



Australian Government

Australian Aged Care Quality Agency

BaptistCare Morling Lodge

RACS ID 2983
51 Hicks Street
RED HILL ACT 2603

Approved provider: BaptistCare NSW & ACT

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 June 2018.

We made our decision on 08 April 2015.

The audit was conducted on 24 February 2015 to 26 February 2015. The assessment team's report is attached.

The assessment team recommended the home did not meet expected outcomes 1.6 Human resource management, and 2.8 Pain management.

Immediately following the audit, the home implemented a number of actions to improve care for residents and we are satisfied, at the date of our decision, that the home now meets expected outcome 2.8 Pain management, and is making progress in human resources management.

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

ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted assessment contacts. Our latest decision on 11 June 2015 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development

Expected outcome	Accreditation Agency's latest 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

Standard 2: Health and personal care

Expected outcome	Accreditation Agency's latest 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

Standard 3: Resident lifestyle

Expected outcome	Accreditation Agency's latest 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

Standard 4: Physical environment and safe systems

Expected outcome	Accreditation Agency's latest 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

BaptistCare Morling Lodge 2983

Approved provider: BaptistCare NSW & ACT

Introduction

This is the report of a re-accreditation audit from 24 February 2015 to 26 February 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an 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 the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 42 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.6 Human resource management
- 2.8 Pain management

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 February 2015 to 26 February 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Helen Ledwidge
Team member/s:	Helen Hill

Approved provider details

Approved provider:	BaptistCare NSW & ACT
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Details of home

Name of home:	BaptistCare Morling Lodge
RACS ID:	2983

Total number of allocated places:	105
Number of care recipients during audit:	100
Number of care recipients receiving high care during audit:	100
Special needs catered for:	Residents diagnosed with dementia (special care unit with 29 places)

Street/PO Box:	51 Hicks Street
City/Town:	RED HILL
State:	ACT
Postcode:	2603
Phone number:	02 6221 3700
Facsimile:	02 6295 0803
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Residential manager	1
Care team managers	3
Registered nurses (RNs)	6
Educators	2
Care staff	9
Physiotherapist, physiotherapy assistant and private physiotherapist treating a resident	3
Administration assistants (including ACFI)	2
Property assessment manager for NSW	1
Client liaison co-ordinator	1
Residents	12
Representatives	9
Lifestyle coordinator, recreational activities officer (RAO) and volunteer	3
Chaplain	1
Hospitality services supervisor	1
Catering staff	6
Laundry staff	1
Cleaning staff	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	10
Employee files	6
WorkCover files	2
Medication charts	10
Wound charts	7

Other documents reviewed

The team also reviewed:

- Cleaning – audits, infection control procedures, schedules for general, kitchen and laundry cleaning, cleaning specifications
- Clinical care documentation including end of life decision making; clinical assessment and care plan review schedules, case/family conference reports, continence management, flow charts, behaviour and pain management, nutrition and weight monitoring tool data, diabetic management including blood glucose level parameters, wound care, catheter care, physiotherapy documentation, influenza and gastroenteritis outbreak management documentation
- Comments, compliments and complaints – policies and procedures, *Have your say* forms, feedback forms, external complaints forms and advocacy brochures
- Communication systems – diaries, doctors and allied health professionals communication folders, newsletters, memoranda, meeting schedule and minutes, daily handover sheet, faxes
- Continuous quality improvement – audits and surveys, improvement logs, quality improvement Standards 1-4 folder, plan for continuous improvement, incident and accident reports, medication incidents, infection statistics
- Education matrix and training records, training attendance reports, mandatory training records, staff competencies
- Emergency procedures manual, emergency flip charts, disaster management plan, evacuation plans, evacuation kit and resident evacuation list
- Food safety program – calibration records, cleaning schedules, dietary preference sheets, Food Business registration audit results, food safety plan, menu, ordering processes, food and equipment temperature records
- Human resource management – policies and procedures, orientation program, police record checks, professional registrations records, job descriptions, duty statements, reference checks, staff handbook, staff rosters, specimen signatures and initials
- Information systems – purpose and vision, policies and procedures, meeting minutes, staff handbooks, staff information package, residents' handbook and service directory
- Leisure, lifestyle, and activities documentation including monthly and weekly activities programs, resident daily participation records, record of activities and survey evaluations, resident assessments, care plans and progress notes
- Maintenance and external services – maintenance logs, planned maintenance schedule, electrical tagging equipment, external service agreements, service records, contracts and agreements
- Medication documentation including medication charts, nurse initiated medications authorised by medical practitioners, medication refrigerator temperature monitoring records, Schedule 8 drugs register, medication incident reports
- BaptistCare Morling Lodge re-accreditation self-assessment document

- Regulatory compliance – annual fire safety statement, compulsory reporting file, police record checks, Food Business Registration, residents’ privacy consents, professional registrations, residential care agreements, staff confidentiality agreements
- Visitors, residents, volunteers and contractors - sign in and out books
- Work health and safety policies and procedures, occupational health and safety policy statement, accident and incident reports, hazard reports, safety data sheets.

Observations

The team observed the following:

- Activities in progress, activities program displayed, resident “know me” profiles displayed
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of Residents’ Rights and Responsibilities displayed at the home
- Chemical storage, cleaners’ rooms, cleaners’ information folder, colour coded mops and cloths, personal protective equipment, spills kits
- Dining rooms during lunchtimes, morning and afternoon tea, staff serving/supervising/assisting residents with meals, and assistive devices for meals
- Equipment and supply storage areas
- Evacuation egresses, assembly areas, emergency evacuation pack including residents’ information
- Fire board, firefighting equipment checked and tagged, exit and emergency lighting, designated smoking areas, evacuation plans, sign advising the home has no fire sprinklers
- Food service area – colour coded equipment, preparation and wash up areas, labelling and rotation of stock, dry stores, diet and tray cards
- Hand washing stations and hand sanitiser dispensers, infection control flip charts and infection control practices observed, sharps containers, general and contaminated waste disposal systems, stocked infectious outbreak supplies cupboard
- Heat pack therapy trolley
- Interactions between residents, medical and other health and related services personnel
- Interactions between staff and residents
- Internal and external comments/complaints forms, brochures on display, posting box
- Laundry – separate washing, drying and folding areas, labelling machine
- Living environment – internal and external
- Maintenance store areas

- Medication round, storage and administration; opened eye-drops (dated)
- Palliative care comfort boxes
- Security system including key padded arrangements, nurse call bells
- Short structured group observation
- Staff clinical areas and work stations
- Staff handover report (verbal)
- Staff room with policy, procedures and infection control manuals and notice boards displaying training calendar, WH&S information and staff survey action plan
- Visiting pharmacist conducting medication reviews
- Waste management.

Assessment information

This section covers information about the home's performance against 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 care recipients, 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 findings

The home meets this expected outcome

The organisation actively pursues continuous improvement as demonstrated by examples provided of improvements across the four Accreditation Standards. Information for improvement relating to Accreditation Standards One, Two, Three and Four is gathered through various activities and meetings and then discussed at the leadership team committee. Feedback on continuous improvement activities is provided through the home's meetings, verbally and on notice boards. Staff and residents/representatives stated management are responsive to their comments and suggestions for improvement and were able to identify recent improvements at the home.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard One include:

- Management have reviewed duty statements for staff to promote functional aspects of roles with staff. These have been completed and staff invited to have input prior to them being finalised. Staff have now completed their revision and have expressed their satisfaction with the duty lists as they better reflect their work processes.
- Management have improved the display of brochures and information available to residents and representatives regarding opportunity to provide feedback either internally or externally. They have included a range of information from the Department of Social Services and also included brochures in different languages. Management confirm this will enable residents and representatives to have adequate information regarding their right to comment or raise issues.
- To improve the system of documentation and information systems available the home has commenced the process of data migration from paper based documentation to computerised documentation. Staff feedback confirms they are already able to see the benefits associated with the new system as it will ensure up to date information is available.
- Information received from staff from the staff survey has resulted in the introduction of a staff rewards and recognition program. This has been well received by staff.

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 findings

The home meets this expected outcome

The home has a system to identify changes to legislation and regulations. These are provided corporately through the organisation and through information updates from industry bodies and government departments. The home's policies and procedures are reviewed and updated if required. Changes are communicated to staff via the policy and procedure update and via the policy and procedure newsletter which are made available to staff. Information is also discussed with staff at the various meetings. Information is disseminated to residents if required, for example notices advising residents/representatives and staff of the re-accreditation audit were displayed prominently throughout the home.

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 findings

The home meets this expected outcome

The home has systems and processes to ensure staff members have access to appropriate education and staff development opportunities to enable them to have the knowledge and skills to perform their roles effectively. Education is facilitated from an organisational and a site specific perspective. Education ideas are sourced through a training needs survey, evaluation of other education sessions, audit results and feedback through staff appraisals. Education sessions are held by the educators and also via a televised education program. External providers are also used. Education sessions conducted relevant to Accreditation Standard One include: bullying and harassment and orientation programs.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents/representatives are informed of internal and external complaint avenues through the resident handbook, during orientation to the home, and residents' meetings. *Have your say* forms are readily available, are on display in the home and there is a posting box for complaints to be lodged anonymously. Staff interviewed were aware of the home's procedure for reporting complaints made by residents. Residents/representatives interviewed advised they were aware of the process to take if they had a complaint and felt comfortable raising any issues with management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's philosophy, purpose and vision statement is on display throughout the home and is also documented in the resident and the staff handbook. The management said their primary focus is to provide quality care to residents and provide support to their representatives. Staff interviewed also confirmed a commitment to quality is fundamental to the way the home is managed.

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 findings

The home does not meet this expected outcome

Management are not able to demonstrate there are appropriately skilled and/or qualified staff sufficient to meet the service needs of residents and who perform their roles effectively.

Feedback from residents/representatives indicated that staff are not responsive to their needs in a timely manner. Residents are often left for long periods when waiting for staff to attend to their requests and staff are not completing their responsibilities or performing their roles to ensure services are delivered in accordance with the standards and the residential care service's philosophy, purpose and vision statements.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The home has systems in place to ensure appropriate stocks of goods and equipment are available at all times. Observations, interviews and review of documentation demonstrated appropriate stocks of goods and equipment, food, furniture and linen are achieved. Stock rotation processes, budgeting, purchasing through preferred suppliers ensures this ongoing program is effective. Staff and resident/representatives confirmed there is sufficient and suitable equipment for their use. All maintenance requirements are carried out in an appropriate time frame by maintenance staff at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Information is disseminated to staff through a variety of avenues including information displayed on notice boards, discussions at the regular staff meetings and education sessions. Information is relayed to residents and their representatives through information on various noticeboards and resident/representative meetings. Documentation is archived appropriately initially on-site and then transferred to the off-site records storage and stored securely. This system enables files to be retrieved as needed. Information retained on the computer system is routinely backed-up on an external server which is maintained by the organisation. Access to data retained on the home's computers is password protected.

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 findings

The home meets this expected outcome

All externally sourced services are provided in a way which meets the home's needs and quality goals. Documents reviewed showed the organisation has a system to identify preferred suppliers of goods, equipment and services and to review major or regular suppliers' performance. Contracts and/or service agreements are in place with suppliers of services such as cleaning services, food services and electrical services. Systems which ensure maintenance requests are completed and contractor requirements are monitored by the residential manager and maintenance staff.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for details of the home's system for continuous improvement.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Two include:

- An improved system of blood glucose monitoring has been implemented which includes an allocated trolley and specific folder. The folder includes everything for the checking of the blood glucose to the administration of insulin. Education has been provided to staff and management reports this has made the process safe for residents.
- A full review of continence management has been completed for all residents. New assessments have been completed. The allocation of continence aids has been reviewed and updated. Extra continence aids have also been made available. Management say this will ensure the comfort and dignity of residents requiring this care.
- A registered nurse has taken responsibility for the wound management portfolio. Education is being sourced to ensure the most up to date wound management is provided.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure the home complies with legislation and regulations relevant to residents' health and personal care. The home can access the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify current registrations for registered nurses and allied health practitioners if required.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions conducted include: medication management, wound assessment and documentation as well as staff competencies such as medication administration, continence management, diabetes management and hand hygiene.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. There is an ongoing review and evaluation system for identifying, communicating and managing residents’ health and personal care needs. Processes include an assessment of each resident by medical, physiotherapy, nursing and recreational activities staff on entry to the home in consultation with the resident and/or their representative. The information is used to develop individual care plans which are reviewed regularly and as required in consultation with residents/representatives. Staff generally provide care consistent with documented care plans and monitor residents’ clinical care outcomes using processes which include the collection, documentation and review of clinical information and a program of audits. Management monitors staff performance for competence and compliance in relation to the home’s processes and procedures. Residents/representatives are generally satisfied with the extent of consultation and with the clinical care provided to the resident.

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 findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified, met and reviewed by appropriately qualified staff. The home has policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Registered nurses conduct assessments, develop and evaluate care plans and specialised nursing care is provided by appropriately qualified and skilled staff. Additional expertise is accessed as needed to assess and meet residents’ specialised nursing care needs. Specialised care currently includes management of residents who require oxygen therapy, wound care, stoma care, management of residents with insulin dependent diabetes, pain, urinary catheters, percutaneous endoscopic gastrostomy (PEG) feeding and care of residents with swallowing difficulties. Medical and nursing staff refer residents to appropriate specialists and health professionals as necessary.

Residents/representatives are satisfied the specialised nursing care needs of the resident are identified and met by appropriately qualified nursing staff.

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 findings

The home meets this expected outcome

Resident interviews and clinical notes indicate residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences when necessary. If required, staff assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents/representatives. Residents have access to medical and other specialist services including a visiting geriatrician, dietician, physiotherapist, podiatrist, pharmacist, speech pathologist, behavioural management specialists, palliative care and pathology services. Specialist recommendations are communicated to relevant staff through written communication systems, staff handover discussions and clinical records documentation. Staff update care plans and implement changes to care resulting from specialist referrals. Residents/representatives are satisfied referrals to appropriate health specialists are in accordance with the resident’s needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medication is managed safely and correctly by using systems to ensure medication orders are current, residents’ medications are reviewed and the medication management system is monitored. Medication audits are conducted, medication incidents are reviewed, and corrective action is taken as required. A medication advisory committee provides advice on the home’s medication management system and a clinical pharmacist conducts regular medication reviews on individual residents. The supplying pharmacist provides a timely service with regular deliveries and after hours’ service. Medications are administered via a blister pack system, are stored and managed safely and in accordance with regulatory requirements. Registered nurses and suitably qualified staff administer medications and competency assessments are conducted regularly.

Residents/representatives are satisfied the resident’s medication is managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home does not meet this expected outcome

The home is not able to demonstrate its pain management approach ensures all residents are as free as possible from pain. Observations, documentation and resident interviews confirmed

there are residents with pain which is not being effectively managed. When staff are alerted to the need to assess a resident for the need for pain relief they have not acted in accordance with all options available to the resident according to medical officer's directions, the medication ordered and the pain management instructions in the resident's care plan. Episodes of pain experienced by residents, the administration of PRN (as required) pain relief medication and its effectiveness are not always documented in the progress notes and these gaps in documentation reduce and compromise the data used by medical and other staff to monitor and evaluate the residents' pain management. The home therefore does not have a consistent pain management system to ensure strategies available are implemented and effective in managing all residents' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill residents is maintained and emotional support is provided for the residents/representatives. The home's chaplain and staff are available to provide emotional support to residents/representatives and arrangements are also made for other clergy to visit in accordance with the resident's preferences. Visiting hours are unlimited to accommodate the wishes of resident representatives and arrangements can be made for representatives to stay overnight.

Wishes in relation to end of life care are sought from the resident or their enduring guardian (if required) at the time of entry through the assessment process and through ongoing care conferences. There is a supportive environment for residents/representatives and staff. The home's multidisciplinary team, with support and assistance from doctors, allied health professionals and local palliative care services provide end of life care. Representatives of residents who recently received palliative care sent notes of thanks to the home regarding the care of the resident and the compassion shown by staff.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. The home's systems include initial and regular ongoing assessment and monitoring of residents' nutritional status. Staff record each resident's requirements concerning nutrition and hydration, their allergies, dietary preferences, swallowing difficulties and assistance requirements on entry to the home and on an ongoing basis. Special diets and dietary supplements are provided as necessary.

Residents who are not eating well or are losing weight are referred to their medical practitioner and arrangements are made for residents to be reviewed by a dietician and speech pathologist if required. Staff promote adequate food and fluid intake, supervise and assist residents with their meals as necessary. Staff closely monitor each resident's nutritional status and identify significant weight changes through regular measurement of weights.

Residents/representatives are satisfied the resident receives adequate nourishment and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health and this outcome is achieved through the home’s system of assessment, interventions and reporting requirements.

Residents’ skin is assessed on entry to the home and on an ongoing basis and staff use mechanisms such as audits and documentation of skin care to monitor, maintain and improve skin integrity. Staff attend to residents’ specific skin, hygiene, nutrition, hydration, continence and repositioning needs. Staff document required treatments such as wound care and nutritional supplements. A visiting podiatrist attends to the foot-care needs of residents in accordance with their wishes. Referrals to specialists are arranged when necessary.

Pressure relieving devices and equipment are used when appropriate. Residents/representatives are satisfied the resident’s skin integrity is consistent with the resident’s general health.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff manage residents’ continence effectively. This includes assessing residents on entry to the home and on an ongoing basis regarding their bladder and bowel management needs and assistance required. Staff document individualised continence management information in care plans as needed. Staff assist residents with their toileting needs and provide continence aids. The home has a designated RN who liaises with the continence aid provider to provide education to staff and ensure continence aids match the individual needs of the resident. Clinical documentation indicates residents’ continence needs are subject to regular and ongoing review and there are processes to promote continence, to prevent and treat constipation and to monitor for urinary tract infections. Strategies such as exercise, intake of fluid, fibre, juice and fruit supplements are used to assist with elimination and continence.

Staff have access to continence management advisors and medical specialists for reviews and advice. Residents/representatives are generally satisfied with the resident’s continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs, triggers and strategies, develop and implement care plans. Staff monitor the effectiveness of strategies and review the care plan regularly and make changes as required. The home has a twenty nine place secure unit for residents with cognitive impairment. Specialist medical, nursing and allied health practitioners are consulted as needed. Referrals to specialist health teams have included the older persons mental health service and the dementia behaviour management advisory service (DBMAS). Documented strategies are implemented to provide a calm environment. Residents/representatives are satisfied the home has systems and processes to effectively identify and manage residents with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

All residents are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate residents’ mobility on entry to the home and on an ongoing basis to achieve optimum levels of mobility and dexterity. The home’s registered nurses assess each resident’s mobility status and falls risk on entry and changes in mobility, and falls are followed up by the resident’s medical practitioner and the visiting physiotherapist. The resident’s manual handling needs, mobility and dexterity aids, falls risk and prevention strategies are identified, documented and reviewed regularly as part of the care planning process. The physiotherapist develops exercise directives for residents which are implemented by a physiotherapy aide and care staff. The home has falls prevention strategies in place such as regular exercise classes, individualised exercises, use of hip protectors and the use of motion sensors for residents. Staff have been provided with education on manual handling. Residents/representatives are satisfied with the efforts made by staff to maintain the resident’s mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental health is maintained. The home has a system for the initial and ongoing assessment, management and evaluation of residents to maintain their oral and dental health. This includes making arrangements for referral to a specialist, dentist or dental technician for further assessment and treatment if needed. Residents are able to access a dental practitioner and dental prosthetist. Staff assess residents’ oral hygiene needs and

document in care plans which are reviewed regularly. Staff assist residents to maintain oral hygiene and residents are provided with oral and dental care supplies as needed.

Residents/representatives are satisfied the resident's oral and dental health is maintained.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory losses are identified and managed effectively using systems to assess, monitor and evaluate management of residents' sensory losses. Residents' senses are assessed on entry and staff document residents' sensory abilities and management in their clinical records and care plans. Residents have access to ophthalmology, optometry and audiology services as needed. Staff provide residents with support and assistance to adjust to life with sensory loss and assist residents in the care and maintenance of visual and auditory aids. The home's activities program caters to the needs of residents who have sensory losses. Residents/representatives are satisfied the resident's sensory losses are identified and managed effectively.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are supported to achieve their natural sleep patterns. Residents' sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the resident's preferred sleeping times and routines. The resident's sleep needs preferences and strategies to assist residents with sleep are documented and reviewed as needed by staff. Staff identify and address barriers to natural sleep including pain, continence needs and hunger when planning care. Care staff provide sedation as prescribed and alternatives to medication such as a regular retiring routine, assistance with toileting, re-positioning, one-to-one reassurance and reorientation and offering supper to assist residents to sleep. Reduced noise, low lighting, comfortable room temperature and other environmental factors are also considered to assist residents achieve natural sleep. Residents/representatives are satisfied with the support provided by staff to facilitate the resident's sleep.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for details of the home’s system for continuous improvement.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Three include:

- To help residents with dementia locate their room, individualised ‘know me’ posters have been developed and placed on each resident’s room door. Posters contain a photo of the individual and an overview of the person’s likes and preferences. This has helped residents identify their own room.
- Additional information has been added to the residents’ welcome packs and includes the activity program overview, an individual letter of welcome, and the activity program which is running at the date of entry. This has helped residents settle into their new environment.
- To improve communication strategies for residents with dementia ‘top 5’ has been introduced. Top 5 information includes five specific pieces of information for staff to assist in communication and manage episodes of agitation by knowing important things about each resident. As this has been so successful it has been decided to now complete the top five for all residents as it enables an instant relationship between the resident and the carer.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to residents’ lifestyle. The home maintains relevant registers such as a mandatory reporting register. The home is able to access the residential care agreement via an external organisation. This ensures the home and new resident or their representative are provided with the most up to date version.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education conducted includes experiencing dementia and mandatory reporting – assault and missing persons.

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 findings

The home meets this expected outcome

Residents receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure each resident receives initial emotional support through the entry processes and thereafter. The home has facility tours and orientation for residents and representatives on entry and the chaplain and lifestyle staff are actively engaged in supporting new residents. Residents are provided with a client information handbook/service directory, their individual needs are assessed and care is planned and evaluated in close consultation with the resident and/or their representative. Staff welcome visiting families and friends, and residents are encouraged to bring in personal items and photographs to help create a homelike atmosphere. Staff provide residents with emotional support, such as the provision of one-to-one interaction by the chaplain, recreational activities officers and care staff. Residents and representatives are generally satisfied with the ways in which staff provide information prior to entry, assist the resident to adjust to life within the home and for their ongoing emotional support.

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 findings

The home meets this expected outcome

Documentation, staff practices and resident feedback confirm residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents' preferences in relation to a range of activities of daily living and lifestyle are identified and documented and information about activities is displayed in communal areas to facilitate independence. Residents have input into decision-making in relation to personal care, lifestyle and health care choices through case conferences and various feedback mechanisms such as resident meetings. Staff encourage and assist residents to achieve maximum independence through the exercise and activities programs. Telephone connections are available to allow independent communication and

residents are able to vote in elections on site. The home welcomes visits from resident representatives, volunteers and community groups and residents participate in life outside the home if able. Residents/representatives are satisfied the resident is assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

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 findings

The home meets this expected outcome

Staff recognise and respect each resident's privacy, dignity and confidentiality. Staff sign confidentiality agreements on commencement and confidential resident records are stored securely. Staff demonstrated an awareness of privacy and dignity considerations in their daily practices, such as addressing residents by their preferred names, knocking on doors prior to entering rooms and by their demeanour in daily interactions with residents. The Charter of Residents' Rights and Responsibilities is displayed in the home and included in the documentation provided to new residents. Residents' end of life wishes including cultural and religious requirements are discussed and documented on entry and at care conferences. Residents/representatives are satisfied the resident's right to privacy, dignity and confidentiality 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 findings

The home meets this expected outcome

The home has systems to encourage and support residents to participate in a range of activities of interest to them. On entry to the home, residents/representatives are consulted in relation to the resident's past and current leisure interests and activities. Residents' communication, functional and cognitive abilities are assessed and documented on entry and on an ongoing basis and activities match care recipients' interests and abilities. Recreational activities staff provide a seven day program of individual and group activities. The program is displayed and is evaluated and modified in response to attendance and ongoing resident feedback through surveys and resident meetings. Popular activities currently include bingo, bus outings, musical events, cooking and craft, cultural events, birthday celebrations, watching movies and individual activities for residents who do not participate in group sessions. The home also has an afternoon program catering for the needs of residents with dementia. Residents/representatives are satisfied resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

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 findings

The home meets this expected outcome

The individual interests, customs, beliefs and cultural and ethnic backgrounds of residents are valued and fostered. Management and staff ensure residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Residents' needs and preferences are identified on entry and care plans are developed and reviewed regularly.

Cultural days of interest to the residents are included in the program and special dates of cultural significance of current residents are observed such as Easter and Christmas. Roman Catholic, Anglican, Presbyterian and Baptist Church services are conducted regularly and residents of all denominations are welcome. Clergy also visit residents individually when requested. Residents/representatives confirmed the cultural and spiritual needs of the resident are recognised and supported.

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 findings

The home meets this expected outcome

Each resident or their representative participates in decisions about the services the resident receives, and is enabled to exercise choice and control over the resident's lifestyle while not infringing on the rights of other residents. Residents' personal preferences, needs and choices are identified on entry to the home and reviewed using a range of assessments and consultation with health care professionals, residents and/or their representatives. The resident handbook/service directory outlines the services provided and avenues for making suggestions and complaints. Information on residents' rights and responsibilities is provided to residents on entry and the Charter of Residents' Rights and Responsibilities is displayed in the home. Residents are encouraged to participate in decisions about end of life preferences, the activities offered, their care and the services provided by using processes such as surveys, resident meetings, case conferences and other feedback mechanisms. Residents and resident representatives are generally satisfied with their participation in decisions about the services the resident receives and the effectiveness of the home's processes in enabling the resident to exercise choice regarding lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Information is provided to explain care and services to new residents and/or their representative prior to entry to the home. A resident agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents and representatives are advised to seek independent legal and/or financial advice prior to signing. A resident information pack is provided that contains relevant information. Residents/representatives are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous Improvement for details of the home’s system for continuous improvement.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Four include:

- There has been a full review of the kitchen and the menu. The menu has been redeveloped and reviewed by the dietician and offers a large range of choices for residents. Fruit bowls have been made available for residents to be able to help themselves. Residents/representatives confirm they have noticed an improvement in the food quality and availability of choice.
- To ensure safety of residents who are smokers, smoking aprons have been made available at each area where residents are able to smoke.
- A new workplace health and safety committee has been formed. Committee members have received training and terms of reference for the committees have been developed. Caring safely newsletter has been made available for staff.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This regulatory system includes compliance with legislation regarding the Food Business Registration for a food service in ACT and the routine inspection of the fire alarm and fire-fighting equipment.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions conducted include fire safety, manual handling and infection control.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

The management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs. BaptistCare Morling Lodge residents are preparing to move to a new facility located nearby. Staff, residents and representatives are eagerly awaiting the completion of the development. The home accommodates residents in single and double rooms. The home has one section which is specifically allocated to accommodate residents with dementia and which has its own lounge and dining area. This wing has an external secured garden area and courtyards. There are two other sections which each have their own large lounge and dining areas and outdoor garden areas. Feedback from residents/representatives indicates they feel comfortable in their environment however are looking forward to the advantages of the new facility for example bigger rooms and living space. Audits which include environmental aspects are conducted three monthly. The maintenance person oversees the day to day maintenance requirements to ensure ongoing safety of the environment and a gardener is employed to maintain the grounds.

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 findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. A newly formed workplace health and safety committee is assisting to educate staff and monitor the day to day safety systems in the work place. Staff could identify the procedures in place for reporting hazards. They were also aware of issues which may affect their area of work in relation to workplace health and safety. The committee confirmed there are various ways the home identifies hazards. These include observation, discussion at meetings, informal discussion with staff and other stakeholders, audits and incident and accident reports. All results are discussed at the workplace health and safety meetings and

actions are planned. Lifting and transferring equipment and tagging of electrical equipment were observed to be present in the home.

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 findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarm system. A random check of various fire-fighting equipment around the site, confirmed they are inspected on a regular basis. Staff advised fire safety is included as part of the orientation sessions for new staff members as well as part of the routine annual education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire. Key information on a range of other emergency situations such as bomb threat and natural disaster is available.

Evacuation plans in the event of the need to evacuate residents is located in the disaster management plan which is readily accessible to all staff members.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The organisation provides policies, procedures and training for management to guide them in implementing and monitoring infection control at the home. Vaccination to prevent influenza is offered annually to residents and staff. Residents are monitored for signs and symptoms of infection and timely follow-up action is taken to diagnose and treat infections in liaison with medical officers. Infection data is collated and analysed to assist with identifying trends and the need for improvement. Equipment and supplies are available to staff to minimise cross infection and they are provided with ongoing training on infection control and related topics. Cleaning programs are implemented for general cleaning. Sanitisation through the laundering process is achieved with chemicals and by thermal means. A food safety program is being implemented on an ongoing basis. Staff are knowledgeable about infection control principles and practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has a system in place to ensure hospitality services are provided in a way which enhances residents' quality of life and the staff's working environment. Management of the food services has recently been contracted out to an external provider. Food is cooked fresh

on site following a four-week rotational menu with a seasonal change. A new menu has been developed and residents have had the opportunity to provide feedback whilst the menu was being developed regarding their likes and dislikes. Residents also have the opportunity to say they do not want what is on the menu for a specific day and the meal is adjusted to suit at the time. Resident/representative feedback is via surveys and meetings. Residents' likes, dislikes and allergies are recorded in the kitchen. Temperature checking is carried out at each point of the meal preparation including delivery, storage, dishwasher, cooking and serving. Residents/representatives say they satisfied with the food provided and are enjoying the new menu. Cleaning services are provided by an external provider. The living environment was observed and cleaning programs were in place. The cleaning staff interviewed demonstrated a working knowledge of the home's cleaning schedules, practices and safe chemical use. The cleaning roster requires all rooms to be cleaned according to a set schedule. The home provides an onsite laundry service for personal clothes and all other linen is externally laundered. Residents/representatives stated they are aware of some new arrangements with the laundry service and had noticed some recent improvements to this service as a result.