



Australian Government

Australian Aged Care Quality Agency

Southern Cross Care Raceview - St Mary's

RACS ID 5225
129 Wildey Street
RACEVIEW QLD 4305

Approved provider: Southern Cross Care (Qld) 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 17 November 2017.

We made our decision on 02 October 2014.

The audit was conducted on 02 September 2014 to 03 September 2014. 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 residents, 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:

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	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: 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	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 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	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

Southern Cross Care Raceview - St Mary's 5225

Approved provider: Southern Cross Care (Qld) Inc

Introduction

This is the report of a re-accreditation audit from 02 September 2014 to 03 September 2014 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 02 September 2014 to 03 September 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 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:	Bridgette Lennox
Team member/s:	Lynette Harding

Approved provider details

Approved provider:	Southern Cross Care (Qld) Inc
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Details of home

Name of home:	Southern Cross Care Raceview - St Mary's
RACS ID:	5225

Total number of allocated places:	72
Number of care recipients during audit:	69
Number of care recipients receiving high care during audit:	54
Special needs catered for:	N/A

Street/PO Box:	129 Wildey Street
City/Town:	RACEVIEW
State:	QLD
Postcode:	4305
Phone number:	07 3288 9955
Facsimile:	07 3288 9924
E-mail address:	lanl@sccqld.com.au

Audit trail

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

Interviews

Category	Number
Facility Manager	1
Clinical Nurse Manager	1
Administration staff	3
General Manager Quality	1
Corporate Workplace Safety Adviser	1
Registered staff	7
Care staff	7
Care recipients/representatives	15
Chief Cook	1
Housekeeper	1
Activities Officer	2
Maintenance Officer/Occupational Health and Safety Officer	1
Maintenance Officer/Fire Safety Officer	1
Hospitality staff including catering, cleaning and laundry	4

Sampled documents

Category	Number
Care recipients' files	7
Summary/quick reference care plans	7
Medication charts	15
Personnel files and education folders	6

Other documents reviewed

The team also reviewed:

- Audit schedule and audits
- Chemicals register, risk assessments and safety data sheets
- Cleaning records

- Clinical assessments and reviews
- Comments and complaints folder, policy, guideline, flowchart, monthly registers and status log and forms
- Communication books and diaries
- Controlled drug register
- Dietary change forms, dietary profiles and associated lists for nutritional supplements
- Education/training – internal attendance records, competencies, questionnaires, training needs analysis and resources
- End of life pathway
- Evacuation lists and emergency procedure manual
- External service provider contracts and associated records
- Fire systems maintenance schedules, books and reports.
- Food safety plan and associated monitoring records
- Food services survey and survey report from external consultant
- Guidelines and charts to guide staff practice
- Handover folders
- Infection control folder
- Lifestyle profiles, assessments and records
- Maintenance requests and preventative maintenance records
- Incident/accident reports
- Meeting minutes
- Memoranda
- Menu and associated records for provision of meal and beverage services
- Orientation books including checklists and associated records
- Plan for continuous improvement and improvement forms
- Police certificate records
- Qualification records
- Reportable incidents folder, flowchart and associated records

- Resident accident/incident form
- Residents' information handbook
- Restraint assessment and authorisation
- Risk assessment form
- Self assessment
- Staff handbook and general information booklet
- Temperature monitoring records

Observations

The team observed the following:

- Accreditation audit posters displayed
- Activities in progress
- Administration and storage of medication
- Advocacy and internal and external complaints information displayed
- Charter of residents' rights and responsibilities displayed
- Comments and complaints forms and secure boxes
- Emergency evacuation maps and assembly areas
- Equipment and supply storage areas
- Equipment to support infection control practices
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Kitchen, laundry and cleaning processes
- Meal and beverage delivery and service
- Noticeboards and notices on display
- Ordering processes
- Residents, visitors, contractors' sign in/out books
- Short group observation

- Staff practices
- Waste and sharps disposal

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

Southern Cross Care Raceview, St Mary's Hostel (the home) actively pursues continuous improvement. Continuous improvement activities are identified via audits, surveys, improvement and/or complaints forms and incident reporting processes. Regular meetings of management, staff and residents/representatives provide forums for planning improvement activities. Management record, monitor and document actions and evaluate outcomes on completion. Residents/representatives and staff are satisfied with improvements implemented.

Examples of improvements in relation to this Standard include:

- Management identified mandatory training processes required a review which has resulted in the education now being held on a monthly basis. The training is scheduled to coincide with compliance for annual fire training and monitored for attendance. A program has been developed with delegated personnel delivering components such as, fire and emergencies, policies and procedures, infection control, manual handling, compulsory reporting and incident and hazard reporting. Management advised this has been beneficial for monitoring staff compliance as all mandatory training is held on one day. Staff advised they are able to use this forum to ask questions in a supportive environment.
- Management advised the home is in the process of transitioning from hard copy clinical documentation to an electronic clinical care information system. Staff were provided with individual passwords and education to enable them to access the computer. Management advised progress note entries are more legible and the system enables a process to review the information contained. Staff advised this has also reduced the process required for managing and archiving information contained in the residents' clinical folders.

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

There are established systems to identify and ensure compliance with legislation, professional standards and industry guidelines. Changes in legislation are disseminated via updates of policies and procedures, memorandum, meetings and education. Compliance with legislation and the Accreditation Standards is monitored through the audit system, performance appraisals and observation of staff work practices. Designated personnel receive alerts to monitor currency of police certificates for staff, volunteers and relevant service providers. Residents/representatives were informed of the current reaccreditation audit.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Recruitment processes ensure staff have the skills, ability and relevant qualifications to perform the role. Orientation processes include provision of training specific to their roles and the completion of identified competencies. Education is planned, scheduled, advertised and monitored for attendance. Further education is identified via monitoring processes including incident and hazard reporting, feedback from staff and residents/representatives, observation of staff practice and changes in residents’ needs. A Nurse Practitioner consults with management and develops education and associated competencies for registered staff as required. Staff are encouraged and supported to undertake further education and formal qualifications utilising internal and external education processes or through established links with external service providers.

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

Information relating to internal and external complaints mechanisms is displayed and available to residents/representatives and other interested parties. Complaints information is available in handbooks and is discussed as a standing agenda item at meetings. Further avenues to identify complaints occur via surveys, feedback forms, case conferences and management maintains an open door policy. Complaints are acknowledged, investigated and actioned with feedback provided to complainants. Residents/representatives and staff on behalf of residents are aware of opportunities to make verbal or written complaints.

Residents/representatives are satisfied with the responsiveness of management in resolving issues.

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 documented a philosophy of care, mission statement and objectives, these are available in the resident and staff handbook and displayed in the home. Corporate strategic planning for the continued commitment of the organisation occurs via workshops with senior management and the board of directors.

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

There are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and the organisation's philosophy and objectives. The selection and employment of staff is based on required skills, experience and qualifications. Orientation processes include role specific information, competencies and 'buddy' shifts. Staff are supported by designated experienced staff who are available to mentor new staff. Skills are monitored through observation of staff practice, incident analysis and regular performance appraisals. A roster is maintained and reviewed as required to ensure there is sufficient staff to meet the needs of residents. Staff state they have adequate time to complete their duties. Residents/representatives are satisfied with the timeliness of staff response to residents' requests for assistance.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There is a process for ensuring the regular supply of goods and equipment which are stored appropriately. Monitoring and ordering processes include lists, communication mechanisms, audits and visual checks to ensure equipment and stock supplied are sufficient and suitable for use. Equipment is maintained through reactive and preventative maintenance programs. Staff and residents/representatives are satisfied with the availability of goods and equipment at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Processes to ensure information is managed in a secure and confidential manner includes the secure storage and access to files. Electronic information is password protected and backed up as required. Clinical and administrative information is available to relevant individuals, which is reviewed and updated as required. Processes ensure information is current and updated as required is disseminated via updates of policies and procedures, memoranda, meetings and education. The home collects and uses key information in relation to incident data, hazards, audits and survey data to monitor the delivery of care and services. Residents/representatives are satisfied with information and consultation processes and staff reported they have access to relevant and current information to perform their roles.

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

There are established systems to ensure external services are provided in a way that meets the home's service needs and quality goals. Monitoring processes ensure contract/service agreements and information provided remains current in regards to relevant licences, insurance details, registration certificates and police certificates, within the terms of their agreements. Service agreements are reviewed and feedback is sought to ensure consistent quality in service delivery processes. Residents/representatives and staff are satisfied with the quality of services provided by external suppliers.

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 processes.

Examples of improvements in relation to this Standard include:

- To improve clinical behaviour management of residents with complex geriatric conditions, management consulted with a geriatrician who now conducts a monthly clinic at the home. Management advised this has improved the service provided to residents as they have reduced waiting times to access a specialist and residents remain within their home environment.
- A mentor program has been introduced to support graduate registered and enrolled nurses. Graduate registered and enrolled nurses maintain a journal and have been paired with experienced registered nurses to discuss information and to gain increased understanding in relation to their roles and responsibilities. Management advised while this process is new they believe it has been beneficial to staff. Staff advised the mentorship provides them with increased confidence in their roles.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with the legislation relevant to health and personal care. In relation to this Standard, systems to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absences of residents.

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 systems and processes to maintain staff knowledge and skills. In relation to this Standard relevant education includes clinical education to registered staff by qualified professionals and education relevant to care staff is provided by delegated staff and external consultants in relation to continence management, pain identification, nutrition and hydration and understanding dementia.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ clinical needs are assessed on entry to the home through interviews with residents and their representatives, and discharge summaries as provided. Interim care plans are formulated which guide staff practice until individualised care plans are established. Completion of focus assessment tools guide staff in the development of care plans. Registered nurses review care plans as care needs change and three monthly following input from care staff across all shifts. Care staff are knowledgeable of individualised residents’ requirements, and their knowledge is consistent with care plans. Information relating to residents’ health status is discussed at shift handover and recorded in progress notes and communication diaries. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Residents are satisfied with the clinical care that is provided by staff.

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

The home has systems and processes to support the specialised nursing care needs of residents. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, oxygen therapy, pain management and palliative care. Registered nurses assess initial and ongoing specialised nursing care needs and establish residents’ preferences. Care plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as needs change. Registered nurses are available 24 hours a day, and oversee and assess specific care requirements. The home has a Nurse Practitioner on staff who is available five days a week for consultation and care advice. Care staff complete clinical competencies in relation to the provision of specialised nursing care.

Where care needs exceed the knowledge and skill of staff, external education is sourced from specialised health care services to support care delivery and provide training to staff. Residents are satisfied with the quality of care provided at the home and the support received with specialised care needs.

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

The home has processes to support referral to other health and related services where residents’ health needs dictate. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including podiatry, dietetics, optometry, audiology, physiotherapy, pathology, speech pathology, dental services and palliative care services. Some of these services are provided on site and include monthly visits from a gerontologist. Assistance for residents to attend external appointments is facilitated when necessary. Specialists’ reports are received, information is documented in progress notes and changes are made to care plans and clinical profiles as required. Residents are satisfied with the range of and access to allied health specialists.

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

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Policies and procedures guide staff in ensuring residents’ medication is managed safely and correctly. Medications required to be stored at specific temperatures are stored appropriately. Residents who prefer to self-administer their medication have been assessed and are provided with secure areas to store their medication. Medication incident forms capture information related to medication errors and staff practice is reviewed following incidents. Medication charts contain information to guide staff in the administration or assistance required when administering medication to residents. Residents are satisfied they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

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 pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, heat packs, gentle exercise, and pressure relieving devices. Medication measures include regular prescribed oral pain relief and analgesic patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use by registered staff and the Clinical Nurse Manager. Pain monitoring is completed by registered staff and detailed pain assessments are commenced on residents identified as requiring regular ‘as required’ pain relief or experiencing acute pain. Physiotherapy services provided at the home include the formulation of individual exercise routines and lifestyle staff support the exercise programs as part of their monthly activities schedule. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Residents are as free from pain as possible and are satisfied with the care they receive to minimise 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

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney and

advanced health directives are located in the resident records if required. The home is supported by its own palliative care resources, onsite Nurse Practitioner services, medical officers and local health services as required. Specific care instructions are communicated to staff using care planning guidelines, end of life pathways, handover processes, communication diaries and progress notes. Staff have access to palliative care resources such as mouth care products, specialised bedding and pain relief to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

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

Residents' dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and dietary profiles to guide staff practice. Residents' dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in resident diets and fluid requirements. Residents are weighed in accordance to their individual requirements and changes in weight are monitored by registered staff to support changes in diet, implementation of supplements and/or referral initially to the Nurse Practitioner for assessment and then to a Dietician and Speech Pathologist if required. Directives from allied health personnel relating to nutrition and hydration are reviewed by the Clinical Nurse Manager, implemented and changes to care plans made. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, specialised cutlery and dietary supplements. Residents are satisfied with the quantity of food and fluid received.

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

Residents' skin integrity is assessed on entry to the home and planned interventions are included in the residents' care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, limb protectors and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in daily handover reports, communication diaries, care plans and progress notes. Wound care is managed by registered staff guided by wound care pathways, which are reviewed regularly for effectiveness. Staff have an understanding of factors associated with risks to residents' skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents are satisfied with the management of their skin integrity.

2.12 Continence management

This expected outcome requires that "Care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Residents' continence needs are assessed on entry to the home and on an ongoing basis. Residents' individual continence needs are assessed, plans of care developed and reviewed by the Nurse Practitioner and registered staff. Care plans and continence profiles direct staff practice and ensure individual residents' preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed as care needs change and every three months. Individualised bowel management programs are developed and include medication and other natural methods. Residents are satisfied with the assistance by staff to maintain their continence.

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

Residents are assessed on entry to the home where actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual resident needs and risks. Care and lifestyle staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support if needed. The effectiveness of strategies used by various staff members to assist residents with challenging behaviours is discussed during handover processes and communicated in progress notes.

Residents requesting or requiring protective assistive devices have relevant authorities which are reviewed regularly. Residents are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

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

Residents' mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs following identified issues relating to mobility. Care plans are developed and reviewed regularly and as required. Care staff, physiotherapy and lifestyle staff provide assistance to residents with exercise, balance and range of movement activities. Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are

taken to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques on employment then annually. Residents are satisfied with the assistance provided to maintain mobility and maximise independence.

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

Residents' oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in care plans to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Dental services are provided locally and assistance is provided to access resident's preferred dental provider when required. Resources such as mouth care products are utilised to meet residents' oral hygiene needs. Residents are satisfied with the assistance given by staff to maintain oral and dental health.

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

Residents' care needs in relation to senses such as hearing, vision, speech and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. Residents identified with impaired sensory function have specific care planning guidelines to assist staff in their daily care. The lifestyle program includes activities to stimulate residents' senses such as musical activities, gardening areas, outdoor equipment such as brooms and watering cans. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of specific storage areas, wide corridors and colour identified corridors. Staff assist residents to clean and fit sensory aids. Residents are satisfied with the care and support offered to minimise the impact of any sensory loss.

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

Residents' preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain

or toileting needs are identified. This information is recorded on care plans to guide staff practice. Staff at the home maintain a quiet environment to assist residents to settle and remain asleep. Residents' medical officers are consulted if interventions are considered to be ineffective. Residents are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

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.

Examples of improvements in relation to this Standard include:

- The home was a recipient of a Better Practice Award in 2013 in response to the implementation of a program called ‘Respecting Residents’ Choices’. Consultation between each resident, their family/representatives with clinical staff and Nurse Practitioner identifies their choices and preferences in respect to end of life wishes. This information is documented in an advanced health directive and residents are supported during all aspects of their care to ensure they remain comfortable. The home is supported by an on-site Nurse Practitioner, medical officers and the local hospitals. Staff have received comprehensive clinical education to deliver specialised nursing care in line with and respect the residents’ end of life wishes.
- The home has implemented a program to provide increased support to residents living with dementia and their families/representatives. From entry a delegated registered nurse discusses information with each resident’s family/representatives regarding the residents’ diagnosis and changes that may occur during the time the resident resides at the home. This support includes identifying and assisting residents’ families/representatives with individualised activity programs that they may conduct or participate with the resident, to provide a positive experience for all. The registered nurse liaises and provides additional support and training to staff. Staff advised this has provided increased emotional support and understanding for the resident, their families/representatives.
- Management have converted an office space to create a private dining room for residents and their families/representatives to use. Management and staff advised residents use the area to have private meals and visits with their spouses, families and other visitors. Residents advised they “enjoy having a private space to spend time with their families”.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Standard 3 Care recipient lifestyle. In relation to this Standard, the home has systems to ensure reportable and non-reportable events are managed according to legislative requirements.

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 systems and processes to maintain staff knowledge and skills. In relation to this Standard relevant education includes compulsory reporting, grief and loss issues and advocacy.

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

Residents receive support to adjust to life in the new environment initially and on an ongoing basis. Processes ensure residents are supported to participate in activities and social events at the home. Residents are encouraged to personalise their rooms with familiar items and family visits are encouraged and supported. Communication processes between the clinical and lifestyle staff ensure relevant staff are informed of the current emotional needs of the residents. Residents are satisfied with the emotional support by staff.

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

Clinical and lifestyle assessments are completed on entry to the home to identify each resident's requirements to maximise their independence. The information provided enables care plans to be developed and these are regularly reviewed and updated as appropriate. The support available to assist residents to maintain independence includes identified specialised equipment and/or aids. The home supports residents wishing to visit and access the community by utilising assistance from volunteers and local taxi services. Staff respect residents' independence whilst providing personal care and services. Residents and their representatives provide feedback to management through a variety of mechanisms including management having an open door policy, audits, surveys, case conferences and resident meetings. Residents are satisfied they are assisted to achieve independent lifestyle choices.

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

Residents' right to privacy and dignity is recognised and respected. Residents and representatives are provided with information on admission to the home and on an ongoing basis. Staff are provided with education regarding confidentiality and respecting residents' privacy and dignity. Staff are aware of strategies to maintain residents' privacy and dignity whilst performing personal cares. Residents are satisfied that their right to privacy, dignity and confidentiality is recognised and respected by management and staff.

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

Information identifying residents' preferences regarding lifestyle is gathered and documented through assessments and progress note entries. A lifestyle care plan is developed which includes the resident's physical, cognitive, social, spiritual and cultural needs and preferences. A program of activities is developed and evaluated with input from residents/representatives, staff and management through feedback including surveys and meetings. Monthly events are displayed throughout the home; special events are discussed and advertised on noticeboards, at meetings and through day to day one to one discussion with the home's activity staff. Staff are aware of residents' preferred activity and leisure pursuits and provide assistance to

residents to access the activity. Residents are satisfied with the support and encouragement given to participate in a wide range of interests and activities.

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' specific cultural and spiritual needs are identified on entry to the home in consultation with the resident and representative. The home has a referral system to access information regarding other cultural observances as required. The activity and clinical staff provide emotional and spiritual support. Religious services are held throughout the month in the home. The home can assist with arranging transport for residents wishing to attend external places of worship. Staff assist residents to attend special celebrations and events. Residents are satisfied their individual interests, customs, beliefs and cultural needs are supported and maintained.

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

Residents are encouraged to make lifestyle choices in their day to day life. The home identifies the appropriate decision maker during the admission process such as an enduring power of attorney, adult guardian or public trustee to make decisions on behalf of the resident and records are updated as required. Staff provide opportunities for choice respecting resident's daily care routines. Residents are aware of their rights and responsibilities and have access to information regarding comments and complaints and advocacy services. Residents are aware of their rights for choice regarding care and services provided.

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

Each resident is provided with information on admission which includes the residential care agreement and resident information pack. The information includes residents' rights and responsibilities (which is displayed in the home), security of tenure (including the circumstances when a resident may be asked to be re-located within the home), fees and charges, internal and external complaints mechanisms, and the care services and routines

provided at the home. Residents are aware of their rights and responsibilities and are satisfied that tenure at the home is secure.

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.

Examples of improvements in relation to this Standard include:

- The home has developed the inner courtyards of the home to provide a more welcoming and sensory stimulating environment for residents and their visitors. Consultation with residents/representatives, staff and management have resulted in the re-development of gardens, installation of a potting bench and furniture. For example an area to support the ‘Men’s Club’ has had new furniture and plants installed and residents advised they “enjoy this activity” held in this location. Recently play equipment has been purchased and management advised and residents confirmed the garden environment is “a lovely place to sit”.
- To improve security a fence has been erected around the front perimeter of the home. Management advised the fence provides a safer and more secure environment for residents, especially if they wish to access the front gardens.

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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems.

In relation to this Standard the home has a food safety program and processes for monitoring occupational health and safety requirements and fire safety.

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 systems and processes to maintain staff knowledge and skills. In relation to this Standard relevant education includes infection control, manual handling, food safety and fire 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

There are policies, procedures, flowcharts and education to ensure the environment is maintained in a safe and comfortable way consistent with residents' needs. Residents are encouraged to personalise their rooms and dining and lounge areas are furnished to provide a home like environment to support residents' lifestyle needs. Monitoring processes include audits, visual inspections of the environment and equipment and the reporting and investigation of hazards and incidents. Delegated staff and external providers maintain the environment via programmed preventative maintenance and cleaning processes.

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 through its policies and procedures, monitoring mechanisms, maintenance and education processes. Monitoring systems include audits, identification and actioning of hazards and investigation of clinical incident data. Identified deficits are discussed and actions taken to minimise the risk of potential and actual hazards related to the physical environment, chemicals, equipment and infection. Education processes include completion of identified competencies, information for safe work practices and reporting mechanisms to maintain a safe working environment. Staff are aware of reporting broken equipment, hazards and incidents and safe use of chemicals.

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

Fire, security and safety systems are maintained through policies and procedures, programmed maintenance by qualified personnel and education processes. Monitoring processes include audits and visual inspections for the identification and reporting of risk, potential and actual hazards related to fire, security and other emergencies. Education processes include information that is provided at orientation and annually thereafter relating to emergency and disaster procedures, safety and security procedures. Residents/representatives and staff are satisfied with the safety and security of the physical environment.

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 an infection control program to identify, document, manage and minimise infections. The program includes a food safety program, pest control schedule, a vaccination program for residents and outbreak management kit. Staff are encouraged to participate in the influenza immunisation program. Infection control education is provided to all staff on employment and repeated annually. Cleaning and laundry practices are monitored to ensure infection control guidelines are followed. Infection statistics for residents are recorded and reviewed monthly by the Clinical Nurse Manager and Facility Manager. The home is equipped with hand washing areas and anti-bacterial gel with instructions for use displayed throughout the home. Staff are aware of infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken.

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

Residents are satisfied with the standard of catering, cleaning and laundry services provided at the home. Residents' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences; these are documented to ensure their individual needs and preferences are met. There is a five week rotational and seasonal menu and in consultation with residents or their representatives alternative meal preferences are provided. Resident satisfaction with meals is monitored through surveys, feedback forms and individual and group meetings. Personal linen is processed at the home five days a week; an external provider attends to flat linen. There is a cleaning program with schedules to guide staff to ensure regular cleaning of residents' rooms and the environment.