



Australian Government

Australian Aged Care Quality Agency

Para Hills Residential Care

RACS ID 6962
50 Kesters Road
PARA HILLS SA 5096

Approved provider: L P Rositano M Rositano R M Rositano and S P Rositano

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 31 August 2019.

We made our decision on 04 July 2016.

The audit was conducted on 31 May 2016 to 01 June 2016. The assessment team's report is attached.

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

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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality 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:

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.

Expected outcome	Quality 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: Care recipient lifestyle

Principle:

Care recipients 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	Quality 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 Care recipient security of tenure and responsibilities	Met

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.

Expected outcome	Quality 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



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Audit Report

Para Hills Residential Care 6962

Approved provider: L P Rositano M Rositano R M Rositano and S P Rositano

Introduction

This is the report of a re-accreditation audit from 31 May 2016 to 01 June 2016 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:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 31 May 2016 to 01 June 2016.

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:	Barbara Fisher
Team members:	Diane Mogie

Approved provider details

Approved provider:	L P Rositano, M Rositano, R M Rositano and S P Rositano
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Details of home

Name of home:	Para Hills Residential Care
RACS ID:	6962

Total number of allocated places:	60
Number of care recipients during audit:	42
Number of care recipients receiving high care during audit:	42
Special needs catered for:	People with dementia or related disorders

Street	50 Kesters Road
City	PARA HILLS
State:	SA
Postcode:	5096
Phone number:	08 8282 5400
Facsimile:	08 8285 9399
E-mail address:	admin@phrc.com.au

Audit trail

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

Interviews

Category	Number
Management	2
Director of care	1
Clinical and care staff	7
Physiotherapy assistant	1
Lifestyle staff	1
Administration staff	1
Care recipients/representatives	6
Quality officer	1
Return to work co-ordinator	1
Ancillary staff	3
Maintenance staff	1

Sampled documents

Category	Number
Clinical assessments/care plans/progress notes	7
Lifestyle assessments/care plans/progress notes	6
Medication charts	6

Other documents reviewed

The team also reviewed:

- Agency induction and checklist
- Analysis and trending of clinical data
- Asbestos register
- Audit schedule and various audits
- Calibration of equipment documentation
- Catering temperature records
- Cleaning schedules
- Communication diaries

- Complaints log and supporting documentation
- Compulsory reporting register
- Continuous improvement plan and action request log
- Drugs of dependency records
- Education records
- Employee orientation and induction documentation
- External contractor documentation
- Food safety audit
- Handover records
- Incident and hazard management documentation
- Infection control management
- Job descriptions and work instructions
- Lifestyle management
- Memoranda
- Ministers Spec SA76
- Newsletters
- Pest control records
- Police certificate register
- Preventative and corrective maintenance records
- Resident admission information
- Resident handbook
- Residential care agreements
- Restraint management
- Roster
- S4/S8 licence
- SA Fire Service triennial fire certificate
- Specialised care management
- Staff competency and registration documentation
- Staff roster and allocation documentation

- Testing and tagging documentation
- Various minutes of meetings
- Various policies, protocols and procedures
- Various surveys
- Wound management

Observations

The team observed the following:

- Accreditation notice displayed
- Activities in progress
- Advocacy information
- Charter of Care Recipients' rights and responsibilities displayed
- Cleaning in progress
- Confidential suggestion box
- Equipment and supply storage areas
- Fire evacuation plans and fire equipment
- Infection control resources
- Interactions between staff and care recipients
- Internal and external complaints information
- Internal and external living environment
- Kitchen
- Laundry
- Meal service
- Noticeboards
- Secure entry/exit
- Short group observation in main hall
- Storage of medications/administration of medications
- Visitor and contractor sign in/out book

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 home actively pursues continuous improvement using their established framework. Continuous improvements are identified through audits, feedback from resident and staff meetings, surveys, and verbal communication. Care recipients, representatives and staff are encouraged to provide suggestions using the home's feedback form. Continuous improvement suggestions are recorded on either an action request log and/or the continuous improvement plan which are monitored by management. Incidents, hazards and audit results are analysed monthly and discussed at management, quality and staff meetings. The home has an auditing schedule which monitors the home's performance across the four Accreditation Standards. Feedback from staff confirms they have opportunities to raise and discuss continuous improvement and are aware of the continuous improvement process.

Care recipients interviewed said they are satisfied they have the opportunity to make suggestions for improvement.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Following a suggestion from staff, management has established a new archiving room. The home's archiving was previously located in various locations throughout the home making it difficult for staff to locate records. New shelving has been purchased for the room and the home's archived documentation is now arranged in an organised manner. Feedback from staff is the new room has made it easier for them to access documentation and has improved their time management as they are now able to locate records.
- Management has introduced a new software program to assist with rostering of staff and monitoring of staff leave. The software program monitors staff starting and finishing times, and assists payroll staff to accurately confirm the hours worked. Prior to the introduction of the program, staff received training on the use of the system. Management said the program has assisted with the monitoring of rosters and identifying staff who may be available to fill vacant shifts, thereby reducing the number of agency staff used by the home. The program has also reduced the

amount of time previously taken by staff to check time sheets, and answer pay queries from 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 systems to identify, implement and monitor relevant legislation, regulations and guidelines. The home receives legislative changes through aged care peak body membership and information from government departments and discussed at management meetings. Policies and procedures are updated by management and legislative updates are communicated to staff through access to information on the home’s intranet site. Staff awareness of legislative changes and updates is monitored through education and observation of staff practice. Results show there are processes to maintain ongoing compliance with regulatory changes. Staff interviewed said they are updated on legislative changes by management. Care recipients interviewed said they are satisfied they are informed about legislative information relevant to them.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives were notified in writing of the re-accreditation audit, at resident meetings and posters displayed throughout the home
- Police certificates for staff, allied health professionals and volunteers
- Monitoring of professional registrations for clinical staff

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 to ensure management and staff have the appropriate knowledge and skills to perform their roles. The home’s recruitment processes are based on the required qualifications and skills for each position as defined in job descriptions. Staff training needs are identified through an annual training needs analysis, performance appraisals and feedback. The home has an education plan which lists mandatory and non-mandatory training and staff are allocated specific mandatory on-line training topics to be completed.

New staff undertake an orientation program which includes mandatory competencies, and clinical staff undertake yearly medication competencies. Training attendance records and completion of competencies are monitored by management through the home’s electronic system, and external training courses are evaluated. Results show staff practice is

monitored through performance appraisals, feedback from care recipients and representatives, and observations. Staff interviewed said they are provided with opportunities, and supported by management, to access appropriate training and education. Care recipients and representatives interviewed said they are satisfied staff have the appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- ACFI documentation
- Workplace bullying and harassment

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

The home has systems to provide care recipients, representatives and staff with access to internal and external complaints mechanisms. Information on the home's complaints process is available in the resident handbook and residential care agreements. Copies of the home's feedback form are located throughout the home and a confidential box is available for lodging complaints. Complaints from care recipients and representatives are lodged either verbally with management or at resident meetings, and are generally recorded on the home's complaints register and actioned by management. Complaints are monitored and analysed monthly by management and discussed at meetings. Surveys monitor care recipients' satisfaction with the home's complaint management process. Audit results show care recipients and representatives are aware of internal and external complaints mechanisms.

Staff interviewed said they are aware of how to raise a complaint and offer to assist care recipients in the lodging of complaints. Care recipients and representatives said they are comfortable lodging written and verbal complaints and providing feedback to 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 organisation has vision and mission statements which inform care recipients, representatives and staff of the organisation's commitment to provide a quality aged care service and these are documented in the resident handbook and enquiry information booklet.

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

The home employs sufficiently skilled and qualified staff to provide appropriate care and services for care recipients. Recruitment and selection processes are based on the required qualifications and skills for each position as defined in job descriptions and work instructions. The home has an orientation program and new staff are "buddied" with experienced staff to familiarise themselves with the home's processes. Permanent, casual and agency staff are used to fill planned and unplanned absences. Staff registrations and competencies are monitored annually. Staff rosters are regularly reviewed and monitored by management in response to the changing numbers and needs of care recipients and feedback from staff.

Results show staff satisfaction is monitored through the home's performance appraisal process, surveys and meetings. Staff interviewed said they are provided with information outlining their roles and responsibilities and have adequate time to complete their duties. Care recipients and representatives interviewed were complimentary of the care and services provided by all staff.

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 a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home has a preventative maintenance program and staff advise maintenance staff of corrective maintenance requests through a communication folder. Regular purchasing and maintaining of stock levels is delegated to appropriate staff and approved by management. Maintenance staff regularly service and maintain the home's equipment. Satisfaction with goods and equipment is monitored through observation and feedback from care recipients and staff. Results show the home's equipment is maintained in accordance with its scheduled program. Staff interviewed confirmed they have adequate stocks of goods and equipment to undertake their duties.

Care recipients and representatives interviewed said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver 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 has systems which generally provide effective information management. Staff, care recipients and representatives have access to information provided across all systems. Care and lifestyle information is generally updated and other information is provided through meetings, handovers, education sessions and information displayed on noticeboards. Care recipients and representatives are provided with information through handbooks, brochures, meetings and regular care and lifestyle reviews. Information is stored securely and the home has systems to enable retrieval of information. Monitoring occurs through audits, surveys, analysis of data, consultation processes and meetings. Results show the home is generally aware of gaps in their information systems and said they will review their audit schedule to assist in monitoring the home's systems to ensure effective information management. Staff interviewed said they attend handover sessions, regular meetings and have access to policies and procedures to guide them in their work. Care recipients and representatives interviewed are satisfied care recipients have access to relevant information to them to make an informed decision.

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 uses external contract services to assist in meeting the residential care service's needs. Management negotiates, monitors and reviews external contractor agreements, including police certificates, insurance, legislative and regulatory requirements. External contractors undertake an induction and sign in using the contractor register when entering the home. The home has an approved suppliers list which provides after hours contact information for all staff. Performance is monitored through verbal feedback from care recipients and staff, and surveys. Results show the home effectively manages services provided by external contractors. Care recipients, representatives and staff interviewed said they are satisfied with the external services provided.

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 information about the home's continuous improvement systems and process.

In relation to Standard 2 Health and personal care, staff record care recipient falls, medication, wound and behaviour incidents and this information is then collated and analysed for trends. Care recipients and staff interviewed said they are satisfied the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- Management identified information in relation to care recipient's care was displayed on the walls in their rooms. To ensure privacy and confidentiality of care recipient's information and in conjunction with the physiotherapist, management has introduced a one-page care plan for each care recipient. The plans are held in folders which are available to staff and are used as a quick reference document to remind staff of each care recipient's activities of daily living and mobility needs. Prior to trialling the sheets, the improvement was discussed with staff. Following feedback from staff, the home is also introducing an additional sheet to include information on care recipients' showering information. The effectiveness of the sheets, which are still being trialled, is yet to be evaluated.
- Following discussions at clinical staff meetings, it was identified the two folders containing information for doctors were cumbersome to use and required information was not always readily accessible. The home has introduced a computer based “digi-doc” electronic folder into which staff enter medical requests for doctors to attend to care recipients, including any documentation to be completed. The information can be accessed from either of the home's computers in the medication rooms and has improved time management for the doctors. Feedback from registered staff has been positive as the “digi-doc” folder has improved access to documentation for doctors and resulted in care being provided in a timely manner.

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 about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Assessment and development of care plans by qualified staff
- Medication is stored safely and securely
- Scheduled 4 and 8 licence

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 information about the home’s education and staff development processes.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Pain management
- Continence management
- Dysphagia management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive clinical care that is appropriate to their individual needs and preferences. Care recipients’ care needs are assessed on entry and information received assists in the planning and monitoring of care recipients’ individual health and personal care needs. This information is documented in care plans and ongoing care is documented in progress notes. Care is monitored and evaluated

through analysis of clinical data, surveys and planned care reviews. Results show care plans detail care recipients' care needs and documentation completed generally shows care recipients are consulted at the time of their care review. Staff interviewed said they have access to care plans, attend regular handovers and provided with up-to-date information to guide them in care recipients' individual care. Care recipients and representatives are satisfied with the level of consultation and that their care needs are met.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Care recipients receive specialised nursing care from appropriately qualified nursing staff that is appropriate to their identified needs. Care recipients' specialised nursing care is identified through consultation processes with nursing, medical staff, care recipients and their representatives and assessments conducted. Specialised care is documented in complex health care plans and monitoring occurs through clinical monitoring charts, medication charts, progress notes and analysis of clinical data. Staff provide care in accordance with these documented requirements and have access to specialised equipment when required. Monitoring occurs through planned care reviews, review of clinical data, meetings and handover processes. Results show staff are aware of care recipients' specialised care needs and care plans identified care recipients' specialised care required. Care recipients and representatives interviewed are satisfied with the specialised care provided.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

There are systems in place to ensure care recipients are referred to appropriate health specialists in accordance with their health needs and preferences. Referrals to health specialists occur on a regular basis, through staff reporting and referrals conducted by the medical officer. Care recipients have access to a wide range of health specialists and recommendations from specialists are documented complex health care plans, medication charts and further monitoring is documented in progress notes. Monitoring occurs through planned care reviews, meetings, analysis of clinical data and feedback processes. Results show care recipients are referred to appropriate health specialists in a timely manner and there is a process for ongoing review of care needs. Staff interviewed said they are informed of recommendations from health specialists and deliver care according to these requirements. Care recipients and representatives are satisfied care recipients are referred to appropriate specialists and their needs are met.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ medications are managed safely and correctly. There are processes for assessing, managing and monitoring care recipients’ individual medication needs. Medications are kept securely, imprest systems are in place to ensure adequate supplies are available and drugs of dependence are stored as per legislative requirements. ‘As required’ medications are monitored for effectiveness and medication incidents are analysed and monitored monthly. Monitoring occurs through audits, medical reviews, analysis of medication incidents data, and observation of staff practice.

Results show there is a low incidence of medication incidents. Staff interviewed are aware of care recipients’ medication requirements and said they have enough stocks of medications. Care recipients and representatives are satisfied care recipients’ medication needs are 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 meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. Nursing and allied health staff conduct pain assessments as required and interventions are noted in care plans. Interventions include positional changes, exercise regimes and pain relieving patches. Physiotherapy aids assist in providing massage and the application of heat packs to assist in the management of care recipients’ pain relief and feedback from treatments is relayed to physiotherapy staff. ‘As required’ medications are monitored for their effectiveness. Monitoring of occurs through planned care reviews, medication management, observation and feedback from staff and care recipients. Results show care recipients’ medication needs are regularly reviewed to assist in ensuring care recipients are free as possible of pain. Staff interviewed are aware of inventions required to manage care recipients’ pain. Care recipients and representatives are satisfied care recipients’ pain is managed effectively to ensure they are as free as possible from pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill care recipients is maintained. There are processes in place to ensure care recipients’ wishes regarding

palliative care and the end stage of life is documented. A palliative care plan directs staff in relation to care recipients' individual care needs and care recipients' pain relief and comfort care is monitored regularly. Complementary therapies and comforts aids are provided and representatives are supported to stay. Care recipients are able to access identified ministers according to their spiritual needs. Memorial services are conducted to remember care recipients who have passed away. Monitoring occurs through ongoing care evaluations, handover processes and feedback processes. Results show care recipients are supported in their medical, spiritual and comfort care at the end stage of their life. Staff interviewed said they have access to palliative care resources, including external palliative care specialists to support care recipients. Representatives are satisfied with the way the home maintains terminally ill care recipients' comfort and dignity.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nutrition and hydration. Care recipients' dietary requirements, likes, dislikes, food allergies, cultural needs and required textures are identified and noted in care plans and documentation is supplied to kitchen staff. A nutrition risk assessment identifies care recipients who may be at risk of malnutrition and care recipients are regularly reviewed by the dietitian or speech pathologist. Monitoring occurs through regular weighs, monitoring of food and fluid intake, planned care reviews and consultation with allied health staff, medical and nursing staff. Results show care recipients' nutrition and hydration needs are effectively met. Staff interviewed are aware of care recipients who require a modified diet. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration is met.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' skin integrity is consistent with their general health. A risk assessment is completed on entry to identify care recipients who may be at risk of impaired skin integrity. Interventions to maintain skin integrity are noted in care plans; these include nursing interventions, pressure area care, treatments and pressure relieving aids. Wound management assessments and treatment plans are completed by registered staff to direct staff in wound management and photographs are taken to evaluate the healing process. Monitoring occurs through planned care reviews, weekly wound reviews by registered nursing staff and trending and analysis of incident data. Results show care recipients' skin integrity is maintained and effectively managed. Staff interviewed have access to appropriate equipment and supplies to assist in maintaining care recipients' skin integrity. Care recipients and representatives are satisfied care recipients' skin integrity is met.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to enable care recipients’ continence to be managed effectively. Care recipients’ individual needs and preferences are assessed on entry and an individual continence plan is developed, and this details the levels of independence and interventions required. Senior clinical staff monitor the incidence of urinary tract infections and ensure treatment is completed. Monitoring also occurs through the evaluation of aperient use, clinical monitoring charts, use of continence aids, monitoring of dietary requirements and at planned care reviews. Results show care recipients’ continence needs are effectively managed. Staff interviewed are aware of meeting care recipients’ privacy and dignity needs in relation to continence management. Care recipients and representatives are satisfied care recipients’ continence needs are met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients with challenging behaviours are managed effectively. Individual assessments and behaviour monitoring processes are conducted to identify triggers and strategies to assist with care recipients’ behaviour management. These interventions are detailed in care plans. Staff consult with behaviour management specialists when required to support effective behaviour management. Monitoring of behaviour management occurs through incident reporting, planned care reviews and medical/specialist reviews. Results show there are robust systems in place to ensure care recipients who have challenging behaviours are effectively managed. Staff interviewed are aware of care recipients’ individual behaviours and strategies to alleviate and manage these behaviours.

Care recipients and representatives are satisfied with the home’s approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients are assessed on entry and their mobility, dexterity and transfer abilities are assessed by registered nursing and physiotherapy staff. The physiotherapist directs staff regarding the level assistance required for care recipients, including assistive aids and equipment, and a mobility and transfer plan is completed. The

incidence of falls are monitored monthly and analysed for trends. Further monitoring occurs through planned care reviews, reassessments completed following incidents or change in mobility needs, and observation. Results show equipment is supplied such as low beds and sensor mats to assist in providing a safe environment. Staff interviewed said they attend manual handling training and have enough equipment to support care recipients' mobility needs. Care recipients and representatives are satisfied care recipients' mobility and dexterity needs are met.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' oral and dental health is maintained. Oral health assessments are conducted to identify individual oral and dental care. Care plans detail individual oral and dental hygiene strategies and care recipients' oral and dental care is supported by the visiting dentist or by their private dentist. Staff monitor oral equipment and further monitoring occurs through observations noted, care recipient, representative and staff feedback and at planned care reviews. Staff interviewed are aware of care recipients' care needs to support their oral and dental health. Care recipients and representatives are satisfied care recipients' oral and dental health is met.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' sensory losses are identified and managed effectively. Care recipients are assessed on entry to identify any deficit in relation to hearing, vision, touch, taste and smell. Care plans identify strategies and aids to support and improve sensory loss. Lifestyle staff promote and offer lifestyle activities to enhance sensory enjoyment. Care recipients are referred audiologists and optometrists to assist in identifying their sensory loss and providing aids to reduce the loss. Staff are provided with training to monitor and assist care recipients with maintaining and fitting aids to support sensory function. Monitoring occurs through planned care reviews, medical reviews, feedback mechanisms and observation. Staff interviewed are aware of care recipients who require assistance with their sensory aids. Care recipients and representatives are satisfied care recipients sensory loss is effectively managed.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients are able to achieve natural sleep patterns. Nursing staff complete a three day assessment to identify care recipients’ natural sleep patterns, preferred settling times and routines. Individual care plans include interventions and strategies required. Care recipients are offered warm drinks and supper to assist them to settle. Monitoring to assist in achieving a natural sleep pattern includes monitoring of the environment, review of medication needs, planned care reviews and observations. Results show care recipients’ care needs and individual preferences are met. Staff interviewed are aware of individual care recipients’ care needs and strategies to assist their sleep management. Care recipients and representatives interviewed are satisfied care recipients are able to obtain a restful night 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 information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, resident meetings and surveys processes are used to gather suggestions. Staff interviewed said they are aware of their role in assisting and supporting care recipients and representatives to provide feedback and suggestions.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 3 Care recipient lifestyle include:

- Following completion of the new wing of the home, management has installed Wifi access throughout the area. Care recipients can access the internet in their rooms as well as in communal areas using their personal computers or devices. Staff are available to support them should they have difficulties with the setting up and usage of the software. Feedback from care recipients has been positive as they can use their computers in their rooms.
- Lifestyle staff has introduced an interactive workshop program for care recipients. A speaker visits the home and provides information on topics covering nature, animals and birds, including a slide show, books, and sensory items which are interactive. Following feedback from care recipients, the program is regularly scheduled on the lifestyle program. Feedback from care recipients and family members has been very positive as they always enjoy the program and the information provided.

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 about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Care recipients’ consent to release of information
- Residential care agreements
- Procedures for the mandatory reporting of elder abuse

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 information about the home’s education and staff development processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Compulsory reporting and elder abuse
- Privacy and dignity
- Grief and loss

3.4 Emotional support

This expected outcome requires that “each care recipient receives support in adjusting to life in the new environment and on an ongoing basis”.

Team’s findings

The home meets this expected outcome

The home has systems to support care recipients in adjusting to life in their new environment on entry and on an ongoing basis. Emotional support is provided to care recipients when they enter the home through welcoming processes and care recipients are introduced to other care recipients to make them feel welcome. Assessments are

completed by nursing and lifestyle staff and individual visits are conducted by diversional therapy staff to support care recipients' emotional needs. Care recipients are supported to maintain relationships, recognise significant days and attend church services and celebrations. Monitoring occurs through planned lifestyle and care reviews, surveys, resident meetings and staff observation. Results show care recipients' emotional needs are recognised and met. Staff interviewed could describe care recipients who have require emotional support. Care recipients and representatives interviewed are satisfied care recipients' emotional needs are met.

3.5 Independence

This expected outcome requires that "care recipients 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

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. Care recipients are assessed on entry by nursing and allied health staff to assess individual requirements to enable and support their mobility and mobility aids are supplied where required. Information is obtained to support care recipients' independence in relation to cultural, civic, social, financial needs and staff provide assistance and support these requirements. Care recipients are supported to maintain links with the community and are encouraged to go on outings and activities.

Monitoring occurs through planned lifestyle and care reviews, surveys, resident meetings, allied health feedback and observations. Results show care recipients are supported to attend activities in the community according to their interests. Staff interviewed and observations showed care recipients are supported to maintain their independence. Care recipients and representatives interviewed are satisfied care recipients' independence is met.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. On entry care recipients and their representatives receive information in relation to care recipients' privacy and dignity needs in the resident handbook and care recipients' individual requirements are captured and detailed in care plans, including care recipients' preferred name. Staff maintain care recipients' privacy and dignity when conducting care needs and privacy screens are used to maintain privacy. Care recipients are able to have their personal space respected and have access to private areas and personal information is securely stored. Monitoring occurs through observation, surveys and care recipient and representative feedback. Results show care recipients' privacy and dignity is maintained. Staff interviewed and observations showed staff support and are aware of care recipients' privacy needs. Care recipients and representatives interviewed are satisfied

care recipients' privacy, dignity and confidentiality is maintained and said staff knock on their doors before entering.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

Care recipients are encouraged and supported to participate in a wide range of activities and interests appropriate to their needs and preferences. Care recipients' past and current interests, cultural needs, emotional and spiritual support is identified and generally documented in the social history. Individual lifestyle plans identify care recipients' individual needs, lifestyle goals and activities they wish to attend including one-on-one lifestyle programs. Care recipients are informed of the lifestyle program through monthly activity programs, newsletters and at resident meetings. Lifestyle staff monitor care recipients' satisfaction and attendance to activities through individual attendance records, at planned lifestyle reviews, resident meetings and surveys. Results show care recipients have access to a diverse range of activities and said they enjoy the lifestyle program. Staff interviewed are aware of care recipients' lifestyle needs and support care recipients to attend the lifestyle program. Care recipients and representatives interviewed are satisfied care recipients' lifestyle needs are met.

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

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Lifestyle and care assessments identify care recipients' individual spiritual, cultural and ethnic backgrounds and this information is detailed in their care and lifestyle care plans. Church services are conducted at the home and care recipients attend cultural events and celebrations held regularly to support their individual cultural needs.

Monitoring occurs through planned lifestyle reviews, surveys, resident meetings and consultation processes. Results show care recipients' individual cultural and spiritual beliefs are recognised and supported. Staff interviewed are aware of care recipients' cultural and belief systems and support these beliefs through activities provided and church services held at the home. Care recipients and representatives interviewed are satisfied care recipients' individual interests, religious and cultural needs are met.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Care recipients or their representatives are able to participate in decisions about services care recipients receive, to enable care recipients to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify care recipients' preferences for activities of daily living, leisure and lifestyle, civic interests and detail persons nominated to provide advocacy. Care recipients are encouraged to make informed decisions with the assistance provided by their advocates, staff and representatives to ensure their individual choices are respected. Consultation occurs through resident meetings, surveys and at the planned care and lifestyle reviews.

Monitoring occurs through surveys, audits, planned reviews and resident meetings. Results show care recipients are supported and have choice and control of their daily life. Staff interviewed gave examples of support given to care recipients to enable them to exercise choice and control over their lifestyle. Care recipients and representatives interviewed are satisfied care recipients have the right to exercise choice and control according to their needs.

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

The home has systems to assist care recipients to understand their rights and responsibilities and security of tenure. The home has a 'new resident enquiries booklet' and an enquiry information pack which are provided to prospective care recipients and representatives.

Management discuss pre-admission information with prospective care recipients and arrange a tour of the home. The home's residential care agreement includes information on security of tenure, complaints mechanisms and the Charter of Care Recipients' Rights and Responsibilities. Relocation of care recipients from one room to another or to another aged care home only takes place after consultation with care recipients or their representatives.

Staff interviewed said they are aware of care recipients' rights and responsibilities. Care recipients and representatives interviewed said they are satisfied care recipients' tenure is secure and they are aware of 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 information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems and regular internal audits are completed to monitor the safety and comfort of the environment. Staff interviewed said they contribute to continuous improvement through suggestions and the hazard and incident reporting processes.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 4 Physical environment and safe systems include:

- Management identified the existing outdoor bin lids were very heavy and there was a potential for staff injuries. In consultation with staff and the external contractor, new lighter plastic bin lids have been installed. Feedback from staff is the bins are easier to use and the lids are lighter to lift and lower. Management said by replacing the lids, the risk of injury to staff has reduced.

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 about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Food safety program
- Current South Australian Fire Service triennial fire certificate
- Manual handling mandatory education for all staff

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 information about the home's education and staff development processes.

Examples of education provided to staff over the past 12 months in relation to Standard 4 Physical environment and safe systems, include:

- Fire and emergency procedures
- Manual handling
- Chemical safety
- Food safety

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

Management is actively working to provide a safe and comfortable environment that is consistent with care recipient needs. Care recipients are accommodated in single and shared rooms, and have access to clean, well-maintained communal and dining areas. Care recipients are encouraged to bring in furniture to personalise their rooms. The home remains secure with swipe card access to doors. The home has a minimal restraint approach and restraint is used in consultation with the care recipient and/or representative, clinical team and medical officer. Care recipients have access to call bells and response times are monitored by management. Results indicate the home monitors and maintains the environment through preventative maintenance processes, audits, incident and hazard reporting and observations. Staff interviewed said they are aware of their reporting responsibilities with regard to incidents and hazards. Care recipients and representatives interviewed said care recipients are satisfied with their accommodation and the home is clean, safe and comfortable.

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 is actively working to provide a safe working environment that meets regulatory requirements. The home has a health and safety committee at which staff incidents, audits, maintenance, incidents and hazards are discussed. Chemicals are securely stored and safety data sheets are available for staff reference. New staff are provided with information at orientation on their responsibilities in relation to work health and safety. Monitoring processes include audits, observation of staff practice, and feedback. Results show staff report incidents and hazards and these are investigated and monitored by management. Staff interviewed confirmed they have access to personal protective equipment, and are satisfied management is active in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Orientation and mandatory annual training for staff covers fire and emergency procedures, and evacuation maps and fire equipment are located throughout the home. External contractors undertake regular electrical testing and tagging of all equipment. The home has an emergency manual and security is maintained through swipe card access, security cameras, outdoor lighting, and evening lock down procedures. Monitoring processes include incident and hazard reporting, workplace inspection audits and observation. Results show maintenance requests are actioned promptly. Staff interviewed were aware of their responsibilities in the event of an emergency. Care recipients interviewed said they have been informed of what to do in the event of an emergency and feel secure living in the home.

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 systems to ensure there is an effective infection control program. Infection control is managed through the home's policies and guidelines, outbreak management procedures and resources available. An influenza vaccination program is offered to staff and care recipients and staff have access to personal protective equipment and hand sanitizing gels. Preventative pest control systems, the food safety plan and monitoring of food temperatures assist in the reduction and prevention of infections. Cleaning staff

abide by systems in place to prevent and control the risk of infection and have access to appropriate resources. Clinical staff monitor infections, follow-up of treatment and report infections through the monthly infection reports and this data is analysed for trends. Staff interviewed demonstrated an understanding of the home's infection control policies to minimise the risk of infections.

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 provides hospitality services that meet the needs of care recipients that enhances their quality of life. The home has a rotating menu and all meals are prepared and cooked on-site. Care recipients' individual dietary needs and preferences are communicated to hospitality staff and meals and snacks are served according to this information. Care recipients' personal clothing and linen is laundered on-site. Cleaning schedules guide cleaning of care recipient rooms, staff and communal areas. Cleaning and laundry services are guided by infection control procedures. The home monitors the effectiveness of hospitality services through audits, meetings, feedback and observations. Results show care recipients' needs in relation to catering; cleaning and laundry are documented and reviewed. Staff interviewed said they are aware of care recipients' needs and preferences. Care recipients and representatives interviewed said care recipients are satisfied with the quality of the food and with the home's cleaning and laundry services.