



Aged Care
Standards and Accreditation Agency Ltd

Balmoral Aged Care

RACS ID 7872
29 Gardner Street
COMO WA 6152

Approved provider: Balmoral Aged Care Group Pty Ltd

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 14 December 2014.

We made our decision on 6 January 2012.

The audit was conducted on 30 November 2011 to 1 December 2011. 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	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Balmoral Aged Care 7872

Approved provider: Balmoral Aged Care Group Pty Ltd

Introduction

This is the report of a site audit from 30 November 2011 to 1 December 2011 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 30 November 2011 to 1 December 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Anne Rowe
Team member:	Shirley Rowney
	Julia Horton

Approved provider details

Approved provider:	Balmoral Aged Care Group Pty Ltd
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Details of home

Name of home:	Balmoral Aged Care
RACS ID:	7872

Total number of allocated places:	105
Number of residents during site audit:	76
Number of high care residents during site audit:	64
Special needs catered for:	Nil specified

Street:	29 Gardner Street	State:	WA
City:	COMO	Postcode:	6152
Phone number:	08 9367 7333	Facsimile:	08 9367 9767
E-mail address:	fmbalmoral@aegiscare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	13
Clinical governance manager	1	Volunteer	1
Clinical resources manager	1	Physiotherapist	1
Training and development manager	1	Occupational therapist	1
Hospitality service manager	2	Care staff	8
Clinical nurse manager	1	Therapy staff	5
Clinical nurse	1	Chef manager	1
Registered nurse	1	Cleaning staff	1
Enrolled nurse	2	Laundry staff	1
Carer/occupational safety and health representative	1	Maintenance supervisor	1
Administration assistant	1	Maintenance officer	1

	Number		Number
Residents' clinical information including assessments, progress notes	10	Medication charts	8
'Extended' clinical care plans	10	Personnel files	8
Residents' therapy assessments and care plans	8	Resident archived file	1

Other documents reviewed

- Activities evaluation report and activity program
- Agency staff orientation records
- Archive register
- Audit/survey results, and action plans
- Authority to self medicate
- Cleaning schedules
- Complaints and suggestions file
- Communication books and diaries
- Continuous improvement plan
- Corporate orientation program, and training calendar
- Corrective/preventive action reports and monthly register
- Duty statements and position descriptions
- Electrical tagging file
- Emergency contact telephone number list
- Employment information manual
- Equipment maintenance book
- External contractor schedule and service records
- Fire inspection, testing, and maintenance records
- Fire procedure notices, and emergency procedures manual including resident mobility list
- Food/fridge temperature monitoring records
- Hazard reports and register
- Infection surveillance data
- Information booklet for residents
- List of languages spoken by staff
- Material safety data sheets
- Medication competencies
- Meeting minutes
- Memoranda
- Menus
- Multicultural resource file and resident/staff ethnicities list
- Newsletters
- Poisons permit
- Police checks and monitoring matrix
- Policies and procedures/flowcharts
- Preventative and corrective maintenance records
- Professional registrations and monitoring matrix
- Register of schedule 8 drugs
- Regulatory compliance bulletins
- Resident accidents/incidents reports and analyses
- Resident pre-admission pack including information package and manual
- Restraint assessment, authorisation and observation chart
- Rosters and daily staff allocation sheets
- Service agreements
- Staff incident report and review forms
- Staff performance appraisals and schedule
- Staff training matrix, attendance records, and evaluations
- Standard 2 clinical files
- Supplement list and fortified drinks list
- Therapy statistics
- Wound assessment and treatment forms including management log.

Observations

- Activities in progress
- Archive storage
- Charter of residents' rights and responsibilities displayed
- Chemical storage and cleaning trolley
- Emergency exit signage, tagged/fire equipment and panel
- Equipment and supply storage areas
- Living environment
- Hand washing facilities and mounted hand gel
- Interactions between staff and residents
- Internal and external complaints information, and advocacy services leaflets
- Locked suggestion boxes
- Mission, philosophy, objectives and vision displayed
- Meals service
- Noticeboards and information posted around the home
- Palliative/outbreak resource box
- Personal protective equipment
- Resident access to call bells, mobility aids, and telephones
- Tested tagged electrical equipment
- Visitor and contractor sign in/out books.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a framework that assists management to actively pursue continuous improvement. There are multiple methods for identifying areas of improvement including audits, clinical indicators, and hazard and incident reports. Staff, residents, and representatives contribute to the home’s continuous improvement activities via meetings, surveys, and feedback forms. Information from these sources is logged, actions are planned, implemented and transferred onto a continuous improvement plan where appropriate, and evaluated. Staff interviewed reported that they are encouraged to contribute to the home’s pursuit of continuous improvement and gave examples of improvement activities. Residents and representatives interviewed reported satisfaction with management’s responsiveness to feedback.

Examples of continuous improvement activities relevant to Standard 1 are described below.

- Staff identified that archive storage needed improving as boxes were stacked on top of each other making access difficult. As a result, shelving units have been installed in the archive room and boxes are now stored individually on shelves. The home’s evaluation of this is that documents are easier to retrieve, occupational safety and health issues are minimised, and staff have given positive feedback regarding this initiative.
- It was identified by management that formal communication of information to families could be improved. In response, a newsletter has been introduced that is sent to families and is available for residents to read. The home’s evaluation of this initiative is that positive feedback has been provided by residents and representatives and there are now fewer queries about the service.

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

Processes are in place to ensure the identification of, and compliance with, all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various industry groups and policies are updated accordingly. Compliance bulletins are issued and forwarded to the manager and staff. The home has processes for monitoring statutory declarations and police checks on new and existing staff. Residents, representatives, and staff have access to information regarding the Aged Care Complaints Scheme. A ‘fair work’ information statement is provided to all new employees. Residents and representatives were informed of the re-accreditation audit via letters, notices, and meetings.

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

There are processes to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. New staff receive corporate and site orientations, and are 'buddied' for initial shifts to ensure they are competent to perform the required tasks. The organisation provides mandatory, optional, and competency-based training, records are kept of staff attendance, and training evaluations are completed. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, comments and complaints, and verbal feedback. Staff interviewed reported that they receive appropriate education to enable them to perform their roles effectively. Residents and representatives reported that staff have adequate skills and knowledge to attend to residents' needs.

Examples of education and training related to Standard 1 are listed below.

- Accreditation training
- Cleaning equipment training
- Continuous improvement master class for management
- Corporate and site orientations.

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

A system is in place to ensure each resident or his/her representative has access to internal and external complaints mechanisms. Suggestion/complaint forms, suggestion boxes and information regarding the external complaints mechanism and advocacy services are readily available. Comments and complaints are followed up appropriately, in a timely manner, and feedback is provided to the originator. Residents and representatives receive information regarding comments and complaints mechanisms via the resident information package and resident agreement. The effectiveness of the comments and complaints system is monitored via surveys. Residents and representatives advised that they have access to complaints mechanisms without fear of retribution.

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 mission, philosophy and objectives statement is documented in the resident information package. The employment information manual contains this statement as well as the organisation's vision. These statements are displayed in the home, are consistently documented, and include a commitment to quality. Staff reported that the organisation's mission, philosophy, objectives and vision are discussed at corporate orientation.

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 appropriately skilled and qualified staff sufficient to ensure services are delivered to residents in accordance with their needs and preferences, and there are processes in place to respond to residents' changing needs. Staff are provided with contracts, position descriptions, and duty statements where applicable. Staff provide police checks, and professional registrations where applicable, and renewal dates are monitored. New staff are orientated to the home and are 'buddied' for their first few shifts. Absenteeism is covered by staff picking up extra shifts, and by agency staff. Staff performance is monitored via feedback mechanisms such as complaints, clinical indicators, surveys, and performance appraisals. Staff reported that they have sufficient time to complete their tasks. Residents and representatives reported satisfaction with the responsiveness and adequacy of care and services provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Processes are in place to ensure there are adequate stocks of appropriate goods and equipment for quality service delivery. Designated staff are responsible for stock control, rotation processes, and the purchasing of goods and equipment. Preventative and corrective maintenance systems ensure that equipment is maintained, repaired and replaced as needed. Staff receive training on new equipment, and stocks of goods and equipment are stored appropriately to ensure accessibility and prevent damage. The appropriateness of goods and equipment is monitored via regular assessments of residents' needs, and feedback and monitoring mechanisms. Staff, residents and representatives reported that appropriate goods and equipment are provided by the home, and that maintenance issues are dealt with in a timely manner.

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

Staff are provided with information via the employment information manual, corporate and site orientations, position descriptions, duty statements, policies and procedures, care plans, handovers, meetings, memoranda, communication file, and noticeboards. Information was observed to be stored securely, and staff sign contracts that contain a confidentiality clause. Electronic information is backed-up daily, protected with secure passwords, and has levels of access. Residents and representatives are provided with information via the resident pre-admission pack, resident agreement, meetings, newsletters, and care conferences. There are processes for the collection and analysis of information, and audits are conducted in accordance with a schedule to monitor the effectiveness of the home's systems. Staff reported that they have access to appropriate information to help them perform their roles. Residents and representatives advised that they have access to information to assist them to make decisions about residents' care and lifestyle.

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

Processes are in place to ensure that externally sourced services are provided in a way that meets the needs and goals of the home. External contractors are appointed at an organisational and site level, and the level of quality expected is detailed in contracts of service and certain processes are agreed to. Contractor performance is discussed at facility managers' meetings, and reviews are conducted before renewing contracts. Staff, residents and representatives reported satisfaction with the standard of services of externally sourced providers.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard 2 are described below.

- In response to issues with medication management identified via an assessment contact by the Accreditation Agency, a comprehensive review has been conducted. Measures implemented to improve medication management include medication competency assessments conducted on all staff that administer medication including registered nurses, introduction of a weekly pharmacy audit, and implementation of a medication trolley in the hostel in order to more closely monitor medications. In addition, 'please do not disturb' vests have been introduced, a separate refrigerator for specimens has been purchased, and key pads have been installed on the doors of the nurses' stations to ensure medications are securely stored. Furthermore, the medication audit tool has been reviewed and is more appropriate for identifying gaps, the medication incidents have detailed analysis, and issues followed up promptly. The home's evaluation of this is that staff awareness has improved, there has been a significant decrease in incidents, and improved management of these. Staff interviewed by the team confirmed that there has been a drive by the home to address issues around medication management, additional training of staff has been conducted, and staff have been consulted regarding numerous measures that have been implemented.
- Management identified via analysis of incidents that the number of falls was increasing. In order to address this, a falls committee has been set up that meets quarterly to discuss falls and management strategies. The committee includes the manager, clinical, allied health, and care staff. The evaluation of this is that there has been a significant decrease in injuries following falls, and the severity of injuries has decreased.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards, and guidelines in relation to all four Accreditation Standards. There is a system for monitoring renewal dates of professional registrations for nursing and allied health staff. Initial and ongoing assessments of residents are carried out by registered nurses. A poisons permit is in place, and medication is administered and stored safely and correctly. There is a documented procedure for the mandatory reporting of unexplained absences.

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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard 2 are listed below.

- Better oral health in residential care
- Continence management
- Managing behaviours of concern
- Medication competency
- Palliative care and care of the deceased
- Restraint minimisation self directed learning package
- Textured modified food and fluids.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system for assessment of residents’ clinical care needs on moving into the home. A plan of residents’ immediate care needs is established while a process of comprehensive assessment is undertaken, and the extended care plan developed. Regular consultation is conducted with the residents’ medical practitioner, and care conferences take place according to policies and procedures. Care plans are regularly reviewed by registered staff, and changes of care are communicated through care plans and handover. Education is provided to staff in clinical care, and audits are conducted to ensure assessment and care planning is up to date. Representatives reported staff assist residents with their personal needs, and residents are satisfied with the care provided. Staff reported they have adequate training to assist the residents with care, and report changes they observe to the registered nurse.

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 following assessment, and instructions pertaining to the care are included in the residents’ care plan. A registered nurse undertakes all specialised services such as enteral feeding, wound care, and insertion of a urinary catheter. Care plans include the procedure to follow in specialised nursing care, and registered staff access external services for assistance with specialised care as required. Referrals are made by medical practitioners to government clinics and services for external procedures, and information is provided to staff regarding the residents’ ongoing health care. The clinical and registered nurses undertake regular training to update their skills, and reported they have assistance from services such as the residential care line when required. Representatives stated they are satisfied with the specialised care provided by registered staff to residents.

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 moving into the home by the multi-disciplinary health team that includes the registered and enrolled nurse, physiotherapist, and occupational therapist. Residents have access to other health specialists with referral undertaken by the medical practitioner. Registered staff refer residents to the dietician or speech pathologist when a swallowing or nutrition problem is identified. Changes in residents’ care needs are documented and communicated to staff. Residents are assisted to attend external appointments, and a podiatrist provides a service at the home on a regular basis. Registered staff gave examples of external clinics that residents have attended, or are attending. Residents and representatives reported that residents attend external appointments with specialists as required.

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

Policies and procedures guide staff in the safe and correct ordering, storage and administration of medication. Medication is administered by registered staff using a multi-dose blister pack. Medication competencies are undertaken to ensure staff are skilled in medication administration. Allergies are identified, and care plans are developed for medication administration. Medication incidents are recorded, actioned, analysed and graphed each month, and medication audits are undertaken according to the schedule. ‘As required’ medication is monitored, and the effectiveness is evaluated by registered staff. Residents’ medication is monitored by the medical practitioner, and an annual review is undertaken by an authorised pharmacist. Residents and representatives reported staff give residents their medication at the time ordered by the medical practitioner.

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

Systems and processes are in place for the identification, assessment, intervention, review and ongoing management of residents’ pain. Residents have an initial screening of their pain when they move into the home, followed by a comprehensive assessment of residents who can verbalise pain, and another for residents who are unable to do so. A pain record and ongoing evaluation chart documents the effectiveness of ‘as required’ pain relief medication, and residents’ pain management is evaluated monthly. Care plans are developed and interventions include alternative therapies to medication. Staff reported that they assist residents who have pain by repositioning, diverting their attention, and reporting it for further intervention to the registered nurse. Residents stated that staff assist them to manage their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

A palliative care manual has been developed to support staff, with procedures to follow regarding palliative care. Residents or representatives have the opportunity to record terminal care wishes when residents move into the home, or thereafter as preferred. Palliative care conferences are conducted, and care plans developed regarding residents’ preferences in terminal care. The home has access to an external palliative care service for assistance as required, and equipment to use during the palliative phase is available and includes a slow release pain management pump. Palliative care education has been conducted, and staff reported that they have attended training in palliation and care of the deceased, and understand the care and support required for residents and representatives during the terminal phase of life.

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

The nutrition and hydration requirements of all residents are identified when residents move into the home, and are monitored on an ongoing basis. Residents’ likes, dislikes, allergies, and specialised diets are recorded and communicated to catering staff. Residents’ weights are monitored monthly, or more frequently when concerns are identified by clinical nurses. Residents are referred to the dietician or speech pathologist for further assessment, and changes in residents needs are communicated to staff and the catering department. Altered texture meals, thickened fluids, and nutritional supplements are ordered to maintain residents’ nutritional status, and staff are trained and competent in management of residents with swallowing difficulties. Residents and representatives reported residents are satisfied with the meals and drinks, and that adequate staff are available to assist them.

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

Processes are in place to assess residents’ skin integrity and pressure area risk when they move into the home. Care plans detail interventions to maintain residents’ skin integrity, and strategies include pressure relieving mattresses, cushions, and regular repositioning. Registered staff attend wound care, and wound specialists are contacted for further assistance when required. Skin tears and wound care are included in monthly analyses undertaken by the clinical nurse. Registered staff reported there are adequate resources available for wound care, and they are provided with ongoing training to update their skills. Representatives reported satisfaction with the wound care provided to residents.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate residents’ continence needs when they move into the home, and as required. Residents’ patterns of continence are charted and evaluated in the assessment. Care plans detail individual toileting programs, and the use of continence aids. Bowel management interventions include daily monitoring, adequate fluids, high-fibre diets, regular toileting and medication. External specialist services assist with continence management and the care of catheters as required. Urinary tract infections are monitored and trended by the clinical nurse, and included in the analysis of incidents each month. Staff reported they assist residents to maintain their continence by assisting them to the toilet as scheduled, and using the appropriate aid. Residents and representatives stated residents are satisfied with the support provided by staff.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has a system to identify residents’ behaviours of concern with staff reporting the behaviour in the progress notes or on a screening tool that includes the behaviour, possible triggers and management interventions. Care plans guide staff with strategies to reduce or manage the identified behaviours. External health services are accessed for further assessment and assistance for management strategies, and residents attend external clinics and services for ongoing treatment. Managing behaviours of concern training is provided to staff and staff reported they have trialled behaviour management strategies such as ‘light therapy’ following suggestions by the dementia behaviour advisory management service. Representatives reported the home is peaceful, and staff assist residents when they are noisy or anxious.

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

An initial assessment is conducted by the physiotherapist to determine residents' mobility and dexterity function. Mobility, dexterity, falls, and transfer care plans are developed to guide staff. The physiotherapy program includes strength and balance exercise groups, walks, and individual sessions conducted by therapy staff. Resident falls are recorded and clinical data collated. Increased individual physiotherapy sessions are provided to residents who require this, and statistics are maintained to provide data for ongoing evaluation of the program. Residents and representatives reported that staff provide assistance to walk and residents enjoy the exercise groups. Therapy and care staff reported they have had adequate training to assist residents in their mobility, transfer needs and to maintain their 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

Residents' oral and dental requirements are assessed when they move into the home, and an oral health care plan is developed. Residents have the opportunity for a dental check through the government dental health program annually, and the clinical nurse manager follows up recommendations with the residents' representatives. Domiciliary dental health services are accessed by residents, and others are assisted to attend an external dentist of their choice. Staff have been provided with oral health training and reported they have adequate knowledge and equipment to assist residents with their oral hygiene. Representatives reported they are satisfied with the assistance of staff to maintain residents' oral and dental needs.

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

Systems are in place to assess impairment of residents' hearing, vision, speech, taste, smell and touch when they move into the home. Assessments are undertaken by the registered nurse, occupational therapist and physiotherapist, and losses are communicated to staff in the care plan. The care of assistive devices is identified on a specialised plan of care. Residents have the opportunity for a hearing check annually through the government hearing program, and are assisted to attend external specialist audiology appointments. A mobile service attends to residents' optometry requirements at the home. Sensory activities include walking in the garden, cooking, hand massage and the foot spa program. Residents reported that staff assist them with their glasses or hearing aids when it is required.

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

The home has a system for charting sleep observations soon after residents move into the home. An evaluation and assessment is conducted and a care plan developed to guide staff on the residents’ sleep routines. Special needs of the resident are identified including information such as usual time to settle at night, sleep aids, and interventions to assist the resident back to sleep. Staff monitor the residents’ sleep routines overnight and report disturbed sleep patterns to registered staff for further review. Staff reported that they have information provided at the morning handover regarding residents who have a disturbed sleep. Residents reported they usually sleep soundly, and staff are available during the night.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard 3 are described below.

- Therapy staff identified via a magazine article that male residents may benefit from a men’s shed. A presentation was made to male residents and they were asked if they would like a men’s shed at the home. As a result, a men’s shed meeting now occurs weekly and includes coffee and chat, darts, and fixing and building items such as bird nesting boxes. The home’s evaluation of this is that residents who previously did not take part in activities are participating in the men’s shed, and there is increased socialisation between the men.
- A resident who was previously employed as a florist expressed a desire to do flower arranging. As a result, a weekly flower arranging activity has been incorporated into the activity program. A number of residents participate, and feedback has been sought from the residents who have reported that they love the colours and smell of the flowers. The home’s evaluation of this is that residents who do not participate in other activities enjoy the flower arranging, wandering has decreased during the activity as residents are absorbed and talk about the flowers, and the arrangements brighten up the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all four Accreditation Standards. The service provides each resident with a resident agreement that outlines fee and tenure arrangements. The charter of residents’ rights and responsibilities is provided to residents and representatives in the resident agreement and is displayed in the home. Staff sign contracts that contain a confidentiality clause, and staff were observed to be mindful of residents’ privacy and dignity. There are procedures for the mandatory reporting of elder abuse and staff receive training on this.

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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard 3 are listed below.

- Elder abuse and mandatory reporting
- Hand therapy
- New to Aegis for occupational therapists
- Spark of life
- Therapy assistant training.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents are assisted and supported to adjust to their new environment when moving into the home. Resident profiles are completed by the occupational therapist in regards to emotional needs, and included in the occupational therapy care plan with strategies for ongoing support. Staff described the strategies used to meet the emotional needs of residents, and appropriate professional support is accessed when necessary. Residents' families are encouraged to visit the home as often as they wish, and care conferences are available when required. Residents and representatives reported they are satisfied with the emotional support offered by staff.

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

A personal profile of each resident is completed when moving into the home, to identify residents' past and current interests, abilities, needs and preferences. Outings to places of interest, and visits from local community groups are organised as a part of the activity program. Various communication and functional aids, and exercise programs are provided to promote and maintain resident independence. Staff demonstrated strategies used to assist residents to remain as independent as possible, and encourage residents to maintain friendships and community involvement. The internal and external physical environment encourages residents to achieve optimum mobility and independence. Residents and representatives reported they are satisfied with the assistance provided by staff to maintain residents' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality in the home is recognised and respected. Staff interact with residents in a respectful manner, and use privacy screens when providing care and treatments for residents in shared bedrooms. Resident confidential documentation is stored securely, and accessed only by authorised personnel. Staff reported they sign a confidentiality statement on employment, and undertake education on respecting residents' privacy and dignity at orientation. Residents and representatives described how staff respect residents' personal space, dignity, and confidentiality.

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

Residents' social history including current interests and hobbies is documented on moving into the home, and the information used to complete individual therapy care plans. The activity program is displayed around the home, and offers a wide range of activities for residents. Community visitors and volunteers support the lifestyle program. Suitable activities and equipment is provided to residents with sensory loss or mobility impairment. Staff described how they support and encourage residents to attend social activities. Feedback is encouraged from residents through surveys and meetings. Residents advised they are supported to participate in activities and interests appropriate to their needs and preferences.

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' individual interests, customs, beliefs, and cultural and linguistic needs are identified when they move into the home. Significant events and anniversaries are celebrated and included in the activity program. The home supports residents' faith by providing regular non-denominational worship and religious visitors for identified residents. Staff demonstrated strategies to support residents' cultural and linguistic needs, including cultural dining, and picture language cards. Residents and representatives stated they are satisfied with the support residents receive to maintain their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and representatives are assisted to participate in decision making about care and service delivery through resident and representative meetings, surveys, and the comments and complaints process. Resident meetings and case conferences provide a forum for residents and representatives to express their views, and participate in decisions regarding the service. External advocacy services, complaint forms, suggestion boxes, and brochures for accessing the external complaints mechanism are displayed throughout the home. Staff stated that residents' choice not to participate in activities and events is respected. Residents and representatives reported satisfaction with the opportunities residents have to make choices and decisions over lifestyle preferences.

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

The home has processes in place to ensure residents have secure tenure within the home, and understand their rights and responsibilities. On moving into the home, residents or their representatives are offered a resident agreement that outlines security of tenure and residents' rights and responsibilities. External advocacy and guardianship/administration are used as required. Consultation is undertaken with residents and representatives prior to room transfers within the home, and changes to the provision of services. Staff reported education and training is provided regarding residents' rights. Residents and representatives reported that they are satisfied residents have security of tenure at the home.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard 4 are described below.

- In response to complaints regarding loss of residents’ clothing in the laundry system, an improved process for labelling clothes has been implemented. A mobile thermal labelling machine has been purchased and residents can choose to have their clothes labelled using the machine. Management advised that the number of complaints regarding missing clothing has reduced.
- In response to recent fire and emergency events, a review of the home’s fire procedures has been conducted in consultation with an external contractor. ‘Train the trainer’ education for fire and emergency has been conducted with two staff, and all other staff have attended fire training. The fire procedures manual has been updated, and 20 rescue sheets have been purchased along with light reflectors to identify which residents’ beds have rescue sheets. An additional fire safety audit has been conducted, and a pack has been implemented that includes residents’ identification details. In addition, the fire department has been contacted to conduct training with residents in the hostel. Management has worked through the Accreditation Agency’s emergency planning checklist and made arrangements with the local council regarding emergency management. Furthermore, a letter has been sent to all residents’ representatives requesting assistance and/or consent regarding transportation of residents should an evacuation be necessary. This improvement activity is due for completion at the end of December 2011.

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

There are systems and processes to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff receive mandatory training in fire and emergency procedures, manual handling, infection control and food safety. The home has regular fire safety checks and a food safety program in place. External contractors are provided with contracts that outline obligations and responsibilities. There are reporting mechanisms for accidents, incidents and hazards. Staff are provided with personal protective equipment. Material safety data sheets are maintained for chemicals used within the home.

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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard 4 are listed below.

- Fire safety and evacuation
- Food safety
- Hand hygiene online learning
- Hospitality orientation
- Infection control
- Manual handling
- Safe handling of chemicals.

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

Accommodation at the home is comprised of single, double, and up to four residents in a room, with shared bathroom facilities. Curtains are in place to ensure privacy, and residents are encouraged to furnish their rooms with personal items. Call bells are accessible and suitable equipment and adjustable furniture is provided. There are internal and external communal areas that are used for social and therapy activities. A preventive and corrective maintenance program is in place to ensure fixtures and fittings are safe and in working order. Comfortable ambient temperature is maintained at the home. Hazard reports and environmental audits monitor the living environment for safety and cleanliness, and any issues identified are actioned. Residents and representatives reported satisfaction with residents' living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. On commencement of employment, staff are provided with occupational safety and health training during orientation, and manual handling training is mandatory and repeated annually. The manager investigates hazard and staff incident reports, and return to work programs are undertaken by staff following injury. Hazard inspection audits are conducted quarterly in accordance with a schedule. Occupational safety and health is a standard agenda item at staff meetings. Staff interviewed reported appropriately how they would identify and report hazards and incidents, and they stated that they feel that their working environment is safe.

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

There are processes to provide an environment with safe systems that minimise fire, security and emergency risks. Procedures for fire safety and other emergencies such as bomb threats and armed hold-ups are readily accessible, along with evacuation maps, and a resident list including transfer requirements. Fire fighting equipment is routinely inspected and maintained by independent professionals, emergency exits are clearly marked, well-lit and free from obstruction, and staff attend mandatory fire safety training. The home is secured by keypad entry and exit. A security firm provides an emergency call service. Staff reported appropriate actions to be taken 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

There are processes for identifying, managing, and minimising actual or potential infection control risks. The infection control program includes the provision of personal protective equipment, hand washing facilities, a food safety program, waste management, a vaccination program, and pest control measures. Compliance monitoring occurs through environmental audits, and analysis of the incidence of infections. Staff are provided with training on infection control, and reported knowledge of the principles of minimising the risk of infection.

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

Catering, cleaning and laundry services are provided to assist with residents to enhance their quality of life. Seasonal four week rotating menus are provided, and a range of meal choices are available. Residents can provide feedback on meal quality and service at resident meetings, or via feedback forms and surveys. Cleaning staff use colour-coded equipment and follow documented cleaning schedules. Residents' personal items are laundered at the home and a clothing labelling service is offered. All flat linen is collected by an external laundry service, and an imprest system ensures adequate stock levels are maintained. Residents and representatives reported they are satisfied with the catering, cleaning and laundry services provided to residents.