appropriate training. The home has systems in place to ensure that residents' specialised nursing care needs are met by registered nurses, to ensure that medications are managed according to relevant protocols and to ensure that unexplained absences of residents are reported.

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

Processes are in place to identify the skills and knowledge required by management and staff to perform their roles effectively. Position descriptions are used to specify selection criteria and to inform staff of the requirements of their position and performance requirements. New staff are provided with an introduction to the organisation, to the home and to their role through an orientation program. At this time management and staff are trained in key skills and knowledge such as compulsory reporting requirements, working with dementia, workplace safety, food safety, resident safety infection control and emergency procedures. Processes are in place to identify educational needs following orientation and to appraise ongoing performance. Overall, residents were satisfied with the skills and knowledge of management and staff.

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

Team's recommendation
Does comply

Following entry to the home processes to identify residents' clinical care needs and preferences include consultation and observation of the resident, input from care staff and baseline assessment. Focused assessments are utilised where a need is identified. Care planning occurs with input from the resident and/or representative, the visiting medical officer, staff and other allied health team members. Care plans are developed by registered nurses and guide personal care staff in the delivery of individual resident care. Care strategies are generally monitored for effectiveness with changes to residents' health status identified. Personal care staff and registered staff demonstrate knowledge of the individual needs of residents consistent with their assessed needs and preferences. Residents and/or their representatives reported satisfaction with the care provided and their involvement in their care.

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

The specialised nursing care needs of residents are identified, implemented and evaluated by registered nurses on entry to the home and as care needs change. Staff demonstrate knowledge of individual care needs. Referrals to specialists occur to assist in the management of specialised nursing care. Examples of specialised nursing care include: complex wound management, care of indwelling/suprapubic catheters, oxygen therapy and pain management. Education is provided and resources are available to support the provision of specialised nursing care. Staff have access to appropriate equipment and supplies. Residents and/or their representatives indicate that they 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 health services based on individual needs and preferences. Examples of available health specialists include: podiatry, physiotherapy, speech pathology, dietetics, dental and optometry. Allied health professionals visit the home, and/or residents are assisted to attend external appointments. Residents and/or their representatives reported they were satisfied with the care provided by visiting allied health and related services. Strategies recommended by allied health professionals are included in care plans, implemented, monitored and evaluated for effectiveness.

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

Team's recommendation
Does comply

Registered staff administer prescribed medications in accordance with medical officers' directions and the care needs of residents. Medication is delivered weekly and as changes occur in mult-dose sachet packaging. Medication charts contain information such as: the drug, dose, route, commencement date, cease date, administration time, resident photograph, medication alerts, special administration instructions, allergies and the medical officer's signature. Limited nurse initiated medications are utilised. Non-packaged medication is generally monitored for expiry dates and the home generally has processes for the return of expired or discontinued medication. Scheduled medication is stored securely and records are kept. Medication reviews are conducted by the medical officer and/or pharmacist. Medication incidents are reported and acted upon. Residents and/or their representatives indicate satisfaction with the provision of their medication.

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

Team's recommendation
Does comply

Registered staff assess the individual pain symptoms on entry and as their symptoms change. A range of pain management strategies are provided to residents to ensure they remain as free as possible from pain and these include repositioning, exercise and the application of hot/cold packs, massage and analgesia. A care plan is developed reflecting the management strategies and evaluation occurs through pain assessment tools which also consider verbal and non verbal pain indicators. The medical officer also reviews residents' pain management with input from registered staff. Residents reported they are satisfied with the pain strategies provided and staff's response when they report pain symptoms.

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' extended care preferences, including individual cultural and spiritual wishes are identified on entry to the home. This information is recorded on care plans including relevant substituted decision makers. Consultation with the resident, their chosen representative and the health care team occurs during palliation with emphasis on symptom management. As changes in the residents' health status occurs, their ongoing care needs are planned and implemented in consultation with the medical officer and registered staff. Pastoral care and emotional support is provided to residents and their families and access to clergy is facilitated where requested. Residents and/or their representatives reported that they were confident staff understood their end of life wishes.

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

Team's recommendation
Does comply

Residents' nutritional and hydration needs are assessed to indentify allergies, food preferences, likes and dislikes and specialised dietary requirements; aids required to assist with eating are provided. Relevant information is communicated to the kitchen staff. Residents' weights are generally monitored and reviewed monthly and more frequently where unplanned weight gain/loss occurs. Referrals to a dietitian or a speech pathologist generally occur where there is an identified need and recommendations are implemented and monitored for effectiveness. Food and fluid monitoring, oral health review and observation is initiated when residents' intake varies. Strategies such as additional portions, high energy and fortified foods, modified textures and meal supplements are implemented, where indicated. Staff demonstrate knowledge of individual care needs in relation to nutrition and hydration. Residents and/or their representatives reported that they are satisfied with the quality and quantity of the meals and drinks provided.

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

Team's recommendation
Does comply

Resident's skin care needs and risk of impaired skin integrity is measured through focused assessments soon after entry. Care plans detail preventative measures required to maintain or improve residents' skin integrity based on the identified risks. Aids and equipment are available to minimise the risk of skin breakdown including pressure relieving mattresses and limb protectors. Skin tears are recorded through the incident reporting processes, discussed at meetings and analysed for trends. Changes to residents' skin integrity are generally identified. Education is provided to staff to minimise the risk of skin tears through manual handling. A range of suitable skin care products and wound dressings are available. Complex wound management is provided by registered staff with regular evaluation.

Residents and/or their representatives reported that they are satisfied with the management of their skin and wounds.

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

Team's recommendation
Does comply

The individual needs of residents are identified and assessed using continence assessments including bowel monitoring. Individual programs are implemented including scheduled toileting times and care of indwelling catheters. If continence needs change, re-assessment occurs in consultation with the resident, medical officer and the care team; alternative interventions are implemented and effectiveness is monitored. A project nurse has been appointed to oversee the effectiveness of continence programs which are communicated to care staff through handovers and care plans. Residents at risk of urinary tract infections are monitored for symptoms and provided with additional fluids and/or supplementary therapy. Residents and/or their representatives reported they are satisfied with the care provided to maintain or improve 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

The needs of residents with challenging behaviours are identified through information provided prior to entry, observation and behaviour monitoring. The home provides a secure unit to residents who are at risk of wandering. Triggers to challenging behaviours are identified and care staff implement strategies to minimise and reduce the incidence of behaviours. Behaviour management plans reflect these strategies. Diversional therapy such as reminiscence, adapted activities appropriate to the abilities of residents and one to one activities are provided by care staff and diversional therapy staff. The effectiveness of interventions is monitored and referral to specialists occurs where additional support is required. Residents and/or their representatives generally indicated satisfaction with the management of challenging behaviours and the way staff respond to residents.

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

Team's recommendation
Does comply

Residents' desired levels of mobility and dexterity are identified on entry through assessment of residents' ability, independence and manual handling needs; strategies previously developed by the physiotherapist have been documented. Physiotherapy assistants implement the individual programs including regular gym sessions. Group exercise and walking programs are offered to residents and range of movement exercises are also implemented by care staff. The use of manual handling equipment and transfer aids to support residents' mobility and safety are utilised. Staff are provided with education on manual handling techniques and are assessed for competency. Falls are reported and

analysed; following a fall reassessment occurs by the registered nurses and the Care Services Manager may initiate a referral to the physiotherapist for review. Strategies are implemented, including trials of aids and alternative equipment. Residents and/or their representatives reported satisfaction with the assistance provided to support their mobility and dexterity.

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

Team's recommendation
Does comply

Care staff provide assistance to residents and demonstrate knowledge of the individual oral and dental care needs of residents including the frequency of mouth care and the monitoring of fluid intake. On entry, the oral and dental health care needs of residents are assessed. Care plans detail individual routines and the presence of any dentures or prosthesis. Consideration is also given to meal texture and consistency where oral health needs impact on residents' ability to eat. Evaluation of the effectiveness of strategies for managing residents' oral and dental health occurs with referral to dental services if required. Residents and/or their representatives reported that they are satisfied with the assistance provided by staff to maintain their oral health and hygiene.

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

Team's recommendation
Does comply

Residents' sensory needs are assessed on entry including consideration for hearing, sight, smell, touch and taste. Each resident's preferences to maintain these are identified and care interventions to effectively manage residents' sensory loss are developed, communicated to staff, implemented and evaluated. Referrals to optical and hearing specialists are coordinated, where appropriate. Care staff demonstrate knowledge of the individual sensory needs of residents including the cleaning, maintaining and fitting of sensory aids, where utilised. Residents and/or their representatives reported that they are satisfied with the assistance provided by staff to manage their sensory loss.

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

Team's recommendation
Does comply

On entry, each resident's individual sleep and rest patterns are identified and care plans are developed to reflect the individual's settling times and routines. Flexible care approaches ensure the individual sleep patterns of residents are supported. Staff demonstrate responsiveness to reported and observed sleep disturbances by the provision of comfort measures, drinks, pain management and continence care. Alternatively sedation is offered where these measures are not successful. Residents reported they are satisfied with the support provided to assist them to sleep and rest.

Standard 3 – Resident lifestyle

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

3.1   Continuous improvement

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

Team's recommendation

Does comply

The home has actively pursued continuous improvement in the support of resident lifestyle. The home has monitored its performance measured against the expected outcomes of this standard. Improvements have been achieved through the application of the organisation's systems and processes. The home has processes that enable the identification of issues and opportunities for improvement, processes that support review and analysis to determine the most appropriate response and processes to implement and monitor improvement initiations. Records of these processes and feedback from management, staff and residents demonstrated that these processes are active and improvements are implemented without significant delay. An example of a recent improvement in this standard is the introduction of new activities (cards and fresh fruit trolley) that have improved residents' enjoyment and independence.

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's risk management and compliance systems have identified and ensured compliance with relevant regulatory requirements. These systems are managed by staff at various levels of the organisation including the head office and at the home. Information concerning new regulatory requirements or amendments to existing requirements is obtained through memberships of relevant groups, through alerts provided by external organisations and through subscriptions to industry publications. This information is reviewed to determine if any changes need to be made to the organisation's policies or practices. Processes are in place to implement changes to policy and practices including informing the home's staff and if required providing appropriate training. The home has systems in place to ensure that residents have security of tenure and to ensure the timely reporting of reportable assaults.

3.3 Education and staff development
This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation
Does comply

Processes are in place to identify the skills and knowledge required by management and staff to perform their roles effectively. Position descriptions are used to specify selection criteria and to inform staff of the requirements of their position and performance requirements. New staff are provided with an introduction to the organisation, to the home and to their role through an orientation program. At this time management and staff are trained in key skills and knowledge such as compulsory reporting requirements, working with dementia, workplace safety, food safety, resident safety infection control and emergency procedures. Processes are in place to identify educational needs following orientation and to appraise ongoing performance. Overall, residents were satisfied with the skills and knowledge of management and 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

Prior to entry residents and their representatives are given information about the home and a tour of the facility. Orientation processes following entry assist residents to adjust to residential life including being introduced to staff and other residents. Care staff demonstrate awareness of the individual support needs of residents and their extended families. The residents' history and social background is recorded by the therapy staff. This information guides the development of care plans which identify the individual's support network and additional support needs. Pastoral care staff are employed by the home and support is offered where there is an identified need. Residents and/or their representatives reported that staff support them when they move in to the home and as required.

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 needs of residents in relation to their desired level of independence are assessed on entry and when changes to care needs occur. Support is provided to assist residents to accessing the community, go on outings and maintain their living areas. Staff assess each resident's physical needs and potential to be independent. A care plan is developed which reflects the desired and achievable levels of independence including exercise and gym programs and mobility aids required. Modified eating utensils are provided based on assessed need to improve the independence of residents at meal times. Residents reported they are encouraged and supported to be independent in their daily life at the home and participate within the community, as able.

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 individual needs of residents are assessed on entry and their right to privacy, dignity and confidentiality is considered. Care plans reflect these needs and any factors impacting on their privacy. Residents reside in shared and single rooms and staff demonstrate awareness of privacy and dignity issues when providing personal care to residents ensuring doors are closed and care is provided discreetly. The internal and external environment provides residents and their families with areas for visitation and private dining areas have been furnished to enhance the dignity of residents at meal times. Personal and care related information is stored securely to support residents' privacy and confidentiality. Care staff refer to residents by their preferred name and residents interviewed said their privacy is respected and staff treat them with dignity. Residents and/or their representatives reported that staff respect their privacy and dignity.

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

Team's recommendation
Does comply

The residents' social background and life history is identified on entering the home by the diversional therapy staff. The home provides a range of activities and facilitates access to community and events of interest to residents. The therapy staff develop individual and group programs for residents based on their needs and current interests. New activities are trialled and evaluated. Access to a variety of activities is facilitated with group activities held in all areas of the home with residents from other areas attending. A monthly activity schedule is planned and is displayed for residents. Staff remind residents on the day and residents are given the choice to participate. The program is evaluated with residents via their meetings and through individual feedback. Residents and/or their representatives reported that they are satisfied with the activities offered at the home and their decision not to attend is respected.

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

Team's recommendation
Does comply

Residents and/or their representatives reported that their cultural and spiritual needs or preferences are known and respected by staff. The identification of residents' cultural and spiritual needs occurs following entry to the home. Individual cultural needs including consideration for special dietary requirements, if applicable, are reflected in the resident care plan, which is developed in consultation with the resident and/or their representative. Specific cultural events, themes and days of significance are celebrated. The home employs pastoral care workers and conducts a variety of activities including church services and access to onsite clergy is facilitated.

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 ability of each resident to participate in making choices and decisions at the home is identified and encouraged. Information in relation to each resident's appointed decision-maker (where applicable) is identified and documented including any nominated enduring power of attorney or the presence of advanced health directives. Where cognitive impairment affects the residents' ability to make decisions, staff support residents through involvement in their care and lifestyle choices. Residents have the right to refuse care and staff document such refusal. Access to advocacy services is promoted and can be facilitated where there is an identified need. Residents and/or their representatives reported that staff respect their right to make choices and decisions about their day to day care and lifestyle.

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 and/or their representatives are provided with written information about the care and services offered and a tour of the home is conducted. All residents/representatives are offered a residential care agreement to sign soon after entry. Residents are provided with details of relevant fees and charges and security of their accommodation bonds, where applicable. Access to internal and external complaints processes support the residents' security of tenure. Information on residents' rights and responsibilities is also provided with the resident agreement. Residents and/or their representatives reported they are informed of their rights and feel secure living at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

The home has actively pursued continuous improvement in the physical environment and safe systems. The home has monitored its performance measured against the expected outcomes of this standard. Improvements have been achieved through the application of the organisation's systems and processes. The home has processes that enable the identification of issues and opportunities for improvement, processes that support review and analysis to determine the most appropriate response and processes to implement and monitor improvement initiations. Records of these processes and feedback from management, staff and residents demonstrated that that these processes are active and improvements are implemented without significant delay. An example of a recent improvement in this standard is the development of a central catering unit to improve control over the variety of quality of meals and to improve the home's responsiveness to changes in residents' dietary needs and preferences. In conjunction with the introduction of the central catering unit, food safety was improved through the implementation of a certified food safety program.

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's risk management and compliance systems have identified and ensured compliance with relevant regulatory requirements. These systems are managed by staff at various levels of the organisation including the head office and at the home. Information concerning new regulatory requirements or amendments to existing requirements is obtained through memberships of relevant groups, through alerts provided by external organisations and through subscriptions to industry publications. This information is reviewed to determine if any changes need to be made to the organisation's policies or practices. Processes are in place to implement changes to policy and practices including informing the home's staff and if required providing appropriate training. The home has systems in place to ensure that relevant requirements are met such as building certification, workplace health and safety requirements and food safety standards.

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

Processes are in place to identify the skills and knowledge required by management and staff to perform their roles effectively. Position descriptions are used to specify selection criteria and to inform staff of the requirements of their position and performance requirements. New staff are provided with an introduction to the organisation, to the home and to their role through an orientation program. At this time management and staff are trained in key skills and knowledge such as compulsory reporting requirements, working with dementia, workplace safety, food safety, resident safety infection control and emergency procedures. Processes are in place to identify educational needs following orientation and to appraise ongoing performance. Overall, residents were satisfied with the skills and knowledge of management and 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

Residents and/or their representatives report satisfaction with the home's living environment. Satisfaction was also reported with their personal safety, with the home's response to incidents and with the timeliness of maintenance. The home's living environment was observed to be calm and quite with adequate lighting and temperature control. Residents have access to an nurse call system. The home has processes to monitor the living environment including planned and reactive maintenance and regular safety checks. Systems are in place to respond to incidents such as falls, to identify and manage hazards and to provide a safe environment for residents at risk due to wandering. Staff are provided with training in manual handling tasks such as assisting residents to transfer and in the operation of lifting equipment.

4.5   Occupational health and safety

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

Team's recommendation
Does comply

The home has established a safety system that is consistent with regulatory requirements. Components of the system include staff education, hazard management (including hazardous substances), risk assessments, staff incident management, personal protection and workplace rehabilitation. Occupational health and safety is managed through a safety committee that includes a representative of senior management, a workplace health and safety officer and staff representatives. Regular safety audits are conducted and action is taken when issues are identified. Staff are provided with training in the key aspects of occupational health and safety. There is a program in place to conduct general and regulated maintenance.

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

Team's recommendation
Does comply

The nursing home has current building certification and is protected by fire detection and alarm systems. These systems plus associated equipment such as emergency lighting, smoke doors and portable fire fighting equipment are inspected and maintained. The home has developed procedures and practices that minimise fire, security and emergency risks including evacuation procedures, sign and sign out records, after-hours security checks, a no smoking policy and a disaster plan. Staff are given fire and evacuation training during orientation and thereafter each year. The home was observed to have well signed emergency exits and appropriately placed evacuation diagrams. Staff demonstrated appropriate knowledge of the home's emergency procedures and residents reported feeling safe.

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

Team's recommendation
Does comply

The home has an infection control program and management and staff demonstrated that the program was effective. The program is managed by senior management and care staff and is based on contemporary infection control practices. Processes are in place to identify residents' infections and to take appropriate action including referring the resident to their doctor, the administration of antibiotics and ongoing monitoring of the resident's care. Staff demonstrated numerous practices designed to minimise risks of cross infection including handwashing, the use of personal protective equipment, soiled linen/clothing management, waste and sharps management and spills management. The home's food safety program is certified. Residents are offered fluvax annually. The home has outbreak management procedures and additional stocks of protective equipment for use in the event of an outbreak.

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

Team's recommendation
Does comply

Residents, their representatives and staff were satisfied with catering, cleaning and laundry services. Catering staff have access to residents' current dietary requirements and processes are in place to ensure the integrity of this information. The menu is developed with input from residents and offers three main meals plus morning and afternoon teas and supper. The home offers residents restaurant style dining. A six day laundry service is offered through an off site laundry provider. Processes are in place to identify residents' clothing, to fold, hang or iron laundered clothes and to return residents' clothing to their rooms. Cleaning services are provided by cleaning staff guided by a cleaning schedule that provides for daily and weekly cleaning and includes a 'full clean' cycle.