



Aged Care
Standards and Accreditation Agency Ltd

Balaklava Millcourt Homes

RACS ID 6063

7 Railway Terrace

BALAKLAVA SA 5461

Approved provider: Balaklava Mill Court Homes Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 8 July 2015.

We made our decision on 15 May 2012.

The audit was conducted on 2 April 2012 to 3 April 2012. The assessment team's report is attached.

The assessment team recommended the home did not meet expected outcomes 2.3, 3.3 and 4.3 for education and staff development.

We considered the detailed submission from the approved provider, including substantial action taken in the area of staff training following the audit, and we decided at the time of our decision that these expected outcomes are now met.

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

| Expected outcome | | Accreditation Agency decision |
|---|--|-------------------------------|
| 3.1 Continuous improvement | | Met |
| 3.2 Regulatory compliance | | Met |
| 3.3 Education and staff development | | Met |
| 3.4 Emotional support | | Met |
| 3.5 Independence | | Met |
| 3.6 Privacy and dignity | | Met |
| 3.7 Leisure interests and activities | | Met |
| 3.8 Cultural and spiritual life | | Met |
| 3.9 Choice and decision-making | | Met |
| 3.10 Resident security of tenure and responsibilities | | Met |

Standard 4: Physical environment and safe systems**Principle:**

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

| Expected outcome | | Accreditation Agency decision |
|---|--|-------------------------------|
| 4.1 Continuous improvement | | Met |
| 4.2 Regulatory compliance | | Met |
| 4.3 Education and staff development | | Met |
| 4.4 Living environment | | Met |
| 4.5 Occupational health and safety | | Met |
| 4.6 Fire, security and other emergencies | | Met |
| 4.7 Infection control | | Met |
| 4.8 Catering, cleaning and laundry services | | Met |



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Balaklava Millcourt Homes 6063

Approved provider: Balaklava Mill Court Homes Inc

Introduction

This is the report of a re-accreditation audit from 2 April 2012 to 3 April 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 41 expected outcomes

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

- 2.3 Education and staff development
- 3.3 Education and staff development
- 4.3 Education and staff development

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 2 April 2012 to 3 April 2012.

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

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

Assessment team

| | |
|--------------|---------------------|
| Team leader: | Sandra Lloyd-Davies |
| Team member: | Margaret Snodgrass |

Approved provider details

| | |
|--------------------|--------------------------------|
| Approved provider: | Balaklava Mill Court Homes Inc |
|--------------------|--------------------------------|

Details of home

| | |
|---------------|---------------------------|
| Name of home: | Balaklava Millcourt Homes |
| RACS ID: | 6063 |

| | |
|---|---|
| Total number of allocated places: | 40 |
| Number of residents during audit: | 37 |
| Number of high care residents during audit: | 31 |
| Special needs catered for: | People with dementia or related disorders |

| | | | |
|-----------------|--------------------|------------|--------------|
| Street: | 7 Railway Terrace | State: | SA |
| City: | BALAKLAVA | Postcode: | 5461 |
| Phone number: | 08 8862 1576 | Facsimile: | 08 8862 2137 |
| E-mail address: | millcrt@rbe.net.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|--|--------|---------------------------------|--------|
| Management | 2 | Residents/representatives | 7 |
| Clinical, care staff and lifestyle staff | 5 | Ancillary and maintenance staff | 4 |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|---------------------------------|--------|
| Residents' files | 4 | Medication charts | 4 |
| Summary/quick reference care plans | 6 | Leisure and lifestyle care plan | 6 |
| Personnel files | 4 | | |

Other documents reviewed

The team also reviewed:

- Activities program
- Asbestos register
- Audit schedule
- Charter of residents' rights and responsibilities
- Comments and complaints
- Contractor's sign in/out book
- Diary, handover and communication books
- External advocacy brochures
- Fire safety and evacuation plans
- Food safety plan
- Incident and infection data
- Job descriptions and duty statements
- Material safety data sheets
- Newsletters
- Plan for continuous improvement
- Police clearance records
- Preventative and corrective maintenance records
- Refrigerator temperature monitoring
- Resident handbook
- Resident evacuation list
- Residential services agreement
- Restraint records
- Schedule 4 and 8 licence
- Staff education records
- Staff handbook
- Triennial fire safety certificate
- Various audits and surveys
- Various incident and hazard records
- Various meeting minutes
- Various policies and procedures
- Wound folders

Observations

The team observed the following:

- Activities in progress
- Archive room
- Chemical storage
- Cleaning in progress
- Equipment and supply storage areas
- Evacuation plans
- Fire safety and equipment
- Infection control resources
- Interactions between staff and residents
- Key pad security
- Living environment
- Meal service
- Medication round
- Noticeboards
- Personal protective equipment
- Storage of medications

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Balaklava Millcourt Homes is a community owned and managed aged care facility. The home identifies improvement opportunities from comments and complaints forms, audits, resident and staff meetings, surveys and verbal feedback. Improvements are logged on to a continuous improvement register. Information is discussed at Quality and Safety Committee meetings. The home's management monitors actions and timelines generated from continuous improvement activities. Residents, representatives and staff are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented by the home over the last 12 months in relation to management systems, staffing and organisational development include:

- Following feedback from a resident meeting, the home increased the size of the font on staff name badges. Residents are able to read staff names on identification badges more easily.
- Management identified an opportunity to improve the home's archiving system. A dedicated member of staff is now responsible for the storage and retrieval of information. Records have been boxed with resident names and deceased date. Management state records are easier to retrieve.

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 and processes to identify and monitor relevant legislation, regulations, professional standards and guidelines. Policies and procedures, work practices and documentation are updated to comply with regulatory requirements. The home is informed of relevant legislation through membership of peak bodies and correspondence with the Department of Health and Ageing. Processes for monitoring police clearances for staff, volunteers and contractors are generally effective. Legislative updates are monitored by the home's management and discussed at meetings. Staff are aware of regulatory requirements relating to management systems and staff development.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. Training needs are identified through staff meetings, performance appraisals, requests from staff and observation of work practices. A training calendar is developed from this information and management monitor staff attendance at training sessions. Staff training relevant to management systems, staffing and organisational development includes the Aged Care Funding Instrument. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively. Although commencing employees undertake mandatory training as part of the induction process, the home's ongoing monitoring of staff skills and knowledge in relation to mandatory training is not effective.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to inform residents and representatives of internal and external complaints mechanisms, including information in the residents' handbook and residential services agreement. Information gathered from comments and complaints forms, resident and staff meetings and verbal feedback is logged on a complaints register. Management monitor and investigate complaints, implement appropriate action and provide feedback to those individuals concerned. External advocacy and complaints information is displayed in the home. Staff are aware of the comments and complaints system and feel supported in raising concerns with management. Residents and representatives are satisfied that concerns they raise are managed effectively and resolved.

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's purpose, vision, mission and values are documented and visible throughout the home. Information describing the home's purpose and values is available in resident and staff handbooks. Documentation containing the home's purpose, vision, mission and values have consistent content. The home is governed by a board of management. Staff are familiar with the home's commitment to quality care and services.

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 has processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. Management is responsible for recruitment processes including, induction, police clearances and monitoring nursing registrations. The home advertises locally and has access to new care staff through work placements and traineeships. The home provides an induction program for commencing staff. All staff and volunteers are required to provide a police clearance certificate. The home's management monitors staffing levels and skill mix through staff feedback, audits, surveys and incident data. Staff performance appraisals are generally conducted annually. Vacant shifts are filled by casual and permanent staff. Staff have sufficient time to complete their tasks. Residents and representatives are satisfied that staff have the appropriate skills to deliver care and services.

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 residents and staff. The home uses internal and external maintenance processes, audits, workplace inspections, hazard and incident reports to monitor plant and equipment. A program of preventative and corrective maintenance, including electrical testing and tagging is used for maintaining the safety of equipment. Storage and ordering processes are delegated to staff from various areas within the home. Staff, residents and representatives 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 information management systems which provide management and staff with appropriate information to help them perform their roles. There are processes for managing secure storage of electronic and paper based confidential records. The home communicates relevant information to staff and residents through care plans, memoranda, notice boards, meetings, newsletters, handbooks and policy and procedure manuals. Staff interviewed state they are satisfied they have access to information relevant to their role. Feedback from staff, residents and representatives, review of documentation and the audit process monitor the effectiveness of information management. Residents and representatives state they are satisfied they have sufficient information to allow them to make decisions regarding resident care.

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

External services are selected on their ability to meet the home's needs. The home has agreements with external contractors in relation to maintenance, pest control, allied health services, fire safety and pharmacy. There are formal and informal contractual arrangements. Management monitors the quality of services provided through staff and resident feedback and service providers are changed if considered unsatisfactory. Staff, residents and representatives are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard Two Health and personal care, the home identifies improvements from resident and staff feedback, observations, complaints, audits, incident reports and care reviews. The plan for continuous improvement is monitored by management and discussed at staff meetings. Staff and residents are encouraged to participate in the home's continuous improvement program.

Examples of improvement activities and achievements relating to health and personal care include:

- Clinical staff identified an opportunity to improve palliative care planning. A specific palliative care plan has been developed. The plan provides more detailed information for staff. Staff feedback has been positive.
- Clinical staff identified the difficulty in gathering information when a resident is transferred to hospital in an emergency. The home has now completed the basic information, such as name, address, next of kin, medical practitioner and diagnosis for each resident. The home will evaluate this in three months.

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.

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Nurses' registrations are obtained prior to commencing employment and up-dated annually. Management monitors regulatory compliance through staff meetings, clinical audits, care reviews and staff and resident feedback. Relevant information is available to staff in manuals and professional guidelines. Staff are aware of regulatory requirements relating to residents' health and personal care, including the safe storage of medications.

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 does not meet this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents’ care needs. Staff training relevant to health and personal care includes continence management, stoma care and wound management. Staff are satisfied with the support provided to them to develop their knowledge and skills. Although commencing employees undertake mandatory training as part of the induction process, the home’s ongoing monitoring of staff skills and knowledge in relation to mandatory training is not effective. Not all staff have the knowledge and skills to perform their roles effectively.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There is a process for obtaining health, medical and activities of daily living information when residents enter the home and a short term care plan is developed. Assessments by registered nurses identify care needs and care plans are developed. Clinical management plans are developed for specific medical issues such as diabetes. Resident care is reviewed regularly and as changes occur. Staff are involved in compiling information in consultation with the resident and/or their representative and monitoring for changes. A registered nurse is always available to direct staff for residents’ care. Various audits, the care review process, incident and infection data and analysis, comments and complaints, observation and feedback from staff, residents and representatives identify any issues with clinical care. Staff have qualifications and are given ongoing training to provide the care needs of the residents. Residents and representatives interviewed are satisfied resident care needs are met.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified through a process of observation, assessment and reporting to registered or enrolled nurses by care staff, residents and/or their representatives. Qualified nursing staff or other health professionals undertake this care which is identified, planned, monitored and evaluated regularly. Staff are provided with education and are appropriately qualified to meet residents’ specialised nursing care needs. Audits, reviews and feedback from staff, residents and representatives monitor residents’ specialised care needs. Residents and representatives state they are satisfied residents receive appropriate specialised nursing care.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Residents are assessed on entry and regularly reviewed to identify changes in specialised nursing care. The home contracts allied health professionals as needed, for example, physiotherapists, podiatrists, speech pathologists and dietitians. Nursing staff access palliative care services when required. Other specialist areas such as dental, audiometry or optical services, either visit the home or residents are assisted to make appointments and arrange transport to external services. Audits, regular reviews and feedback from staff, residents and representatives monitor residents receive appropriate health specialist treatment. Staff are provided with education to enable them to identify residents’ care needs through assessment and they understand the referral process. Residents interviewed are satisfied with the referral arrangements to allied health professionals, medical specialists and medical practitioners, and the care provided.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medication care is assessed on entry, reviewed regularly and as care needs change. Medical practitioners prescribe medications that are provided to the home in a pack system. Registered, enrolled nurses or medication competent carers administer medications according to legislated guidelines. A registered nurse is consulted for all ‘as required’ medication which is monitored for effectiveness. Residents, who self-administer medication, are assessed and monitored for safety, including safe storage of medications. A pharmacist reviews residents’ medications as requested by the general practitioner. Medications are securely stored. The home has a Medication Advisory Committee and the system is monitored through audits, medication incident data and observation. Staff practice is monitored through drug calculation testing and annual training. Staff have access to medication information and resources. Residents and representatives interviewed state they are satisfied medication is managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents are assessed for pain on entry, in consultation with the medical practitioner, physiotherapist, resident and/or representative. A plan is developed, implemented and evaluated regularly and as needs change. ‘As required’ medication is monitored for effectiveness. Interventions include medication, position changes, exercise regimes, massage and alternative therapies, such as hot packs. Management of complex pain has been improved by the use of narcotic medication patches. Staff are provided education enabling them to recognise symptoms of pain in all residents, including residents with cognitive deficits. Outside agencies and specialists can be accessed for complex pain issues. Audits, reviews, observation and feedback from staff and resident or their representative monitor pain management. Residents and representatives interviewed are

satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

On entry, residents and/or representatives are asked to provide information regarding residents’ end of life wishes. Palliative care plans focus on the comfort, spiritual and emotional support of the resident. Palliative care practices include comfort items such as music, aromatherapy, massage lotions and spiritual or specific cultural support. The local palliative care team is available to the medical practitioner and registered nurses for advice and assistance in the management of complex pain and other medical issues. Staff are provided with training and able to give examples of support to residents and their families. Feedback from audits, representatives and staff provide opportunities to improve palliative care services. Families are appreciative of the palliative care provided at the home.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Using consultative processes residents are assessed on entry and plans implemented to identify individual preferences and needs. Residents’ are reviewed regularly and weight and general condition is monitored. A speech pathologist or dietitian assess and review residents as needs arise and changes occur. Supplements are given when required. Nursing and care staff assist with meals and drinks for residents with poor dexterity, cognitive deficits or swallowing problems. Modified cutlery and crockery assist residents to eat independently. Residents have input at resident meetings regarding the menu. Issues raised are resolved through the clinical nurse manager and catering staff. Staff interviewed are able to identify residents’ special dietary needs and assist residents with meals. Nutrition and hydration is monitored through audits, reviews, observation and feedback from residents, representatives and staff. Residents interviewed are satisfied with the home’s approach in meeting their nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Registered nursing staff assesses skin integrity on entry, develop a care plan and review regularly and when changes are reported. Skin integrity incidents are reported, investigated and trends identified. Skin integrity is monitored through audits, incidents, observation and feedback from residents and representatives. Staff have access to an external wound specialist and referrals to medical specialists for complex wound care or skin issues. They are provided with training in wound management and have access to specialist practitioners

and resources when needed. Residents and representatives interviewed are satisfied with the residents' skin care management.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Nursing staff assess residents on entry and implement care plans to maintain residents' comfort and dignity. Care staff report changes in continence needs for review by registered staff. A product specialist is available to advise on continence management issues and provide education. Residents' care plans may include toileting regimes, aids, adequate fluids and diet and assistance provided by staff. Staff are provided with training in continence management and are aware of meeting privacy and dignity needs of residents. Registered nurses review continence management on a scheduled basis through the care review process. Continence is monitored through audits, reviews, observation and feedback from residents and representatives. Residents and representatives interviewed are satisfied that residents receive support from staff to manage their continence needs effectively.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Nursing staff assess behaviour on entry and develop strategies, in consultation with residents and representatives, to manage any challenging behaviours. Plans are implemented and monitored for effectiveness. Strategies include leisure activities and emotional support. Staff are provided with training in behaviour management and have access to guidelines and outside agencies for advice in managing complex behaviours. Medical practitioners refer residents to specialist services as needed. The home has a policy of minimal physical and chemical restraint. Staff are aware of their responsibilities and other interventions are trialled before restraint is considered in consultation with the resident and/or their representative and medical practitioners. Audits, incident data, reviews and observation identify opportunities for improvement in behaviour management. Residents and representatives interviewed are satisfied that residents' challenging behaviours are managed effectively.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

All residents are assessed by registered nurses on entry and regularly reviewed with individual plans to achieve as much independence as possible. Physiotherapists develop exercise plans and assess residents for aids to assist mobility and dexterity. There are group exercise sessions and a physiotherapy aide to assist with massage and specific exercise programs. Residents are encouraged to walk and develop a safe level of independence. Staff are provided with training, support and equipment to provide assistance with mobility. The care review process, accident and incident data and analysis, audits and observation

monitor mobility and dexterity. Resident and representatives interviewed are satisfied with the support to maintain mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Registered nursing staff assess oral and dental care needs on entry and during the review process. Oral and dental care is reviewed regularly and as changes are reported. Staff are provided with training to monitor and provide assistance as needed. Residents attend private dental services outside the home. Assistance is given to make appointments and arrange transport in consultation with residents and their representatives. A staff member will accompany residents if necessary. Oral care is monitored through audits, reviews and feedback from residents and staff. Residents and representatives interviewed are satisfied that residents’ oral and dental health is maintained.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Residents are assessed on entry for hearing, vision, touch, taste and smell to identify and plan care to manage sensory losses. Care plans include information related to sensory loss in vision, hearing, touch, taste and smell. Medical practitioners and registered nurses refer residents to specialists for review and residents are assisted to attend appointments outside the home. Staff are provided with training to monitor and assist residents with maintaining and fitting aids which assist their sensory function. Other senses are enhanced with lifestyle activities, such as, cooking, music, walks and the garden. Nursing and lifestyle staff evaluate care needs through the scheduled care review process. Sensory loss is monitored through audits, reviews and observation. Residents and their representatives interviewed stated that residents are satisfied that residents’ sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

All residents are assessed on entry and a plan stating preferred settling routines is implemented to assist normal sleep patterns. Staff are encouraged to keep noise at a low level. Carpeted corridors assist in providing a quiet environment. There is a policy of minimal sedation and other measures, such as pain management and settling routines assist residents to sleep. Sleep patterns are monitored and reported by night staff and care is reviewed on a regular basis by nursing staff. Residents and their representatives interviewed state that residents are satisfied with their sleeping arrangements and staff are available when needed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard Three Resident lifestyle, the home identifies improvements from resident and staff feedback, surveys, activity evaluations, observations and complaints. The plan for continuous improvement is monitored by management and discussed at staff meetings. Staff and residents are encouraged to participate in the home’s continuous improvement program.

Examples of improvement activities and achievements relating to Resident lifestyle include:

- In response to a suggestion made at a resident meeting, the home has introduced a fortnightly bacon and eggs breakfast as part of the activity program. Feedback from residents has been positive.
- Following feedback from residents and representatives, a raised garden bed was provided for residents with limited mobility. Residents with limited mobility are now able to participate in gardening activities. Feedback from residents and representatives has been positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to resident lifestyle. The home’s management explains the residential services agreement to new residents. Management monitors regulatory compliance through staff meetings, surveys and resident and staff feedback. Relevant information is available to staff in manuals and guidelines. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident information.

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 does not meet this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Staff training relevant to resident lifestyle includes dementia awareness and elder abuse. Staff are satisfied with the support provided to them to develop their knowledge and skills. Although commencing employees undertake mandatory training as part of the induction process, the home's ongoing monitoring of staff skills and knowledge in relation to mandatory training is not effective. Not all staff have the knowledge and skills to perform their roles effectively.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Entry assessment processes identify potential emotional support needs for each resident. The home consults medical officers and other health professionals for assistance in managing specific issues, such as depression. The care plan provides information on each resident's emotional support needs and strategies to meet these. To assist each resident to settle into the home, they are welcomed and introduced to residents, staff and the communal areas of the home. Regular visits by lifestyle staff assist identification of additional support needs. Regular care and lifestyle reviews, observed participation in daily activities and interaction with other residents assists monitoring of residents' emotional needs. Residents and representatives state they are satisfied the home provides support for residents to adjust to their environment on entry and on an ongoing basis.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Care, lifestyle and physiotherapy assessments and regular reviews assist the home to identify and plan support for resident independence. Prompts for staff to encourage independence during activities of daily living are integrated in resident care plans. Activity choices and lifestyle plans include strategies to manage sensory deficits and enhance physical abilities. Assistance is given to enable attendance at appointments and participation in community groups. The home has a bus and car to take residents to appointments, shopping or community events and outings. Residents contribute to decisions about their care and lifestyle and provide feedback through consultation, audits, surveys and resident meetings. Residents state they are satisfied they are able to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care and lifestyle plans identify residents' privacy and dignity needs and requests. Staff are advised of resident rights and the home's privacy and confidentiality policy. Staff were observed knocking on residents' doors prior to entry and they described their practices to maintain residents' dignity during daily care. Residents' personal information is securely stored and there are allocated areas for private time with families. Monitoring processes include care and lifestyle reviews, audits, observation and comment and complaint mechanisms. Residents and representatives interviewed are satisfied the resident's privacy and dignity needs are respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The lifestyle assessment undertaken in consultation with residents and representatives identifies social history, past and current interests and the current ability of each resident. Lifestyle staff trial a range of activities with new residents and plan a program to meet individual requirements. The monthly activity program is provided to each resident in the newsletter and includes a variety of events including outings, crafts, men's group, exercise programs, cooking and musical events. Individual plans for each resident are included in the care plan. Staff demonstrate understanding and respect for resident's individual needs and preferences and gave examples of support provided for residents requiring encouragement to participate. Lifestyle staff regularly review the program to meet individual needs through monitoring attendance, observing participation and consultation with residents, representatives and clinical staff. Individual programs are changed as residents' needs change. Residents and representatives are satisfied residents have the opportunity to participate in a range of activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The lifestyle assessment identifies cultural and spiritual customs and beliefs and care is planned with consideration for individual preferences. Pastoral workers from various denominations visit and residents are supported to attend services in the home. Relevant religious and cultural events are celebrated. Staff demonstrate their consideration of individual beliefs through care practices, including end of life care planning. The home monitors the effectiveness of care and services to support cultural and spiritual needs through the care review process and feedback from residents and representatives. Residents and representatives interviewed are satisfied the home considers and supports individual interests, cultural and spiritual beliefs and customs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Residents are informed of the home's range of services. Care and lifestyle assessment processes identify resident preferences for activities of daily living, lifestyle choices, civic interests and details of persons nominated to provide advocacy. Resident risk is considered when supporting resident choices and consultation processes are documented. Resident satisfaction with choice and decision making and staff support and respect for their choices is monitored through resident meetings, surveys, care and lifestyle reviews, one-to-one discussions and activity evaluations. Residents and representatives interviewed are satisfied choices are respected and that the resident is supported to make their own decisions about care and lifestyle relevant to their capacity.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. Residents and representatives satisfaction is monitored through meetings and verbal feedback to staff and management. Brochures regarding independent sources of advice and advocacy are available within the home. Room changes are carried out in consultation with residents and representatives. Staff are aware of resident's rights and responsibilities. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard Four Physical environment and safe systems, the home identifies improvements from resident and staff meetings, incident and hazard data, audits, worksite inspections, observations and complaints. The plan for continuous improvement is monitored by management and discussed at staff meetings. Staff and residents are encouraged to participate in the home’s continuous improvement program.

Examples of improvement activities and achievements relating to the Physical environment and safe systems include:

- In response to resident feedback, the home replaced the evaporative air-conditioning unit in the activity room with a reverse cycle unit. Residents state the room is more comfortable environment when participating in activities.
- Management identified an opportunity to improve the resident’s garden. Funds were raised and a contractor engaged to provide plans for the new garden. The garden is more accessible and easy to use. Residents and representative feedback has been positive.

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.

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Management monitors regulatory compliance through staff meetings, audits and staff and resident feedback. Audit processes; include triennial fire safety inspections, food safety audits and worksite inspections. Occupational health and safety policies and procedures are in line with professional standards and guidelines. Relevant information is available to staff through manuals and guidelines. Staff are aware of regulatory requirements relating to the physical environment and safe systems, including their responsibilities in relation to occupational health and 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 does not meet this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Staff training relevant to the physical environment and safe systems includes, food safety, manual handling, fire and emergency and infection control. Staff are satisfied with the support provided to them to develop their knowledge and skills. Although commencing employees undertake mandatory training as part of the induction process, the home's ongoing monitoring of staff skills and knowledge in relation to mandatory training is not effective.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable living environment consistent with residents' care needs. Residents are accommodated in single or shared rooms with en-suite bathroom facilities. Communal dining rooms and lounge rooms provide opportunities for interaction with other residents. Residents have access to enclosed courtyard gardens and barbeque areas. The home monitors the living environment through preventative and corrective maintenance processes, audits and workplace inspections. Staff are aware of their responsibility in facilitating a safe and comfortable living environment for residents. The home is secure and residents are able to wander freely. Residents have access to call bells to summon staff assistance as required.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. The Quality and Safety Committee is responsible for monitoring the safety of the home. Staff report hazards and are aware of safe work principles relevant to their role. Incidents are logged, monitored and reviewed at staff meetings. The home's safety is monitored by workplace inspections, audits and maintenance requests. There are processes to assist with rehabilitation and return to work programs for staff affected by workplace injuries. Staff have access to policies, procedures, guidelines and training.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation maps are located throughout the home and emergency procedures are accessible to staff. A resident mobility status list is available to staff and emergency services. Fire and emergency training is generally conducted annually. The home has a current triennial fire safety certificate and fire safety log books are up-to-date. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems. The home's security is maintained through key pad operated external doors. Staff are aware of their responsibilities in the event of an emergency.

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

Management has implemented systems and processes to provide an effective infection control program. The program is monitored and managed by a senior nursing staff. Audits are conducted and mandatory training provided to staff. Any infections are recorded and trends identified to capture any cross infection. There is information available on site, access to external resources, and plans and equipment in place if a serious infection control risk occurs. The home has pest control management, a food safety program and processes for contaminated waste and spills. Staff and residents have access to an influenza vaccination program. Staff are provided education, there is personal protective equipment available and they are confident with guidelines to manage infection control issues across all areas of the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services that enhance residents' quality of life and the staff's working environment. Residents' dietary requirements, food allergies and preferences are identified, updated as necessary and communicated to relevant staff. A four week rotating summer/winter menu offers variety to meet residents' individual dietary needs and preferences. There are processes for ordering and returning incorrect stock. Residents' rooms and communal areas are cleaned according to a schedule. Hospitality services are monitored through audits, surveys, resident meetings, workplace inspections and comments and complaints processes. A clothes labelling service is available to minimise the loss of items. Staff have access to duty statements, policies, procedures and guidelines to assist them in their roles. Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home.