



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Benetas @ Lovell House

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Benetas @ Lovell House in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Benetas @ Lovell House is three years until 4 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name: Benetas @ Lovell House

RACS ID: 3122

Number of beds: 40 Number of high care residents: 12

Special needs group catered for: Nil

Street/PO Box: 389 Alma Road

City: CAULFIELD NORTH State: VIC Postcode: 3161

Phone: 03 9509 5435 Facsimile: 03 9576 1098

Email address: lhman@benetas.com.au

Approved provider

Approved provider: Anglican Aged Care Services Group

Assessment team

Team leader: Kerren Thorsen

Team member/s: Jennifer Thomas

Date/s of audit: 22 June 2009 to 23 June 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Benetas @ Lovell House
RACS ID	3122

Executive summary

This is the report of a site audit of Benetas @ Lovell House 3122, 389 Alma Road, CAULFIELD NORTH VIC 3161 from 22 June 2009 to 23 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 25 June 2009.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Benetas @ Lovell House.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 22 June 2009 to 23 June 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Kerren Thorsen
Team member:	Jennifer Thomas

Approved provider details

Approved provider:	Anglican Aged Care Services Group
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Details of home

Name of home:	Benetas @ Lovell House
RACS ID:	3122

Total number of allocated places:	40
Number of residents during site audit:	36
Number of high care residents during site audit:	12
Special needs catered for:	N/A

Street/PO Box:	389 Alma Road	State:	VIC
City/Town:	CAULFIELD NORTH	Postcode:	3161
Phone number:	03 9509 5435	Facsimile:	03 9576 1098
E-mail address:	lhman@benetas.com.au		

Assessment team's recommendation regarding accreditation

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The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Facility manager/director of nursing	1	Residents/representatives	14
Benetas Area Manager	1	Pastoral care practitioner	1
Care coordinator/registered nurse division two	1	Volunteers	1
Care staff	3	Dietician	1
Lifestyle coordinator	1	Laundry staff	1
External service provider (reflexology)	1	Cleaning staff	1
Physiotherapist	1	Maintenance staff	1
Administration assistant	1	Catering staff	2

Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Summary/quick reference care plans	10	Residents' agreements	2
Residents lifestyle assessments/care plans	4		

Other documents reviewed

The team also reviewed:

- Action plans
- Activities newsletter
- Activities program
- Acute care plans and wound assessment plans folder
- Aged care initiative – nutrition and hydration report
- Annual assessment and care plans reviews
- Audit folder
- Benchmarking folder
- Benetas family newsletter
- Benetas professional development training needs survey

- Benetas quality audit tools
- Cleaning manual
- Cleaning schedules and checklists
- Clinical assessments
- Clinical audits
- Clinical competencies
- Clinical referrals
- Comments and complaints register
- Concern and complaint form
- Concise care plans
- Contract with external supplier
- Controlled drugs register
- Dental review and oral health assessments
- Diet forms
- Documentation relating to pain management
- Education and training calendar 2009
- Electronic progress notes
- Environmental audit checklists
- Essential services maintenance yearly planner
- Evidence based wound management protocols
- External infection control audit report (April 2009)
- Falls risk assessment tool
- Family/resident conference checklist
- Food forum meeting minutes
- Food safety program folder
- Food services manager - internal audits
- Food supervisors monthly checklists
- General health profiles
- Group activities plans and evaluations
- Handover sheet
- Hospitality training needs survey report 2009
- Housekeeping cleaning procedures
- Improvement log form
- Infection control records folder
- Infection incidence/prevalence and antimicrobial utilisation forms
- Kitchen cleaning procedures
- Laundercare information
- Laundry cleaning schedules
- Leisure activities attendance records
- Leisure and residents meetings 2008/2009 folder
- Letter from contractor re police checks
- Material safety data sheets
- Medication administration and section roster
- Medication incident forms
- Medication management review
- Medication policies and procedures
- Meeting schedule 2009
- Menu evaluation
- Monthly housekeeping reports
- New staff member information pack
- Non-smoking policy
- Nurses board Victoria – exemption progress report 2009
- Nursing procedures charting
- Occupational health and safety meetings folder
- On-line policies and procedures
- Oxygen equipment checklist

- Pastoral care referral form
- Periodic review of clinical care and documentation checklists
- Pharmacy advisory committee - minutes of meetings
- Physiotherapy exercise plans
- Plan for continuous improvement 2006-2009
- Police check register staff, volunteers and contractors
- Policies and procedures
- Position descriptions
- Quality committee meetings folder
- Quality of life folder
- Recruitment policies and procedures
- Regulatory compliance folder 2007-2009
- Resident admission pack
- Resident equipment review working party folder
- Resident handbook
- Resident supplements list
- Resident survey 2008 results and analysis
- Residents who self medicate assessments
- Rosters
- Serious illness/palliative care/death instructions and/or wishes forms
- Staff development site matrix
- Staff education attendance lists
- Staff handbook
- Staff meetings 2008/2009
- Training evaluation forms
- Unscheduled maintenance request book
- Unscheduled maintenance request book
- Volunteer handbook
- Volunteer newsletter
- Volunteer role statement
- Weight charts
- Weight protocol flow chart
- Wound care plans
- Yearly maintenance planner for equipment

Observations

The team observed the following:

- Activities in progress
- Administration of medications
- Charter of residents rights and responsibilities displayed
- Chemical storage area
- Complaints brochures and forms
- Computers for staff use – including catering staff
- Emergency equipment
- Equipment and supply storage areas
- External complaints mechanisms brochures in community languages
- External garden and courtyard areas
- Hand gel dispensers around home
- Happy gossip cafe
- Infectious outbreak kit
- Infectious waste containers
- Information on noticeboards
- Interactions between staff and residents
- Interactions between staff and residents and families
- Interactions between volunteers and residents
- Kitchen and laundry areas
- Living environment
- Maintenance office
- Medication storage room
- Mission statement on display
- New stainless steel splashbacks in kitchen
- Resident meals being served
- Residents using mobility aids
- Residents' rooms
- Rescue mat (first floor near resident rooms)
- Signs advising residents of the accreditation audit in English and other community languages
- Spill kits
- Staff practices
- Staff work area
- Stock levels
- Storage of medications
- Suggestion box
- Temperature monitoring of refrigerators
- Utility room
- Whiteboard in kitchen with resident dietary information

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 recommendation

Does comply

The home has systems and processes in place to actively pursue continuous improvement. The system of continuous improvement at the home operates within the overall quality and continuous improvement framework of the Benetas group. The system encourages participation by staff, residents and other key stakeholders through a variety of mechanisms which include improvement logs, concerns and complaints forms, regular audits, surveys, meetings, external benchmarking, and data collection and analysis. Continuous improvement is managed through an organisational level quality committee which meets regularly to review and monitor site specific data on incidents, complaints, critical incidents and hazards to identify opportunities to improve. There is a site specific continuous improvement plan and progress against items on the plan is tracked and monitored. Quality and continuous improvement are standing items on the agendas of all meetings at the home including staff, resident and relative and occupational health and safety meetings. Feedback on continuous improvement activities is made available to all stakeholders through meetings and minutes, memoranda, newsletters and information on notice boards. Residents and representatives and staff confirm the home pursues continuous improvement and encourages stakeholder participation in the process.

Recent continuous improvement initiatives relating to Standard one include:

- Progressive implementation of a clinical electronic information system for residential care
- Development and implementation of a results based second party auditing program to better identify opportunities to improve
- Introduction of external benchmarking to track the home’s performance against a number of indicators and compare performance to external similarly sized homes
- Implementation of an electronic risk management system
- Appointment of a registered nurse division one on a part time basis to coordinate quality activities at the home and improve the management and review of high care residents’ needs.

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 recommendation

Does comply

The home has systems in place to enable it to meet its legislative and regulatory obligations. The organisation receives updates and relevant information from a number of industry bodies, subscription update services and government departments. Legislative guidelines and policies and procedures are updated centrally and advice is provided by the organisation to the home. Changes and important information are communicated to staff and residents through memoranda, meetings, staff training, noticeboards and newsletters. Staff compliance with regulatory and legislative requirements is monitored through mechanisms including audits, appraisals and observation. Appropriate processes are in place to ensure that all staff and volunteers have a current police check and effective processes are in place to monitor professional registrations and endorsements for clinical staff. Staff confirm they are aware of

their regulatory compliance obligations and they receive timely information and training in relation to relevant changes to legislation and regulations.

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 recommendation

Does comply

The manager at the home undertakes an annual staff survey to determine the educational needs and requests of the staff. Education needs are also assessed through the staff appraisal system and via observation of staff practices. An education calendar is displayed for staff information and includes sessions specific to Standard one. Each staff member has an education matrix completed that identifies mandatory education attended and sessions not attended. Attendance lists are kept for individual education sessions. All sessions are evaluated. The formal education and staff development program is supplemented by informal opportunities for staff to learn.

Recent sessions attended relating to Standard one include:

- using client feedback as an opportunity for improvement
- dealing with complexities and pressures of managing an aged care facility
- electronic risk tool training.

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 recommendation

Does comply

The home has systems in place to ensure that residents and representatives, staff and other stakeholders have easy access to formal and informal mechanisms for comments, complaints and suggestions. Information about the internal and external comments and complaints processes is communicated through mechanisms such as the resident handbook, resident agreements, resident and relative and staff meetings, newsletters, noticeboards and forms and brochures which are displayed throughout the home and available in languages other than English. From a review of documentation and feedback from residents and representatives, the team observed that management responds promptly and appropriately to complaints, comments and suggestions for improvement. Residents and their representatives confirm they are aware of formal and informal internal and external complaints processes and report they feel comfortable about raising any issues of concern or suggesting improvements.

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 recommendation

Does comply

The home's vision, mission and values are displayed in the home and included in staff, resident and volunteer handbooks. The home's ethos of valuing each person is embodied in the vision, mission and values and is reflected in the work practices and the commitment to the residents shown by staff at the home. Organisational senior management visit each site annually to provide staff with an update on the organisational objectives, goals and results and to discuss the priorities for the future. Staff participate by presenting their achievements and improvement plans. The home communicates its commitment to quality service and care to residents through the vision, mission and values and its quality management framework.

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 recommendation

Does comply

The home conducts recruitment and selection processes that ensure suitably qualified and skilled staff are employed to fill roster vacancies. Staff are provided with information relative to their positions that includes an orientation and education program and position descriptions. Staff appraisals are conducted annually and individual needs based programs for each staff member are implemented. Staff files are maintained in a private and confidential manner. The home is supporting a number of care staff to upgrade their skills and to achieve registration as division two medication endorsed nurses. Residents and representatives confirmed there are enough staff rostered on to meet their care needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place to ensure that stocks of appropriate goods and equipment are available and adequately maintained. There are processes in place to identify the need to re-order goods and maintain stock levels and ensure equipment is in safe working order. Requests for major new or replacement equipment are prioritised in the annual business plan and new equipment is trialled in consultation with staff and residents prior to purchase. The team observed that documentation at the home indicates that requests or suggestions from residents for new and additional equipment are given prompt attention and accommodated where possible. There is an annual schedule of essential maintenance of equipment and maintenance request records indicate that unscheduled maintenance is undertaken promptly. Staff confirm adequate supplies of goods and equipment are available to ensure residents' needs are met. Residents and their representatives confirmed satisfaction with the availability of stock and the provision of equipment to support residents care, lifestyle and hospitality needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has information management systems in place to enable residents, staff and management to access accurate and appropriate information. Paper copies of resident files and staff records are appropriately stored and secured in locked, restricted access areas and information is archived and disposed of appropriately. Resident and management information stored electronically is kept secure and confidential through password protection, access levels and backup systems. Clinical documentation is regularly reviewed and a 'resident of the day' process ensures residents' information and care plans are current. Information is communicated to staff through a variety of media that include access to electronic and paper copies of policies and procedures, staff meetings and minutes, training sessions, memoranda, case conferences, handovers and noticeboards. Residents and relatives are kept informed through the resident newsletter, resident and relative meetings, face to face contact and information on noticeboards. Staff, residents and representatives are satisfied that they have access to information they need.

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 recommendation

Does comply

The organisation contracts with external suppliers for the delivery of a range of services at the home that includes allied health services, such as physiotherapy, pharmacy, and podiatry, and other essential services such as food, chemicals, medical equipment and energy supplies. The home also contracts directly with external suppliers for a range of services including hairdressing, beautician, electrical and plumbing services and an approved suppliers' list is maintained. Performance of service providers is monitored both formally and informally and alternative suppliers sought if performance is not satisfactory. Formal and informal service agreements are in place for external service providers and these generally outline the scope of the service to be provided and the standards to be achieved, including compliance with relevant regulations. Staff, residents and representatives confirm they are satisfied with the services provided by external contractors.

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 recommendation

Does comply

The home's framework for quality services and continuous improvement encourages staff, residents and other stakeholders to identify opportunities for improvement in relation to residents' health and personal care. All aspects of clinical care are regularly audited and audit results and clinical data are reviewed and analysed to identify emerging trends and opportunities for improvement. Staff and residents and their representatives are encouraged to identify issues and submit improvement logs which the team observed are actioned promptly and appropriately by management. Residents and their representatives are satisfied that the home responds to issues raised about health and personal care programs and actively pursues continuous improvement in resident clinical care.

Recent improvement relating to Standard two include the following:

- Appointment of a part-time registered nurse division one to improve the management and review of high care residents' clinical needs.
- Development of specific portfolios such as pain, medication, falls management and specialised nursing care to improve outcomes for residents
- Introduction of care handover sheets to improve clinical care communication

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 recommendation

Does comply

The home has systems in place to ensure regulatory compliance obligations and professional standards in relation to health and personal care are identified and met. The organisation receives clinical information updates from peak industry bodies, government departments and subscription update services and provides advice to the home about changes and amends policies, procedures and guidelines. Staff are kept informed about relevant changes to health and personal care regulations through training, updates to policies and procedures, meetings, handovers, memoranda and noticeboards. Staff compliance is assessed through observation, competency testing, audits and performance appraisals. Processes are in place to monitor professional registrations and endorsements of care staff. Medications are stored and administered in accordance with legislation and a medication advisory committee reviews implementation of regulatory changes to medication management. Staff confirmed they are aware of legislative and regulatory requirements and reported they receive information and training about changes to the requirements.

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 recommendation

Does comply

The manager at the home undertakes an annual staff survey to determine the educational needs and requests of the staff. Education needs are also assessed through the staff appraisal system and via observation of staff practices. The care coordinator ensures care

staff have attended all required education. An education register is kept to track staff attendance at education and this is discussed at staff appraisals. Staff who do not attend mandatory education are sent a letter informing them that they must attend the mandatory education sessions missed. Sessions have been held on specific clinical topics and records show that these sessions are well attended. Staff confirm that education is provided and assists them in the planning and provision of resident care.

Recent sessions attended relating to Standards two include:

- pain management
- getting old getting nourished
- clinical assessment skills for registered nurses
- supporting residents with sensory loss.

2.4 Clinical care

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

Team’s recommendation

Does comply

On entry to the home residents are assessed and detailed long term care plans are developed. Clinical care is undertaken by personal care assistants and is supervised and reviewed by registered nurses divisions one and two. Staff complete competency testing in clinical areas and audits are carried out. The results of these are logged into the hostel’s continuous improvement cycle and education program as required. Clinical care is reviewed in consultation with residents and representatives and documented in the residents file. Residents and representatives said they are satisfied with the clinical care received and praised the staff for the care and assistance given to residents.

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 recommendation

Does comply

Residents’ specialised care is assessed and planned by registered nurses divisions one and two and carried out by personal care staff under supervision. Specialised nursing care is reviewed regularly with the resident/representative, staff and doctors. Residents with diabetes have care plans outlining the care they require including reportable blood sugar levels which include further action to be taken if the residents condition changes. Entries in the residents electronic progress notes show specialised care is reviewed and evaluated and changes to residents’ care plans documented. Staff attend clinical education sessions and have competency testing in this area. Residents and representatives told the team that they have great confidence in the staff and said residents specialised care needs are met in the home.

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 recommendation

Does comply

The home has a number of other health and related services that are accessed according to residents’ needs and preferences. Services accessed include dietician, speech pathology, dental service, wound management consultant and palliative care team. These services are available either internally or externally and progress notes document referrals to external services. Residents and representatives confirm they receive these services and are consulted before an appointment is made and are kept informed of the outcomes of any reviews by health specialists

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

The home has processes and procedures in place to ensure residents receive medications that are ordered, stored, administered, documented and disposed of safely and correctly. Staff administering medication sign the medication charts which are audited regularly. Registered nurses division two (medication endorsed) or medication competent personal care staff administer medication from a blister pack system. The care coordinator, consultant pharmacist, care staff and a general practitioner are members of the pharmacy advisory committee. Staff confirmed they have medication competencies completed and attend medication management education. Residents who self-administer medication have annual and as required assessments undertaken to ensure they are able to safely manage their medication. The team observed safe storage and administration of medication. Residents and representatives expressed satisfaction with their medication management.

2.8 Pain management

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

Team's recommendation

Does comply

All residents have an initial pain assessment undertaken using a specific pain assessment tool. A pain management care plan is developed with interventions documented to assist staff to effectively manage resident pain. Resident progress notes reviewed confirm staff attending promptly to resident's requests for pain relief. Analgesics and non-medication strategies are offered. Staff evaluate the effectiveness of pain relief and contact the doctor if current orders are not effective. Pain management education is provided for staff. A reflexology therapist is available to assist residents as part of their pain management plan. Resident and representative feedback indicated satisfaction with how pain is managed in the home.

2.9 Palliative care

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

Team's recommendation

Does comply

On entry to the home all residents are asked to complete a form indicating their serious illness/palliative care and death wishes including resuscitation status, this gives the staff initial information when planning residents' end of life care. Hostel staff said they have an 'ageing in place' policy and offer palliative care if requested by the resident and family. The hostel has access to an external specialist palliative care team and said they utilise this resource as necessary. A focus of palliative care at the home is on the spiritual needs of residents and pastoral care staff support the residents and families during this time. Lifestyle staff play a role in providing palliative care and offer aromatherapy, gentle massage and music therapy. Relatives said they appreciate the approach to palliative care taken by staff and have seen families supported through this difficult time.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents and representatives interviewed all responded positively regarding the food and drinks served to them at the hostel, saying they always have enough to eat and drink and can

ask for snacks at any time. On entry a list of food preferences, allergies, likes and dislikes is documented and this information is put into the resident's file and on to the whiteboard in the kitchen. Staff develop a comprehensive nutrition and hydration care plan and this is used when monitoring and evaluating residents' dietary intake. Residents are referred to the dietitian and/or speech pathologist if swallowing issues or a change in weight are identified. A comprehensive review is undertaken and a nutritional assessment and report is written and available for staff to assist them to ensure each resident has an adequate diet incorporating the food and drinks they prefer. The chef said that a number of different diets are provided to residents and specific meal requests are available. Supplements are given as ordered and textured modified meals and drinks and staff assistance for residents at meal times are all offered by the home.

2.11 Skin care

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

Team's recommendation

Does comply

During the assessment period, staff assess each resident's skin using a specific skin assessment tool to determine the resident's skin integrity risk levels. A care plan is then formulated outlining the care each resident's skin requires and the protective equipment to be used to reduce/prevent skin damage. Each time a resident sustains a wound staff complete an incident form and generate an individual wound management plan and treatment sheet. Staff review wound care regularly and consult with residents and representatives about the progress of the wound. An external wound consultant is involved in managing and monitoring residents' wounds. Skin care audits are undertaken and the results used to change staff practices and form part of the hostel's continuous improvement cycle. Residents and representatives indicated satisfaction with skin care.

2.12 Contenance management

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

Team's recommendation

Does comply

All residents have comprehensive toileting, bowel and continence assessments and evaluations completed on entry and reviewed regularly. Residents identified with continence/toileting issues have an individual care plan developed, which includes toileting times, the level of staff assistance required and the continence aids to be used. The care coordinator works with staff from all shifts as a mentor and to educate staff to ensure effective continence care is available for residents. Residents and representatives stated that staff give dignified continence care.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents who are identified with behaviour management issues have a comprehensive assessment and a detailed care plan implemented. The care coordinator and registered nurse division one develop specialised behaviour management care plans that outline the strategies to be used to reduce resident challenging behaviours in the home. Education is given to staff relating to behaviour management and they said this information is beneficial to them when dealing with residents with challenging behaviours. The home accesses an external geriatrician and a psychiatric assessment team as needed for advice. The team received positive responses from representatives about the behaviour management in the home.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

On entry to the home residents are assessed by a physiotherapist. Their mobility status is recorded and an individual exercise plan is developed. Care plans are documented and detail the number of staff and equipment required to safely transfer and mobilise each resident. Care staff said they assist residents to mobilise and to undertake their daily exercise program. The care coordinator said that a referral can be made to a physiotherapist at any time if a resident requires review and/or a new mobility or exercise plan. The team observed residents walking around the home using mobility aids and with staff assistance. Residents interviewed stated they appreciate the assistance given to them by staff to maintain their mobility and dexterity

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents oral and dental needs are assessed on admission and their preferences recorded. An oral and dental care plan is implemented and staff refer to this when assisting residents with hygiene each day. Following consultation with residents and representatives, staff organise referrals to a visiting dental service or dental technician. Audits are undertaken and areas identified as requiring improvement logged into the continuous improvement cycle. Residents expressed satisfaction with how their oral and dental care is undertaken

2.16 Sensory loss

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

Team's recommendation

Does comply

Following assessment, residents with identified sensory loss have a detailed sensory loss management plan developed including documented strategies to manage these losses. Education is provided on assessing sensory loss in residents with staff confirming they attend these sessions. Consultation with the resident or representative occurs when deciding if residents will access services that provide aids. Staff said they encourage and assist residents to wear sensory aids daily. Staff consult with residents requiring sensory loss review and can organise appointments if required. Residents and representatives said staff are aware of each resident's sensory aid requirements and give assistance to fit and maintain cleanliness of the aids daily.

2.17 Sleep

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

Team's recommendation

Does comply

On entry all residents have a sleep assessment undertaken and, if sleep disturbances are identified, have a comprehensive sleep care plan implemented. This plan includes residents' preferences in regard to sleepwear, evening routines and retiring preferences and strategies to enhance natural sleep. Staff said they use medication and other therapies including music, gentle massage and offer residents warm drinks and snacks if unsettled. Residents told the team that staff are aware of their retiring routines and they sleep well because of the assistance given to them by staff.

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 recommendation

Does comply

The home’s framework for quality services and continuous improvement includes processes for identifying opportunities to improve residents’ lifestyle. Staff, residents and relatives are encouraged to participate in the continuous improvement process by submitting improvement logs, providing informal feedback and suggestions, and participating in staff and resident/relative meetings and lifestyle care plan reviews. The home demonstrates it is responsive to feedback from residents by actively working to improve residents’ lifestyle and residents and relatives confirmed that they are satisfied that improvements are made.

Examples of continuous improvements in Standard three include:

- A recruitment drive to encourage greater volunteer participation in life at the home and improve opportunities for residents to participate in activities they are interested in
- Production and sale of ‘the face of ageing’ calendar with proceeds from the sale being used to improve facilities for residents such as purchase and fit out of the residents’ bar
- High powered lighting installed in the room of a resident with deteriorating vision to improve her ability to see items in her room
- Provision of herb and vegetable gardening in raised beds for residents
- Purchase of large, wide screen television and associated audio-visual equipment for the residents’ lounge.

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 recommendation

Does comply

The home has processes and systems in place to ensure compliance with regulatory obligations in relation to resident lifestyle. The charter of residents’ rights is displayed prominently in the home and the residents’ handbook is given to all residents on entry and contains information about issues such as privacy, rights and responsibilities, security of tenure, internal and external comments and complaints services and fees, charges and services provided. Management monitors compliance with legislative and regulatory requirements through observation, resident feedback and improvement logs, audits and staff performance appraisals. Staff confirmed they receive training and information on issues such as elder abuse and residents and relatives participated in a recent seminar on elder rights advocacy. Residents and representatives are satisfied that the home complies with its legislative and regulatory obligations in relation to resident lifestyle.

3.3 Education and staff development

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

Team’s recommendation

Does comply

Staff education relating to residents’ rights, confidentiality and privacy are provided in the staff orientation program and as part of the annual education calendar. Lifestyle staff are able to

demonstrate that they have an understanding of their roles and said that management is supportive of their ongoing educational requirements. Staff attendance lists are maintained and follow up of staff occurs if essential education is missed.

Recent education sessions relating to Standard three include:

- spirituality and ageing
- lifestyle and cultural diversity care planning
- elder rights advocacy
- 'brain gym' for aged care.

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 recommendation

Does comply

Residents and relatives are very satisfied with the emotional support they receive on entry to the home and on an ongoing basis. Prospective residents are introduced to the care coordinator and given a tour of the home. On entry, an orientation schedule is implemented for the new resident and this includes an introduction to lifestyle staff, pastoral care staff and other residents. Shortly after entry to the home, in consultation with the resident and family, an assessment of the resident's lifestyle needs is undertaken and, as part of this process, the resident's emotional needs are assessed and documented. Pastoral care practitioners are employed at the home and help provide emotional support to residents on entry and on an ongoing basis according to the resident's needs and wishes. Pastoral care practitioners, lifestyle and care staff provide additional one on one support to residents during times of grief, illness or other times of emotional need as appropriate. Residents are encouraged to personalise their rooms with small pieces of their own furniture and personal mementos. Residents and relative meetings are held every two months and family conferences are held regularly.

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 recommendation

Does comply

Residents are encouraged and supported to maintain their physical, lifestyle and financial independence. Individual preferences and interests are documented during the initial assessment process and noted in care plans. The lifestyle program offers activities designed to maximise residents' agility and independence and includes gentle exercise programs, walks and outings. The program also enables residents to stay involved in the broader community through participation of volunteers and visits by school students and entertainers. Residents are encouraged and assisted to maintain established community, cultural and religious contacts and those residents who are able to visit friends or relatives, attend community events or visit nearby shops. Residents are encouraged to use aids such as hearing aids and walkers to maintain their mobility and independence. Residents and relatives are satisfied with the support and encouragement given to residents to maintain their 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 recommendation

Does comply

The home has policies and procedures in place to ensure residents' privacy and dignity is respected. Residents are accommodated in private rooms with en-suites and doors are closed when personal or clinical care is being provided. Staff were observed to knock and call out prior to entering a resident's room and to address residents in a friendly and respectful manner and by their preferred name. Consent is obtained from residents before any photos are taken which will be displayed publicly. The home has several quiet, comfortable lounge and garden areas available where residents can spend time alone or entertain friends and family. Resident personal information is stored and secured appropriately. Residents and their relatives are very satisfied that staff respect their dignity and privacy.

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 recommendation

Does comply

The home has lifestyle programs in place that encourage and support residents to participate in a range of interests and activities. On entry to the home, an assessment of residents' lifestyle history, interests and preferences is undertaken in consultation with the resident and representatives and a lifestyle care plan is developed which is regularly reviewed. The lifestyle program offers a range of group activities including video exercise classes, outings, cards, quizzes, armchair travel and board games as well as one on one activities tailored to the needs of the individual. A large group of volunteers provide additional support to residents to undertake leisure activities. Group activities are regularly evaluated and residents assist in developing the lifestyle program through participation in activities, provision of feedback, resident and relative meetings, improvement logs and the annual resident satisfaction survey. The organisation conducts a quality of life program to assist residents fulfil a special lifestyle wish for example attending a particular theatrical performance or hot air ballooning. Residents and relatives are satisfied with the range of lifestyle activities provided and confirm they are supported to participate in activities which address their needs and interests.

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 recommendation

Does comply

On entry to the home, an assessment of all aspects of the resident's lifestyle needs, interests and preferences is undertaken in consultation with the resident and representatives, including the resident's cultural and spiritual needs and preferences. A care plan is developed which is reviewed and updated regularly. The residents' handbook and other resource material can be provided in community languages to meet resident needs and staff can access guides on providing culturally appropriate care. Professional interpreters are engaged where required to assist with communicating with residents whose first language is not English. The pastoral care practitioners on site work closely with lifestyle staff to ensure that residents' spiritual needs are met and clergy or spiritual advisers from several denominations visit the home regularly. Residents are encouraged and supported to maintain community cultural and spiritual contacts and to participate in community events. Days of religious or cultural significance for residents are celebrated at the home in consultation with residents and these include Anzac Day, Christmas, Easter, Hannukah and St Andrew's day. Residents and relatives are satisfied that the home recognises and values individual interests, beliefs and cultural background.

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 recommendation

Does comply

Residents and representatives are satisfied the home encourages and supports residents to exercise choice and control over their lives and ensures that they are involved in decisions about the care and services the resident receives. Information about the resident's needs, preferences and likes and dislikes including food preferences, rising and settling times and daily lifestyle choices is gathered on entry to the home and built into the care plan. Residents and representatives are consulted on the development and regular reviews of the care plan and they confirm they are consulted about and involved in all aspects of the resident's care. Residents and relatives meetings are held every two months and a residents' satisfaction survey is conducted annually to provide residents and relatives with opportunities to make choices and participate in decision making at the home. The home is progressively implementing a person-centred care model which reflects the organisation's values and ethos and commitment to quality care.

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 recommendation

Does comply

Residents confirm they feel secure in their tenure in the home and understand their rights and responsibilities. Prospective new residents are provided with an information pack which includes a copy of the resident agreement and resident handbook and these provide information on fees, charges, security of tenure and resident rights and responsibilities. On entry, all residents are encouraged and supported to sign a formal resident's agreement. When there is a need for a resident to change rooms or a change in the level of care they require, meetings are held with the resident and representatives to explain why the change is required. Management is committed to enabling residents with changing care needs to remain in the home for as long as possible. As a last resort, if special care needs can no longer be accommodated, residents and relatives are assisted and supported to find alternative suitable accommodation.

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 recommendation

Does comply

The home’s quality management and continuous improvement system incorporates opportunities to identify improvements in the area of physical environment and safe systems. The framework for continuous improvement includes incident reports, regular audits and analysis of results, an unscheduled and essential maintenance program, staff education and environmental and safety inspections. Staff and residents are actively encouraged to participate in continuous improvement through improvement logs, identification of maintenance needs and suggestions for improvement. Staff confirm they regularly participate in training activities to ensure that they have the skills and knowledge to contribute to maintaining a safe and comfortable environment for staff, residents and visitors. Residents and relatives are satisfied with the physical environment and safety and comfort of the home.

Examples of improvements under Standard Four include:

- Front courtyard and entrance area refurbished to improve access for residents
- Purchase of new standing machine to improve safety and ease of lifting for staff and residents.
- Purchase of safety alert system to improve staff and resident safety overnight
- Refurbishment of kitchen area with installation of stainless steel sheeting on walls and purchase of new double door stainless steel refrigerator
- Purchase of new gas fire for residents’ lounge area
- Taps in handwashing basins replaced with elbow operated handles to improve infection control

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 recommendation

Does comply

The home has processes and systems in place to ensure compliance with relevant legislative and regulatory requirements in relation to the physical environment and safe systems. The organisation receives notification of changes and updates from government departments, industry bodies and legislative update services and provides advice and information to the home. The site manager ensures that information is communicated to staff through meetings, minutes, memoranda, face to face contact and noticeboards. Staff participate in mandatory training including manual handling, fire and emergency procedures, infection control and food handling. All electrical equipment is tagged and tested in accordance with legislative requirements. An occupational health and safety committee manages, monitors and reviews the safety of the workplace and regular audits, staff appraisal and observation and a program of unscheduled and essential preventative maintenance ensure compliance with relevant regulations and legislation. Staff confirmed appropriate systems are in place to ensure compliance with regulatory requirements and guidelines in relation to the physical environment and safe systems.

4.3 Education and staff development

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

Team's recommendation

Does comply

The staff education matrix is used to monitor mandatory staff education that includes manual handling, fire and evacuation and infection control. The physiotherapist provides manual handling education and other external consultants are accessed for other specialist education. All sessions have attendance lists and evaluations completed. The manager said that all staff are able to attend any education session offered. Hospitality staff confirmed they have attended infection control education and annual staff hand washing competencies are undertaken.

Other recent education sessions relating to Standard four include:

- food handling safety program
- asbestos awareness training
- health and safety representative's annual refresher training day.

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 recommendation

Does comply

Residents are accommodated on two levels in single rooms with ensuites. The home is tastefully and comfortably furnished and furniture is appropriate for residents needs. There are a number of internal comfortable communal lounge areas and several recently refurbished external courtyards and garden areas where residents can enjoy quiet time or entertain visitors. The home's essential preventative maintenance is conducted according to annual schedules and unscheduled maintenance requests are attended to promptly and appropriately. Environmental and safety audits are conducted regularly to ensure the home is safe for staff and residents. External entry and exit doors are secured by key pads that release in the event of an emergency and the home is secured at night. Residents' rooms were observed to be individualised with personal furniture and possessions. Residents and relatives reported they are very satisfied with the safety and comfort of the 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 recommendation

Does comply

Management of the home works actively to provide and maintain a safe working and living environment for staff and residents. An occupational health and safety committee, comprising representatives from management and staff meets every month to monitor and review improvement logs, hazard and incident reports and audit results. The home provides appropriate occupational health and safety education, including as part of orientation for new employees. Mandatory training is provided on manual handling, fire and emergency and infection control. Occupational health and safety representatives participate in appropriate training. Staff are encouraged to report hazards and incidents through improvement logs or hazard reports. Scheduled preventative and essential maintenance, regular environmental and safety audits, trialling of new equipment and tagging and testing of electrical equipment ensure the working environment and equipment are safe. Staff are satisfied that the home provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home is fitted with appropriate fire and safety equipment that includes a fire sprinkler system, smoke detectors; smoke doors and an integrated alarm system connected to the fire brigade. Exit doors signs are illuminated and a range of fire fighting equipment is available including fire extinguishers and hose reels. Maintenance and servicing schedules are clearly documented and followed. The external areas of the home are clutter free and accessible. Staff attend regular training in fire safety procedures. Information is also placed throughout the home indicating exits and evacuation maps are clearly displayed. Staff are aware of what their responsibilities are in an emergency.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's recommendation

Does comply

The home has an extensive infection control surveillance program that includes education for staff, environmental audits and the collecting of data on infection rates of residents on a monthly basis. This information is logged into the quality system and a monthly report is used to identify any infectious trends and is discussed at staff meetings. Residents and staff are offered annual influenza immunisation. Staff displayed a sound knowledge of infection control practices and said they have access to personal protective equipment at all times. There is an infectious spill kit available and yellow infectious waste bins and bags for staff use. The team observed that practices in the kitchen, laundry and cleaning areas were in line with infection control policies. There have been no recent infectious outbreaks but a kit and guidelines are available if this should occur.

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 recommendation

Does comply

The home's hospitality services are provided in a way that respects each resident's right to personal choice regarding their meals, personal laundry service and access to their rooms for cleaning. Catering provides a rotating menu that is discussed with residents at an annual food forum meeting and is reviewed by a dietician. The chef stated that residents could give immediate feedback on meals to staff each day if needed. There are alternative meals and snacks available at any time for residents. Attractive meals were presented in the dining room with tray service available to the resident's room if requested. Cleaning and laundry services are provided in a manner that enhances the resident's lifestyle with laundry staff saying they will iron resident's clothes if required. Cleaning staff are aware of the importance of maintaining a clean environment for residents. Cleaning schedules are in place and signed off when attended. Residents and representatives were very satisfied with the hospitality services provided.