



Aged Care
Standards and Accreditation Agency Ltd

Bethanie Edinboro

RACS ID 7140

136-138 Edinbroro Street

JOONDANNA WA 6060

Approved provider: The Bethanie Group Incorporated

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 24 July 2015.

We made our decision on 14 June 2012.

The audit was conducted on 8 May 2012 to 10 May 2012. 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

Audit Report

Bethanie Edinboro 7140

Approved provider: The Bethanie Group Incorporated

Introduction

This is the report of a re-accreditation audit from 8 May 2012 to 10 May 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 8 May 2012 to 10 May 2012.

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

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

Assessment team

Team leader:	Natalie Davies
Team member:	Karen Jane

Approved provider details

Approved provider:	The Bethanie Group Incorporated
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Details of home

Name of home:	Bethanie Edinboro
RACS ID:	7140

Total number of allocated places:	25
Number of residents during audit:	21
Number of high care residents during audit:	14
Special needs catered for:	Nil specified

Street:	136-138 Edinboro Street	State:	WA
City:	JOONDANNA	Postcode:	6060
Phone number:	94448244	Facsimile:	92423003

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	8
Nurse practitioner	1	Volunteers	2
Clinical nurse consultant	1	Cleaning staff	1
Registered nurses	2	Maintenance staff	1
Care staff	4	Kitchen hand	1
Administration assistant	1	Occupational therapist	1
Therapy services manager	1	Physiotherapist	1
Facility supervisor	1	Therapy assistants	2
Chaplain	1		

Sampled documents

	Number		Number
Residents' files	5	Personnel files	4
Resident agreements	2		

Other documents reviewed

The team also reviewed:

- Accident and incident files
- Activity attendance records, planner and program
- Agency file and orientation checklist
- Allied health referral file
- Audits and surveys
- Cleaning and catering monitoring records
- Comments and complaints file
- Communication books
- Complex health care file
- Continuous improvement forms, register and improvement plans
- Corrective, preventative and unscheduled maintenance records
- Education schedule, attendances and staff appraisal records and reports
- External contractor agreements and preferred suppliers information
- General practitioner communication file
- Hazard and incident reports, and monitoring records
- Infection control records and relevant information

- Information books for residents, staff and volunteers
- Job descriptions and duty statements
- Medication profiles
- Meeting minutes
- Memoranda file
- Menu and menu choice information
- Monitoring records of fire and emergency equipment
- New staff induction / orientation information and records
- Newsletters
- Police certificates, statutory declaration records and monitoring reports
- Policies and procedures
- Professional registrations and monitoring records
- Resident incident accident reports register
- Residents' information package
- Rosters and allocation sheets
- Staff recruitment records
- Temperature and equipment monitoring.

Observations

The team observed the following:

- Activities in progress
- Archiving resources
- Designated smoking area
- Electronic medication management system
- Equipment and supply storage areas
- Fire safety and equipment
- Infection control resources
- Interactions between staff and residents
- Internal and external complaints information
- Living environment and gardens
- Material safety data sheets
- Meals and drinks service
- Medication storage and administration
- Mission, vision and values
- Notice boards, and resident and staff information
- Personal protective equipment
- Storage of confidential information, medication, and stocks and supplies
- Tagged equipment

- Visitor and contractor sign in/out books
- Waste disposal systems.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management showed the continuous improvement systems of the organisation assist in identifying and undertaking improvement activities. Improvement activities are conducted following review of the results from audits and incident reports. Staff, residents and representatives reported they contribute to improvement activities at meetings, by using surveys, comments and complaint forms and lodgement of suggestions. Management report on and monitor quality improvements. Staff interviewed reported knowledge of, and stated they are encouraged to contribute to, improvement activities. Residents and representatives interviewed reported satisfaction with management's responsiveness to feedback.

Examples of improvement initiatives related to Standard 1 Management systems, staffing and organisational development are stated below.

- The home identified issues with communicating to staff about roster changes and requests for additional 'shift' arrangements. The organisation sourced software allowing group text messages to be sent to identified personnel. Staff and management feedback advised the software is successful and has achieved improved communication for management and staff.
- The home identified issues with paper based ordering systems for continence aids. Management sourced an online ordering system through the home's supplier. Management and staff advised the software has improved ordering and monitoring practices.

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

Management uses the organisation's systems to ensure compliance with relevant legislation, regulations and guidelines and for monitoring compliance requirements. Systems include monitoring of changes and updating policies and procedures. Special projects are also undertaken as a result of changes to guidelines and best practice information. Changes to aged care legislation are communicated to the home by the organisation's senior staff, the local government authority and other government departments and peak industry groups. Information and changes are provided to staff by memoranda, notices, in-house training sessions and at meetings. An electronic information system is used to monitor and inform on renewal dates of professional staff registrations and ongoing police checks for new and

existing staff. The organisation has a mandatory reporting register and staff are trained in mandatory reporting requirements.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Management showed how the organisation's systems and processes are used to provide skills based training to staff to assist them carry out their roles and responsibilities. A planned mandatory and elective planner is used to track and monitor session attendances. Staff feedback is obtained at appraisal, through surveys, at meetings, and information is used to review the provision of education topics. All staff are encouraged to participate in both internal and external education sessions. The induction and orientation of staff includes information relevant to both the organisation and the home. A monitoring mechanism is used to track non-attendance at mandatory sessions. Residents and representatives stated staff are skilled and perform their roles effectively.

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

- Accreditation
- Continence management
- Documentation
- Three day accreditation course
- Quality improvements.

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

Residents and representatives stated they have access to comments and complaints mechanisms and receive information in the resident agreement and at resident and relative meetings. Residents and representatives and staff advised they are aware of the comment and complaints processes and are reminded at meetings. Minutes of meetings record feedback and suggestions. The home provides access to internal and external comments and complaint information. Staff reported knowledge of the home's requirement to assist residents to complete and submit suggestions and feedback. Residents, representatives and staff stated management are approachable and respond to complaints and feedback promptly.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The organisation has documented its mission, vision and values statements and these are provided to all new staff at employment and residents when they first move to the home. Minutes of meetings show staff, residents and representatives are provided with information about the organisation and the home. Staff and residents reported awareness of the organisation's vision, mission and values.

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

Management uses the human resource management systems of the organisation to assist recruit, train and retain skilled and qualified staff. Recruitment assistance is sourced through the organisation and the home provides orientation, relevant training and supported 'buddy' shifts for new staff. The organisation provides a three day induction program for all new employees. Training incorporates mandatory and elective sessions. Management review staffing levels and skills mix in line with residents' changing care needs and preferences. The home provides staff job descriptions and duties lists to guide and direct practice. The organisation's electronic systems are used to monitor, track and provide information about due dates for training, police certificate renewals and professional registrations as required. Absenteeism, illness and other leave is generally replaced by the home's own staff. Performance appraisals are routinely completed to provide support and obtain feedback from staff about further skills and training needs. Staff advised there are generally sufficient staff and allocated time to complete tasks and duties. Residents and representatives reported satisfaction with the responsiveness of staff and the level of skill to provide care and services to residents.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home uses stock ordering systems to ensure there are appropriate goods and equipment for quality service delivery. An electronic preventative and corrective maintenance system is available to place requests and track actions and outcomes. Agreements and contracts established by the organisation include quality goals to meet legislative and regulatory requirements. Staff are identified as responsible for stock rotation and control processes and the purchase of goods and equipment is carried out routinely using organisationally approved suppliers. Equipment is stored to provide accessibility and to prevent damage, and monitoring of equipment is from staff and resident feedback. Staff,

residents and representatives reported appropriate goods and equipment are supplied and 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 access to policies and procedures, communication books, care plans, and memoranda. Confidential information is stored securely or shredded. Management reported archived information is stored on site and electronic information is backed-up by the organisation daily and is password protected. There are systems for the collection and analysis of information and audits are conducted in accordance with a schedule. Staff interviewed reported they have access to appropriate information to help them perform their roles. Residents and representatives are provided with information via the resident handbook and at meetings. Residents stated they have access to sufficient information about the home.

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

Management use systems and processes of the organisation to provide externally sourced services in a way that meets the needs and goals of the home. The organisation facilitates the use of external contractor personnel. Staff monitor and oversee requirements of contracts, and communicate to on-site staff as required. Contracts incorporate the supply of liability insurance and professional registrations and quality checks and goals. 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

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

Examples of improvement initiatives related to Standard 2 Health and personal care include:

- Management identified the opportunity to introduce a visiting optometry service. A company was sourced and arrangements made to visit the home routinely. Residents confirmed they are satisfied with the new visiting service.
- Staff and management identified issues with the accessibility of information about wounds and blood glucose levels, weights and other clinical care matters. A new folder has been introduced containing all relevant information and located in each care station. Staff reported the new folder is accessible and provides easy to read information in one location.

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 organisation and the home monitor changes in legislation and alerts staff using a range of communication mechanisms. A monitoring system is used to oversee professional staff are registered as required. Residents receive specified care and services appropriate to individual care assessments and requirements of quality care. Staff are provided relevant training across a range of positions and responsibilities and reported knowledge of mandatory reporting 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 findings

The home meets this expected outcome

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

Examples of education and training related to Standard 2 are listed below.

- Contenance management
- The care and prevention of skin tears
- Preparation and use of thickened fluids
- Vital signs.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

In collaboration with personal care staff registered nurses assess residents’ clinical care needs using validated and generic assessments. Care plans are developed from this information to guide staff in the provision of residents’ individual care requirements and are reviewed six monthly and as required. General practitioners and relevant allied health providers regularly review residents. Competency based training and education is provided to ensure staff are competent in the delivery of care. Residents’ clinical care incidents are reported, reviewed and actioned appropriately. Residents and representatives reported they are consulted about residents’ clinical care and expressed satisfaction with the care residents receive.

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

Registered nurses plan and direct the implementation of residents’ specialised nursing care needs. Specialised nursing care instructions are developed with input from residents and their representatives and include information and directives from the general practitioner and allied health professionals. The home provides specialised nursing care to residents with complex health needs such as continence management, complex wound care and oxygen therapy. Registered nursing staff are available to provide care and supervision. Residents and representatives stated residents receive specialised nursing care according to their needs and preferences.

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 referred to appropriate health specialists in accordance with their needs and preferences. A multidisciplinary team with involvement of the general practitioner contributes to residents’ assessments and identifies the need for information from other health specialists. The home accesses a number of specialist services, including speech pathology, podiatry, dietician and mental health services. In consultation with residents and their

representatives, residents are referred to appropriate health specialists and allied health practitioners. Clinical staff have access to information and recommendations resulting from residents' specialist reviews and any adjustments to care or medication are implemented. Residents and representatives stated residents are satisfied with their access to other health specialist services.

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

Registered nursing staff and medication-competent care staff administer residents' medications via an electronic medication management system. Electronic medication profiles contain photographic identification and clear information pertaining to prescription instructions for packaged medication. Specific instructions about the administration of residents' medication are also contained in the electronic record. General practitioners regularly review residents' medication and clinical staff attend the organisation's medication advisory committee meetings where specific issues are reviewed. Policies and procedures are available to guide staff on the correct storage, disposal and administration of medication. Medication incidents are reviewed and trended monthly to identify areas for improvement. Residents and representatives stated they are satisfied residents' medications are administered and managed safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Assessment of residents' pain management needs occurs when they move into the home. Assessment tools used by staff include a verbal and non-verbal descriptor scale to identify signs of pain in residents with a cognitive deficit. A multidisciplinary approach is used to assess residents' pain inclusive of nursing and allied health staff. Strategies to alleviate individual residents' pain are documented in care plans. In addition to pain relieving medication, alternative methods are used to manage residents' pain including therapeutic massage, heat pack therapy and physiotherapy. Staff reported they refer to the registered nurse if strategies are not effective or new pain is reported. Residents and representatives reported the home's staff manage residents' pain effectively.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained and respected. Residents and representatives are consulted about residents' end of life preferences when moving into the home, or when appropriate. Identified care needs including physical, emotional, cultural and spiritual needs are documented on residents' individual care plans. The home has established links with a range of religious personnel and the organisation's chaplain is

available to provide spiritual support. Memorial services are held when a resident passes away. Staff reported they receive education in palliative care and grief and loss.

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

Assessment of residents’ needs in relation to nutrition and hydration occurs when they move into the home and is monitored on an ongoing basis. Residents’ preferences, special needs, allergies and cultural requirements are recorded and communicated to relevant staff. Residents are weighed during the initial assessment period and regularly thereafter. The registered nurse notes variations and determines appropriate interventions. Residents experiencing loss of appetite and alteration in weight are referred to the appropriate allied health professional. If necessary, nutritional supplements and fortified meals and drinks are provided to residents. Residents identified at risk are referred to the speech pathologist and meals and fluids with altered texture and consistency are available, as well as modified cutlery and crockery. Staff reported they assist residents with their meals and drinks. Residents and representatives stated they are satisfied residents’ nutrition and hydration needs are being met.

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

An assessment of each resident’s skin integrity and a risk assessment for pressure areas is completed when residents move into the home. Strategies and interventions to maintain skin integrity, hair and nails are detailed in residents’ individual care plans. Residents who require wound management have an individual wound care plan to ensure continuity of care and ongoing monitoring. Clinical staff liaises with general practitioners for complex wound management. Strategies to prevent skin breakdown and maintain integrity, such as the application of barrier creams and emollients, protective devices, repositioning and pressure-relieving equipment, are used. Clinical staff attend education on wounds and care staff attend basic wound care training. Residents and representatives reported residents are satisfied with the skin care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence needs are assessed when they move into the home and care plans are developed and reviewed six monthly, or as required. Residents are assisted to manage their continence through a range of measures, including scheduled toileting programs and use of suitable continence aids. Bowel elimination is monitored and interventions are documented. Incidents of urinary tract infections are monitored through the infection control surveillance process and strategies are implemented as necessary. Staff reported they have

sufficient supplies and training to enable them to manage residents' continence needs. Residents and representatives reported staff are effective in meeting residents' continence needs.

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

Assessment of residents' behaviours including triggers to the behaviour occurs when residents move into the home. Individual care plans include identified interventions to assist in minimising or preventing challenging behaviours and their effects on others. Referrals to specialist services, including the mental health team are made in consultation with the general practitioner and recommended behaviour management strategies are implemented and monitored for effectiveness. Staff attend training in dementia care and behaviour management and reported on strategies they use to manage the needs of residents with challenging behaviours. Residents and representatives stated residents are not adversely affected by the behaviour of other residents.

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

Residents are assessed for their mobility, dexterity and falls risk on moving into the home. A physiotherapist and occupational therapist are available to assess residents who are screened as requiring further intervention. Care plans identify the support and assistive equipment residents require and these are reviewed six monthly. The physiotherapist develops residents' individual exercise and rehabilitation programs and monitors progress. The physiotherapy and occupational therapy assistants conduct exercise groups and activity programs. Appropriate seating and other aids are available to assist residents' mobility and maintain independence. An incident reporting system includes analysis to identify trends and implementation of strategies to reduce residents' falls. Residents and representatives reported they are satisfied with the way staff encourage and support residents to maintain mobility.

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

Assessment and evaluation of residents' oral and dental needs occurs when they move into the home, annually and as required. Care plans identify the assistance residents require to maintain their oral and dental hygiene. Care plans are reviewed six monthly to assess the effectiveness of the care interventions. Residents can access a visiting dentist or family can arrange appointments to a dentist of their choice. Staff reported they routinely undertake oral care for residents and ensure they have appropriate oral health equipment and products. Residents and representatives reported they are satisfied with the oral and dental care provided by staff.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ care needs related to sensory loss are assessed when they move into the home, annually and as required. Care plans include a range of strategies to manage residents’ sensory needs across all five senses and to maximise each resident’s independence and interactions in activities of daily living. The activity program is designed to provide sensory enrichment such as cooking and large print and talking books are available. Residents have access to and are referred to allied health professionals including audiologists and optometrists. Staff described strategies to assist residents with sensory losses and to manage sensory devices. Residents and representatives stated they are satisfied with the assistance residents receive to manage residents’ sensory losses.

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

Residents’ sleep and settling routines are recorded when they move into the home and when sleep disturbances and difficulties are identified. Individual sleep management strategies are developed and documented on residents’ care plans which are reviewed six monthly and as required. The home provides a quiet and secure environment and staff monitor the activity of residents at night. Staff reported they assist residents to settle at night by repositioning, pain management and the offer of a snack or warm drink. Night sedation medication is administered as prescribed and is regularly reviewed by residents’ general practitioners. Residents and representatives reported they are satisfied with the way staff assist residents to achieve a restful night’s sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 3 Resident lifestyle include:

- Following feedback from residents, a women’s group has been formed. The women’s group has celebrated International women’s day and purple hat day. The women’s group is now a feature of the home activity calendar. Residents advised they are satisfied with the new group and enjoy the female only company.
- Management identified the need to celebrate Anzac day on a day after the event to enable others to join in and assist residents to celebrate in their own surroundings. A service was developed that included a resident speaking on the bombing of Darwin from a real life experience, family attendance and other guest speakers. All residents interviewed confirmed the success of the event. Management stated the post Anzac day celebration is now a feature of the year’s calendar of events.

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 Charter of residents’ rights and responsibilities is displayed and supplied to residents and representatives in an information pack on moving to the home. The home provides residents a residency agreement outlining fee and tenure arrangements and provides information of any changes to services and fees and charges. Residents are provided supplies appropriate to their care needs. Staff reported knowledge of strategies to be mindful of residents’ privacy and dignity. There are policies and procedures and staff are provided training in the requirements of mandatory reporting.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education and training related to Standard 3 are listed below.

- Dementia care
- Grief and loss
- Mandatory reporting
- Therapy communication.

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

Prior to moving to the home, residents and representatives are provided with information about the home and services offered. On moving into the home, residents' needs and preferences are discussed and they are introduced to other residents to assist them to develop friendships. Staff monitor and support each new resident during their first few weeks of living at the home. The therapy staff assess each resident's emotional and social needs and individual care plans incorporate information relating to the holistic requirements of the resident, including emotional and social wellbeing. The chaplain meets with new residents to provide support and ongoing pastoral care is available. Residents are encouraged to personalise their rooms and to join in activities at the home and in the community. Residents and representatives reported they are satisfied residents' emotional needs are supported by staff at the home.

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

Residents' abilities and wishes in relation to independence and lifestyle needs are assessed when they move into the home. Care plans are developed to support each resident to achieve maximum independence, maintain friendships and participate in the life of the community. Therapy programs assist and maintain residents' communication and mobility levels and the physiotherapist provides specific equipment to maintain residents' independence. Residents are assisted to maintain friendships within the home and community and bus trips are organised for residents to undertake activities outside the home. Relatives, friends, volunteers and local community groups visit the home. 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. Residents' confidential documentation is stored securely and only accessed by authorised personnel. Staff interact with residents in a respectful manner and treatments are carried out in the privacy of residents' rooms. Staff reported how they maintain residents' privacy and dignity, are aware of the confidentiality of resident information and sign a confidentiality statement on employment. Residents and representatives reported they are satisfied residents' privacy, dignity and confidentiality is maintained and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to maintain their interests and activities when they move into the home. Residents are assessed by therapy staff and a registration of interests form is completed for each resident. Residents' identified interests are used to develop individual therapy care plans and the home's activity plan. The program includes a range of cognitive, gross motor, sensory and social group activities delivered by therapy assistants. A calendar of special events and outings is incorporated into the program and families and friends are invited to join in special events. Residents provide feedback on the activity program via meetings and surveys. The therapy staff evaluate the effectiveness and appropriateness of various activities and therapy groups. Residents and representatives reported they are satisfied residents are supported to participate in a wide range of activities and leisure 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 findings

The home meets this expected outcome

Residents' individual interests, customs, beliefs and preferences related to their cultural and spiritual life are identified when they move into the home, reviewed as required and communicated via care plans. Residents have access to the organisation's chaplain and special services are held for events of significance such as Anzac Day and Remembrance Day. The monthly activity planner informs residents of various activities and spiritual services offered. The chaplain and other religious personnel visit the home and regular religious services are held. Residents are supported by staff to attend cultural events. Staff reported they use residents' care plans to gain an understanding of the resident in regard to specific cultural and spiritual practices. Residents and representatives reported staff respect residents' customs, beliefs and culture.

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. Residents' meetings and family conferences provide a forum for residents and representatives to express their views and provide opportunities to participate in decisions about care and services. External advocacy services, complaint forms, suggestion box and brochures for accessing the external complaints mechanism are available in the home. Staff stated they respect residents' choice not to participate in activities and events. Residents and representatives reported satisfaction with the opportunities residents have to make choices and decisions over their 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

Organisational systems and processes 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 outlining security of tenure and residents' rights and responsibilities. External advocacy and guardianship/administration are used as required. Staff are provided with education and training regarding residents' rights. Residents and representatives reported 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

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

Examples of improvement initiatives related to Standard 4 Physical environment and safe systems include:

- Feedback from residents has resulted in the introduction of a cooked breakfast option added to the menu. Residents interviewed reported the option is a great success and a feature of their week.
- Management identified the opportunity to introduce glove holders for disposable gloves in a range of locations throughout the home to improve staff access. Staff reported the improvement has improved their ability to access gloves.

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

Management and staff access and use the organisation’s systems to manage the physical environment and safe systems of the home. All staff attend training in fire, safety and emergency, food safety, infection control and chemical use. The home has regular work place safety checks, a food safety program and accessible outbreak kits. Visitors, contracted personnel and residents record their arrival and departure at the home and reporting mechanisms are used for accidents, incidents and hazards. Personal protective equipment is routinely supplied and material safety data sheets are readily available.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education and training related to Standard 4 are listed below.

- Food safety
- Fire and emergency

- Infection control
- Manual handling.

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

Staff and management use established procedures to provide a safe and comfortable living environment consistent with residents' care needs. The home provides single/ensuite accommodation with large and small common areas. Residents are encouraged to personalise their rooms. Maintenance, laundry and cleaning programs assist to maintain the living environment. Staff routinely use accident, incident and hazard reports. Scheduled audits and surveys monitor the living environment. Meetings and minutes reflect changes and communication strategies to update resident and staff information. Staff and residents reported satisfaction with the living environment. Residents reported staff provide satisfactory care and comfort.

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 and staff use the organisation's systems and processes to provide a safe working environment reflective of regulatory requirements. Procedures and work instructions are readily available to guide and direct staff. Routine risk assessments, hazard monitoring and auditing are undertaken. Incident and hazard reporting is routinely conducted. An electronic maintenance program provides reports and tracking of information. Staff record residents' infections and trends and reports are used to identify opportunities to improve. Residents and staff are offered annual influenza vaccination. Staff confirmed they are satisfied with the provision of a safe working environment. Residents reported management provides a safe environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has established and accessible procedures for detecting and acting on fire, security or other emergency risks. All staff are provided initial education and training for infection control, fire and emergency, manual handling and food safety. Ongoing training is generally annually and two yearly for identified topics and designations. All attendance is monitored electronically and renewal advised when required. The home is equipped with emergency fire fighting equipment and other emergency specific equipment and it is routinely tested. Emergency plans detail strategies across a range of emergencies and interviewed staff reported knowledge of specific emergency strategies. Security patrols and external

lighting are provided at night. Residents and representatives reported they are confident that staff will assist them with evacuation if needed.

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

Staff are guided by the organisation's policies and procedures in the homes' approach to an effective infection control program. Surveillance monitoring strategies use reporting and analysis to assist in the identification of trends that may lead to improved outcomes for residents and the living environment. Waste and pest control management is included in safe systems of work. Spills and outbreak management supplies and information are readily available. All staff receive training initially and two yearly. Staff reported knowledge of infection control procedures. Residents and representatives reported satisfaction with the actions taken by staff to control the risk of cross-infection and with the cleanliness of the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Staff and management use organisational systems to supply residents' hospitality services that reflect assessed needs and preferences. The menu options are developed in consultation with a dietician and from residents' feedback. Cleaning and catering services include sufficient resources for staff to carry out their duties and relevant training sessions. Laundry services are outsourced and residents may choose to use in-house laundries for personal items. Dedicated cleaning staff maintain the home. Kitchen hands and multi-skilled carers provide temperature monitoring of all meals and catering equipment. Staff stated hospitality services meet residents' needs and preferences and there is generally sufficient staff and time to complete duties. Residents reported satisfaction with the catering, cleaning and laundry services.