Aged Care
Standards and Accreditation Agency Ltd

LHI Hope Valley

RACS ID 6134
1217 Grand Junction Road
HOPE VALLEY SA 5090

Approved provider: Lutheran Homes Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 25 March 2015.

We made our decision on 25 January 2012.

The audit was conducted on 19 December 2011 to 21 December 2011. The assessment team's report is attached.

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

This home is a 2014 Better Practice Award winner. Click here to find out more about their award.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

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

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

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.

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

Standard 3:   Resident lifestyle

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

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.

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

LHI Hope Valley 6134

Approved provider: Lutheran Homes Inc

Introduction

This is the report of a site audit from 19 December 2011 to 21 December 2011 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 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 the Standards. The Accreditation 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:

● 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 19 December 2011 to 21 December 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:	Karen Lesuey
Team member:	Mary Dunn

Approved provider details

Approved provider:	Lutheran Homes Inc

Details of home

Name of home:	LHI Hope Valley
RACS ID:	6134

Total number of allocated places:	104
Number of residents during site audit:	102
Number of high care residents during site audit:	98
Special needs catered for:	People with dementia or related disorders

Street:	1217 Grand Junction Road	State:	SA
City:	HOPE VALLEY	Postcode:	5090
Phone number:	08 8265 8000	Facsimile:	08 8396 3699
E-mail address:	admin@lhi.org.au		

Audit trail

The assessment team spent 3 days on site and gathered information from the following:

Interviews

	Number		Number
Management and supervisory staff	9	Residents	9
Clinical and care staff	10	Representatives	4
Hospitality, maintenance staff and administrative staff	12	Volunteers	2

Sampled documents

	Number		Number
Residents' assessments, care plans and computerised progress notes	11	Medication charts	11
Restraint assessments	6	Lifestyle assessments and care plans, including temporary care plans	7
Personnel files	4	External supplier contracts	3

Other documents reviewed

The team also reviewed:
- Communication books
- Contractors handbook
- Corporate and site continuous improvement information
- Duty statements
- Electrical test and tag records
- Fire system documents and triennial fire certificate
- Food safety audit and action plan
- Incident data
- Job descriptions
- Legislative information
- Maintenance and service records
- Material safety data sheets
- Memorandums and emails
- Newsletters
- Performance development and review information
- Resident's dietary requirements forms
- Residents' information package, including handbook
- Roster information
- Staff and volunteer visits folders
- Staff information package
- Staff orientation documents and records
- Training records and evaluations
- Various assessment tools and checklists
- Various audits and surveys
- Various corporate and site meeting minutes
- Various electronic spreadsheets
- Various policies, standard operating procedures and manuals

Observations

The team observed the following:

- Activities in progress
- Displays of internal and external feedback and advocacy information
- Equipment and supply storage areas
- Hand wash dispensers
- Interactions between staff and residents
- Internal and external living environment
- Lifestyle activity resources
- Meal service
- Medication administration and secure storage
- Resident and staff noticeboards
- Resident interest folders
- Security systems
- Shop and banking facilities
- Staff work areas

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

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's findings
The home meets this expected outcome

The home's continuous improvement system consists of corporate and site based continuous improvement plans for each improvement activity, monitored by the Continuous Improvement Committee. Demonstrated improvement activities are derived from attendance at external education, meeting minutes, resident and staff feedback, resident needs, review of processes and management review. Day-to-day improvements are managed and documented through meeting minutes, progress notes, comments, complaints and suggestions and other local documentation. Monitoring of the Accreditation Standards occurs through internal and external audits, meetings of management, staff and residents, and feedback systems. Staff are aware of how to provide formal and informal suggestions and can discuss improvements occurring in the home. Residents and representatives are informed how to make suggestions and are updated about projects and day-to-day improvements through resident meetings and newsletters.

The home demonstrated results of improvements relating to management systems, staffing and organisational development including:
- As the result of discussion at the Medication Advisory Committee, the home has developed an online medication credentialing program. Actions taken include liaison with an external online consultant to assist in developing online instructions and an easy to use program. Further actions include development of questions to reflect changes in Standard Operation Procedures, and drug calculations. Information is communicated to staff through individual memorandum. Feedback from staff resulted in plans to develop a separate package related to procedures. Staff comments were positive about being able to complete some aspects using the online process.
- In response to staff feedback, the ongoing behaviour needs of residents, and to reduce risk of staff injury, the home reviewed the night duty rostered hours. Initially a four hour shift was trialled in the North area, however, it was identified that an increase in staffing was also indicated in the South area. As a result, the home implemented a full eight hour shift to cover both areas overnight. Feedback from night staff has been positive and two of four staff on return to work duties, have returned to normal duties. Feedback from staff has also resulted in the home implementing 'buddy' shifts so that staff can be orientated to work across both areas.

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 and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information regarding legislative updates and changes from an industry association and legal advisors. Information is reviewed at management committee level and changes are made to policies and standard operating procedures, as required. Changes are communicated to relevant staff through intranet access and memoranda placed in communication books around the home, and to residents and representatives through regular meetings and newsletters. The home has implemented an electronic employee management system to underpin staff performance and disciplinary processes, and ensure they are completed within required legislation. The resident agreement has been updated to include changes related to the complaints scheme. Compliance with required legislation is monitored by the management team and external audits. Management and staff are aware of their legislated requirements in relation to management systems, staffing and organisational development.

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 processes for identifying, planning, and reviewing staff education and development. Training needs are identified through training needs analysis, industry issues, focus groups, Accreditation Agency visits, the general management team, resident care needs, incidents and staff performance reviews, and is delivered across the Accreditation Standards. Monthly education schedules and program flyers are distributed to staff, displayed in key areas and available on the intranet. Program evaluation sheets are completed following each session and feedback assists in program review. Attendance records and administrative checking procedures assist in monitoring that all staff attend mandatory training sessions. Education provided to staff in 2011 in relation to Accreditation Standard One includes leadership team development for management and hospitality staff. Staff are satisfied with opportunities to update their knowledge and skills. Residents and representatives report that staff have adequate knowledge and skills to provide care.

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 findings
The home meets this expected outcome

The home has processes to provide information to residents, representatives and staff regarding the internal and external comment and complaint mechanisms available. Suggestion boxes are located in various areas of the home, feedback forms and other current external information is generally displayed around the home. Compliments, suggestions and complaints are logged, analysed and reported to the Corporate Continuous Improvement Committee. Resident meeting minutes reflect follow-up and resolution of

residents' daily concerns. Staff are aware of feedback mechanisms and encourage residents and representatives to use the system. Residents and their representatives are aware of formal and informal internal and external complaints processes, and are satisfied with the home's response to the issues raised.

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

Team's findings
The home meets this expected outcome

The home has a documented philosophy of care, mission statement and objectives. These objectives relate to service excellence and quality of life for residents. Each general manager reports to the Board on organisational progress and outcomes in these areas, via each sub-committee. Management conduct annual planning meetings to review and set strategic goals. Information about quality improvements is displayed around the home and all stakeholders have access to quality systems.

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 meets this expected outcome

Residents and representatives are satisfied there are appropriately skilled and sufficient staff to meet the residents' care and lifestyle needs and preferences. Management demonstrated processes for recruitment, employment, orientation and performance review of staff. Extra hours are available to meet the temporary or increased needs of residents and to maintain the home's commitment to 'excellence of service'. A wellbeing care worker role has been implemented to assist in managing residents' behaviour and lifestyle needs. Monthly agency staff reports, feedback systems, meetings, surveys and staff performance review assist to monitor human resource management. Staff surveyed in 2011 believe that a high standard of care and service is provided to residents. Residents and representatives surveyed in 2011 indicate high levels of satisfaction with the skills of staff caring for residents.

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

Internal and corporate processes provide appropriate goods and equipment. Imprest systems have been established to ensure the required goods are available for staff and residents' needs. An electronic maintenance request system tracks and provides emails on the progress of the request. The home has preventative and routine maintenance schedules to ensure that equipment is well maintained. Specialised maintenance is provided by qualified external suppliers. Surveys, resident and staff feedback, incident and hazard reporting monitor equipment and inventory outcomes and opportunities for improvement.

Residents and staff are satisfied with the goods and equipment available to provide care and services.

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

The home uses meetings, intranet access, emails, noticeboards, newsletters, care consultations and information booklets as the main sources in which to effectively communicate information to residents, representatives, staff and other stakeholders. Processes maintain the security of computer based information and emergency back-up measures are in place. Current and archived resident and staff information is stored securely and information disposal occurs in line with legislative requirements. The effectiveness of information management systems is monitored by the management team, and through internal and external audits. Staff, residents and representatives are satisfied with the method and frequency of information provided to them.

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

The home has systems in place to ensure that all external providers deliver appropriate and satisfactory services that meet the needs of the home and the residents. The home has contracts and service agreements with external providers that specify the type and quality of services to be provided and compliance with police clearance, licence and insurance requirements. All contractors are provided with a contractors' handbook which outlines the expected behaviour while at the home, including health and safety considerations. The home monitors and reviews external services using feedback from management, staff and inspections. Residents and representatives are satisfied that residents are provided with quality care and services from externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system consists of corporate and site based continuous improvement plans for each improvement activity, monitored by the Continuous Improvement Committee. Demonstrated improvement activities are derived from attendance at external education, meeting minutes, resident and staff feedback, resident needs, review of processes and management review. Monitoring of Accreditation Standard Two occurs through internal and external audits, incident reporting, multidisciplinary and clinical care meetings, formal and informal feedback systems and observation. Staff are aware of how to provide formal and informal suggestions and can discuss improvements occurring in the home. Residents and representatives are informed how to make suggestions and are updated about projects and day-to-day improvements through resident meetings and newsletters.

The home demonstrated results of improvements relating to health and personal care including:

- To enhance the meal experience and encourage intake of food and fluids, the home developed a volunteer mealtime assistance program. Volunteers are provided with education regarding risks to swallowing, aids used to set-up a meal, residents' limitations, body language and how to engage the resident in communication. The volunteer undertakes a theory and practical session assessed by clinical staff. The same volunteer assists the same resident on each occasion that the volunteer is available, and one hour is allocated to assist the resident with their meal experience. Volunteers only assist low risk residents. Feedback from residents has been noted through increased food and fluid intake, and positive facial expressions and body language when volunteers are present. Volunteers report satisfaction in having the time to support a resident to enjoy their meal. Staff report that the support provided by volunteers assists them greatly. There are currently 15 volunteers in the program.
- As the result of resident feedback, the home has reviewed and re-developed the procedure for emptying residents' indwelling catheter bags. A resident initially raised concerns about inconsistent staff practices. Investigation identified a number of infection control risks which resulted in a decision to use macerator products to carry urine to the pan room for disposal. With the resident's consent, photographs were taken and added to a new procedure to guide staff practice. Boxes of alcohol wipes were placed in residents' rooms to promote good cleaning techniques. The resident reports satisfaction with actions taken and continues to monitor staff practice.

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

The home has a system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to Accreditation Standard Two. Information is reviewed at management committee level and changes made to policies and standard operating procedures. Changes are communicated to relevant staff through intranet access and memoranda placed in communication books around the home, and to residents and representatives through regular meetings and newsletters. Enrolled nurses are credentialed to manage dangerous drugs, and nursing registrations are monitored and checked with reference to the governing body. Management and staff are aware of their legislated requirements in health and personal care.

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

Team's findings
The home meets this expected outcome

The home has processes for identifying, planning, and reviewing staff education and development. Monthly education schedules and program flyers are distributed to staff, displayed in key areas and available on the intranet. Care staff study days and annual competency assessments have been successfully implemented. Attendance records, evaluation information and administrative checking procedures assist in monitoring staff training attendance. Staff are satisfied with opportunities to update their knowledge and skills. Residents and representatives report that staff have adequate knowledge and skills to provide care. Education provided to staff in 2011 in relation to Accreditation Standard Two includes, wound care and workshops in applying the organisation's 'service excellence' philosophy in caring for people with dementia'.

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

Team's findings
The home meets this expected outcome

Residents and representatives are satisfied residents receive care appropriate to their needs and preferences. The home has processes for assessing, planning, monitoring and reviewing individual health and personal care needs and preferences, when entering the home, and on an ongoing basis. Computerised assessments have been introduced to streamline the care planning process. Registered nurses generally review and evaluate clinical care plans at least six monthly, with changes made according to comments made by residents and representatives, staff and medical officers. The physiotherapist and occupational therapist generally review their care plans in a timely manner. Incidents, falls, skin integrity, infections and medication errors are collated and monitored, with any trends identified at multidisciplinary and clinical care meetings. Staff are aware of resident care needs and state they use care plans as a basis for providing 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 findings

The home meets this expected outcome

Residents and representatives are satisfied residents are provided with specialised nursing care according to their needs and preferences. The home's assessment processes identify residents' specialised nursing care needs and appropriate care plans are implemented. Registered nurses attend to specialised nursing care, including complex wound management and narcotic pain management when required. Enrolled nurses are competency assessed to undertake most aspects of medication administration. Enrolled nurses and personal carers work within their role and function, reporting to a registered nurse when changes in residents' health or care needs require re-assessment. Palliative care and other specialist advice are accessed externally when required. Staff state they have received education and are appropriately qualified to meet residents' specialised nursing care needs.

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

Residents and representatives are satisfied residents are referred to appropriate specialists. The home has processes for referring residents to health specialists in accordance with assessed needs and preferences. Physiotherapists and an occupational therapist are employed most week days. A podiatrist and medical officers visit the home regularly. Referrals to other health professionals, such as a dietitian and a speech pathologist are initiated in consultation with the resident's medical officer, residents and representatives as required. Referrals and care recommendations are documented and implemented. The home monitors staff practices and the referral process by consultation with residents and families, monitoring and review of care. Staff appreciated the ability to refer to allied health professionals to assist in the provision of resident care.

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 and their representatives are satisfied that medications are managed safely and correctly. Registered and enrolled nurses administer medications from sachet packs. A registered nurse assesses residents' medication administration needs on entry to the home and at regular intervals. Nurse initiated and 'as required' medications are administered in consultation with a registered nurse, with the effectiveness of these medications generally assessed for outcomes. Residents who wish to self-medicate are assessed and reviewed regularly to ensure they can manage their medications safely. The organisation's Medication Advisory Committee meetings monitor trends of incidents, review current medication practices and any changes to legislation. Staff are confident with their knowledge of safe and correct medication practice.

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

Team's findings
The home meets this expected outcome

Residents and representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively. The home has processes for assessing, managing and generally reviewing the effectiveness of strategies used to manage residents' pain. Staff are aware of non-verbal signs of pain in residents with cognitive impairment and use appropriate assessment tools. Strategies for managing pain describe residents' specific needs and preferences, such as repositioning, massage, heat packs and pressure relieving devices. The care review conducted by registered nursing staff includes review of 'as-required' medication and review of pain relief strategies. Residents with difficult to manage pain are referred to external agencies and specialists. Pain strategies are monitored by audits and resident feedback.

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

Representatives are appreciative that palliative care can be provided at the home. Residents and their representatives are asked to provide information about residents' end of life wishes. Comfort care equipment is available including relaxing music and aromatherapy oils. Specialist palliative care services are consulted when required. Residents and their representatives are supported by staff during the palliative care phase. Staff practices and palliative care services are monitored by informal feedback from relatives and regular review of care services.

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 and representatives are satisfied with the home's approach in meeting the residents' nutrition and hydration needs. A nutritional risk assessment tool, at least monthly weighs and consultation with the resident/representative identify nutrition or hydration risk factors. Dietary needs, portion sizes, food and fluid preferences and requirements for meal assistance are documented and available to all staff that serve or assist with meals or drinks. Dietary supplements and referral to a dietitian are implemented when inappropriate weight loss is identified. Speech pathology assessment for residents with swallowing difficulties is arranged and reviewed as required, with food and drink consistency modified accordingly. The menu has been reviewed by a dietitian in 2005. Staff are aware of each resident's nutrition and hydration needs.

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 and representatives are satisfied the home provides appropriate care in relation to maintenance of skin integrity. The skin assessment includes a risk scale and care plans outline interventions to prevent skin breakdown, such as special mattresses, protective clothing, positioning, mobility programs and massage. Planned skin care strategies and preventive measures are reviewed and evaluated by a registered nurse. Staff receive relevant training and report changes in skin condition to the registered nurse. The physiotherapist, occupational therapist and podiatrist assist with regular improvements in residents' skin integrity. Referral to external specialists is arranged as required. Incident causes are analysed to identify opportunities for improvement across the home.

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

Team's findings
The home meets this expected outcome

Residents and representatives are satisfied with the care residents receive to meet their continence needs. The home has processes for assessing residents' continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Regular care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. Two enrolled nurses act as continence nurses who monitor the appropriate allocation and use of continence pads. Many enrolled nurses have undertaken a university continence course. An external continence nurse advisor is available to provide training and advice on individual resident's continence needs, including indwelling catheter care. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence. Staff receive training to improve their knowledge and understanding of continence practice.

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

Residents and representatives are generally satisfied with the way the home manages challenging behaviours. The home assesses and plans behaviour management strategies to meet the individual needs of residents. The causes of residents' behaviour are identified where possible, and strategies to redirect residents are based on their personal interests or needs at that time. Daily handover sheets alert staff to any risks. Registered nursing staff monitor behaviours by review of care documentation, follow-up of care staff feedback and observation of staff practices. Behaviours of concern and management strategies are discussed at clinical care and multidisciplinary meetings held alternate weeks. The home has implemented staff training in 2010 and 2011 for care staff, hospitality staff, and volunteers to increase their understanding of person centred dementia care. Staff are generally aware of appropriate and individual strategies to manage resident behaviour needs.

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

Residents and representatives are satisfied with the home's support for residents to achieve optimum levels of mobility and dexterity. A physiotherapist and an occupational therapist provide assessment of each resident's risk of falls, treatment programs and exercise plans for staff to follow. Strategies, such as exercise groups and passive limb exercises assist to maintain or improve residents' mobility and dexterity. The organisation has developed and manufactures sensor sticks that monitor an at-risk resident's movements. Care staff are aware of each resident's needs and manual handling precautions. Falls are monitored and addressed in consultation with care staff, residents and their representatives, medical officers and at multidisciplinary meetings with the physiotherapist and occupational therapist.

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 and representatives are satisfied with the home's approach to managing residents' oral and dental care. The oral and dental assessment is included with care plan information to guide staff regarding individual care needs and preferences. Oral and dental care is evaluated during the regular care evaluation. Care staff report changes in oral and dental health or changes in appetite for registered nurse assessment. Referral to a visiting dentist is made as required and in line with the residents' preferences. Staff practice is monitored through the home's audit practices.

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 and representatives are satisfied with home's approach to managing residents' needs in all five senses. Resident sensory deficits are comprehensively assessed as a component of the home's entry process and ongoing review program. Strategies are identified and monitored to facilitate greater sensory ability. Medical officers, occupational therapists and registered nurses refer residents to relevant specialists for review. Lifestyle activities include strategies to stimulate residents' senses. Care staff are aware of how to manage individual resident's sensory needs. Staff are trained to assist residents with maintaining and fitting aids that assist their sensory function. Staff practice and the environment are monitored through the home's audit practices.

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 and representatives are satisfied with the assistance given to enable residents to achieve normal sleep patterns. Sleep assessments and care plans provide information regarding sleep patterns and preferred settling routines. Residents who experience sleep disturbance are monitored and measures, such as pain management, massage, hot drinks and snacks assist residents to settle. Any sleep disturbances are investigated and strategies are implemented. Registered nurses use care staff feedback, progress notes, review of sedation and pain medications, and consultation with residents to evaluate and monitor sleep management. Staff are familiar with residents' individual settling routines.

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 findings

The home meets this expected outcome

The home's continuous improvement system consists of corporate and site based continuous improvement plans for each improvement activity, monitored by the Continuous Improvement Committee. Demonstrated improvement activities are derived from attendance at external education, meeting minutes, resident and staff feedback, resident needs, review of processes and management review. Monitoring of Accreditation Standard Three occurs through the resident and representative survey, therapy participation records, multidisciplinary and clinical care meetings, formal and informal feedback systems and observations. Staff are aware of how to provide formal and informal suggestions and can discuss improvements occurring in the home. Residents and representatives are informed how to make suggestions and are updated about projects and day-to-day improvements through resident meetings and newsletters.

The home demonstrated results of improvements relating to resident lifestyle including:
- Following staff attendance at a 'world of creativity' education session, the home decided to review current resources used to conduct lifestyle activities, and develop new tools. Actions taken include review of current resources through an occupational therapy staff meeting, and using a resident craft group to contribute to making new tools. A number of procedural memory books and activities boxes have been made, including a garden seed box, a car parts box, a shed box, a kitchen and Christmas box. Individual resident feedback includes comments, such as 'responded to smells, poems and colours', 'liked holding', 'more settled while touching and unscrewing things', and 'liked rummaging through the box'. The boxes are currently used and managed by occupational therapy staff. The home plans to conduct education for well-being carers so that these resources can be more widely used for one-to-one activities with residents. Residents involved in making the boxes report feelings of contributing to the community and to those less fortunate than themselves.
- To identify residents at risk of depression and to provide an avenue for residents to share their personal stories and contribute to their community, four residents were assisted to film and narrate their life story. Actions taken included consent to show these stories to other residents and staff. Interviews were taped, filmed, and presented across the home using various media screens around the home and as part of the rainbow club activity. Each participating resident received a certificate of appreciation. Feedback included one resident who said 'how much they appreciated' all that was done to present their story. Another resident who was known to be less social has been observed to be more out-going. While the project was time intensive, the home hopes to train a volunteer to complete more life histories for other residents.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to Accreditation Standard Three. Information is reviewed at management committee level and changes made to policies and standard operating procedures. Changes are communicated to relevant staff through intranet access and memoranda placed in communication books around the home, and to residents and representatives through regular meetings and newsletters. Staff attend mandatory elder abuse training in line with information contained in the Aged Care Act 1997. Resident independence is maintained through assessment and safe use of bed poles as the result of coroner's report information. Management and staff are aware of their legislated requirements in relation to resident lifestyle.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has processes for identifying, planning, and reviewing staff education and development. Monthly education schedules and program flyers are distributed to staff, displayed in key areas and available on the intranet. Attendance records, evaluation information and administrative checking procedures assist in monitoring staff training attendance. Staff are satisfied with opportunities to update their knowledge and skills. Residents and representatives report that staff have adequate knowledge and skills to provide care. Education provided to staff in 2011 in relation to Accreditation Standard Three include multi-cultural awareness programs and a QUEST session regarding privacy and dignity.

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 and their representatives are satisfied with the support provided to residents through the entry process, and as residents adjust to living in the home. Representatives state they are made to feel welcome, and are comfortable to talk with staff about care of the resident. Residents are provided with flowers and a welcome card on entry to the home, and are encouraged to personalise their room. Pastoral support visits, extra staff hours and volunteer support are available to assist residents to settle in their new home. A variety of methods are used to evaluate the effectiveness of the support provided, including discussion at multidisciplinary meetings, care reviews, feedback at resident meetings and resident surveys. Staff support residents' emotional support needs, including the wellbeing carer role and spending time to talk and listen to resident concerns.

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

Residents' individual preferences, relationships and community interests are identified at the time of entry to the home. Assessments of physical and cognitive needs and regular exercise programs assist in supporting residents to maximise independence. Independence is promoted through onsite banking, provision of large print information, a modified call bell, shopping opportunities, equipment, such as modified cups, plates and cutlery, and meal experience program. Commitment to encouraging and maintaining independence is monitored through occupational therapy and multidisciplinary meetings, consultation with residents and representatives and the resident survey. Staff are aware of the need to promote resident independence as part of daily care activities.

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

Residents and representatives are satisfied with strategies staff use to enhance residents' privacy and dignity, including using their preferred name and knocking on doors prior to entering residents' room. The home's service excellence approach includes expectations of staff behaviour and is included in resident and information packages. Processes, such as using privacy screens where required, resident, staff and volunteer privacy and confidentiality agreements are maintained. Residents are asked each meeting if they want their name mentioned in meeting minutes. Privacy and dignity education was recently held in the home to raise staff awareness of their practices. Monitoring occurs through care audits, observation, and resident and staff feedback. Staff are aware of the need to maintain residents' privacy and dignity and spoke about dignity for residents with regard to personal clothing preferences, grooming, and personalising of furniture, pictures and bedding.

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

Residents and representatives are satisfied that a variety of leisure and lifestyle interests and activities of interest to residents, are provided by the home. Occupational therapy staff complete a number of assessments, including social history, physical, cognitive, behaviour and sensory needs, that impact on a resident's enjoyment and participation in leisure and lifestyle activities. Individual and group programs are generally structured and consistently implemented, and new resources have been developed and are ready to implement for residents who require individual attention. Participation is recorded through a new rating system. Residents' lifestyle needs and preferences are monitored through multidisciplinary meetings, care consultations, formal and informal feedback and surveys. Care staff report they assist residents to and from activities. Staff are generally aware of residents' individual preferences through reading of resident interest folders.

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

Residents and representatives are satisfied that residents' beliefs and/or cultural and ethnic backgrounds are valued and fostered. Regular services are held in the on-site chapel and televised to residents' rooms using in-house multi-screen television, and individual pastoral visits occur. Devotions, hymns of praise, bible readings and discussions are scheduled as part of ongoing activity in the home. Cultural preferences are recognised and supported through one-to-one visits and special cultural days, including Italian, German and Swiss days. Monitoring of cultural and spiritual needs occurs through multidisciplinary meetings, consultation, resident meetings, feedback systems and internal surveys. Staff know where to access information about individual resident's cultural needs and preferences.

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

Residents and representatives are satisfied that they are kept informed and involved in decisions about the care and services provided. Care plans and resident files include information on residents' capacity to make informed choices, and representatives who can assist with care and lifestyle decisions when the resident is unable to do so. Information on residents' rights and responsibilities is included in the resident agreement and the resident information booklet. Residents are supported to use on-site banking services, attend the hairdresser, visit the shop, and to exercise their right to vote. Residents' right to make decisions and choices are monitored through care audits, resident meeting minutes, feedback systems and annual surveys. Staff report they promote daily choices by incorporating rising and settling times, choice of meals and whether to attend activities or accept medications, and respecting residents' rights to take risks.

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 findings
The home meets this expected outcome

Residents and representatives are satisfied that security of tenure is maintained within the home and residents understand their rights and responsibilities. Information is provided in the resident handbook and agreement when entering the home. Residents are encouraged to age-in-place whenever possible, and moves within the home are done in consultation with the resident and their representative. The home's system for identifying any resident dissatisfaction with security of tenure or their rights and responsibilities is through resident surveys, care audits, and regular meetings. Staff are reminded of residents' rights and responsibilities as part of orientation, at meetings and education sessions.

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 findings
The home meets this expected outcome

The home's continuous improvement system consists of corporate and site based continuous improvement plans for each improvement activity, monitored by the Continuous Improvement Committee. Demonstrated improvement activities are derived from attendance at external education, meeting minutes, resident and staff feedback, resident needs, review of processes and management review. Monitoring of Accreditation Standard Four occurs through internal and external audits, legislative requirement checks, formal and informal feedback, meetings and observations. Staff are aware of how to provide formal and informal suggestions and can discuss improvements occurring in the home. Residents and representatives are informed how to make suggestions and are updated about projects and improvements through resident meetings and newsletters.

The home demonstrated results of improvements relating to physical environment and safe systems including:
● As the result of staff feedback, the home is currently installing heaters in resident bathrooms. The staff member identified that when residents are cold they are less compliant with activities of daily living, and behaviours are more likely to occur. Twenty-three room heaters are currently being implemented.
● Laundry audit results identified that staff practices in filling linen bags more than two thirds full was not acceptable, and placing staff at risk of injury. As a result, new linen bags with a smaller capacity have been purchased and implemented. Practices in delivering the bags to the laundry were also reviewed, spring loaded trolleys purchased and a review of clean and dirty laundry storage areas conducted. An exhaust fan has been installed to decrease odour as the result of staff feedback. Positive feedback was gathered from staff in relation to this improvement activity and we observed the decreased size of linen bags in use.

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

The home has a system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to Accreditation Standard Four. Information is reviewed at management committee level and changes made to policies and standard operating procedures. Changes are communicated to relevant staff through intranet access and memoranda placed in communication books around the home, and to residents and representatives through regular meetings and newsletters. Changes made as the result of updated legislation include the addition of safety climb hooks to the roof area of the building and ladder training for relevant staff. Procedure review has occurred as the result of these legislative changes. Management and staff are aware of their legislated requirements in relation to the environment and safe systems.

4.3 Education and staff development

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

Team's findings
The home meets this expected outcome

The home has processes for identifying, planning, and reviewing staff education and development. Monthly education schedules and program flyers are distributed to staff, displayed in key areas and available on the intranet. Attendance records, evaluation information and administrative checking procedures assist in monitoring staff professional development. All staff are required to attend fire/emergency training and manual handling training each year. Food safety training is provided to relevant staff. Staff are satisfied with opportunities to update their knowledge and skills. Residents and representatives report that staff have adequate knowledge and skills to provide care. Other education provided to staff in 2011 in relation to Accreditation Standard Four includes heights and ladder training, and managing violence and aggression in the work place.

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 findings
The home meets this expected outcome

Residents and representatives are satisfied with the safety and comfort of the residents' living environment, including residents' rooms and communal areas. The home has processes and security measures in place to generally provide a safe comfortable environment consistent with residents' care needs. The home maintains a corrective and preventive maintenance program, including testing of electrical equipment. The home has few restraints, however, if restraint is required for resident safety, there is a process of assessment, consultation and monitoring. The nurse call system has been improved so that computerised reports can be generated to monitor call bell response times. The living environment is monitored by the home's environmental audits, incident and hazard reporting system and resident and staff feedback mechanisms.

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

The home has systems and processes to provide a safe working environment that meets regulatory requirements. Staff have access to policies, standing operating procedures and training programs to provide them with the necessary skills to perform their roles safely. New equipment has been provided in response to identified hazards, such as an electric mule trolley to move heavy trolleys, macerators to remove the need to wash pans and urine bottles, and a sally roller in response to injuries in lifting residents on a slide. The organisation's Occupational Health and Safety Committee reviews individual incident and hazard reports. Environmental audits are used to monitor the safety of the environment and compliance with legislation. Staff are satisfied that management is supportive and proactive in providing equipment and resources to maintain a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Processes are in place to provide a safe environment and systems of work that minimise fire, security and emergency risks. An external contractor undertakes regular compliance testing of fire suppression equipment. There is a fire safety program, including mandatory training of all staff. A no-smoking policy was implemented in 2011. There are safety systems and lock up procedures that maintain the security of the buildings for residents and staff after hours. A revised disaster emergency plan is available to guide management and staff, which includes generator back-up for the whole home in the event of a power failure. The home does not have list of residents' mobility needs to assist emergency evacuation. Residents and representatives are provided with information about fire, security and emergency procedures when they enter the home and at residents' meeting. Residents and representatives feel that residents are secure and have information displayed in their rooms to direct them in the event of a fire alarm.

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 home has a planned infection control program which is monitored and coordinated by the organisation's infection control coordinator. Processes are in place in the event of a gastroenteritis or influenza outbreak. Staff have access to appropriate facilities, equipment and stock to perform their roles effectively. Residents and staff have access to an influenza vaccination program. There is an appropriate waste and sharps disposal system, pest control program and food safety program in place. Standard precautions and transmission based precautions are implemented and understood by staff, however, there are minimal processes for infection control monitoring of hairdresser and podiatry services. Infection data is entered on the resident computerised data base, collated, reviewed, and trends monitored and presented to the organisation's Infection Control Committee. Residents, representatives and staff are satisfied with the practices employed to reduce the risk of infections in the home.

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 findings

The home meets this expected outcome

Residents and representatives were complimentary about the catering, cleaning and laundry services provided in the home. Staff are satisfied with their work environment. The cook-chill menu provides individual choices, any special needs and caters for the residents' preferences. The home has an audited food safety program, with practices adhering to food safety requirements. All linen and residents' personal clothing is laundered at the home. Cleaning schedules provide regular cleaning of residents' rooms and communal areas. Staff attend relevant training including infection control, chemicals, manual handling and food safety. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services.