



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bethanie Elanora Villas Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Bethanie Elanora Villas Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Bethanie Elanora Villas Nursing Home is three years until 17 July 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:	Bethanie Elanora Villas Nursing Home				
RACS ID:	7854				
Number of beds:	47	Number of high care residents:	46		
Special needs group catered for:	Dementia and other related disorders				
Street:	37 Hastie Street				
City:	BUNBURY	State:	WA	Postcode:	6230
Phone:	08 6222 9088		Facsimile:	08 6222 9099	
Email address:	acf@bethanie.com.au				

Approved provider

Approved provider:	The Bethanie Group Inc
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Assessment team

Team leader:	Shirley Rowney
Team member:	Janice Rooney
Dates of audit:	30 April 2009 to 1 May 2009

Executive summary of assessment team's report

Accreditation decision

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

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
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Does comply
Does comply
Does comply
Does comply

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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
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Does comply
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	Bethanie Elanora Villas Nursing Home
RACS ID	7854

Executive summary

This is the report of a site audit of Bethanie Elanora Villas Nursing Home 7854 37 Hastie Street BUNBURY WA from 30 April 2009 to 1 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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 Bethanie Elanora Villas Nursing Home.

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 30 April 2009 to 1 May 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:	Shirley Rowney
Team member:	Janice Rooney

Approved provider details

Approved provider:	The Bethanie Group Inc
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Details of home

Name of home:	Bethanie Elanora Villas Nursing Home
RACS ID:	7854

Total number of allocated places:	47
Number of residents during site audit:	46
Number of high care residents during site audit:	46
Special needs catered for:	Dementia and other related disorders

Street:	37 Hastie Street	State:	WA
City/Town:	BUNBURY	Postcode:	6230
Phone number:	08 6222 9088	Facsimile:	08 6222 9099
E-mail address:	acf@bethanie.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bethanie Elanora Nursing Home.

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	1	Residents	8
Clinical Nurse Consultant	1	Relatives	8
Clinical nurse	1	Occupational therapist	1
South regional corporate manager	1	Occupational therapy assistant	1
Enrolled nurse –advanced skilled	2	Physiotherapist	1
Multi skilled care staff	4	Cleaning staff	1
Administration assistant	1	Laundry staff	1
Hospitality corporate manager	1	Maintenance staff	2
Maintenance corporate manager	1	Catering staff	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	6
Summary/quick reference care plans	7	Personnel files	5
Deceased residents file	2	Resident agreements	5

Other documents reviewed

- Accident/incidents reports
- Activities attendance register
- Activities evaluation report.
- Activities planner 2008 2009
- Admission assessment pack
- Audit/surveys
- Blood glucose documentation
- Bowel observation chart
- Care plan prompts file
- Corrective maintenance records
- Certification Inspection report and annual confirmation records-Fire score
- Cleaning manual
- Cleaning schedules
- Comments and complaints file
- Communication diaries
- Compliment file/records
- Continence assessment/monitoring tool
- Dietary needs/preferences form
- Dietician review resident
- Duty statements
- Emergency policy and procedures
- External contractor records(service agreements/contracts, reviews etc)
- Fire equipment inspection Reports
- Fire system maintenance records
- Food safe inspection records
- Handover file
- Hazardous chemical register and risk assessments
- Job descriptions
- Management meeting minutes file
- Material safety data sheets
- Medication advisory committee file
- Medication fridge temperature record
- Menu for four weeks
- Newsletter
- Nursing and personal care manual (policy and procedure)
- Occupational therapy review file
- Oral and dental training resource pack
- Pain management guidelines
- Pain assessment management record
- Pharmaceutical report
- Physiotherapy statistics file
- Physiotherapist file
- Plan for continuous improvement
- Police clearance data
- Policy and procedures
- Pre-admission pack
- Preventative maintenance program
- Recruitment policies and procedures
- Referral documentation
- Regulatory compliance examples/records
- Residents' cultural /spiritual preferences list
- Residents' information handbook
- Residents' information package and surveys
- Resident list
- Residents' doctors list
- Restraint documentation
- Risk assessment documentation
- Self medication risk assessment /documentation
- Sleep assessment/observation form
- Staff and resident meetings
- Staff handbook
- Swallow screen
- Treatment/observation/ progress notes file
- Weight monitoring tool

Observations

- Activities in progress
- Appropriate use of personal protective equipment (PPE)
- Chemical storage
- Electronic maintenance system
- Equipment and supply storage areas
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Laundry
- Medication administration
- Midday meal
- Noticeboards and posted information situated in offices and corridors
- Storage of medications

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

Systems and processes are in place to assist the home to pursue continuous improvement in areas of management, care, lifestyle and safety systems. The overall quality system is guided by policy and procedure. Information changes are communicated to staff, and residents and representatives by the manager, using a formal meeting structure. Improvement opportunities are identified and planned using comments, complaints, suggestions, audits, surveys, hazard identification, reporting of incidents, and resident and staff meetings. Staff reported that management is responsive to their comments and suggestions for improvement. Residents and representatives reported they know about the homes comments and complaints mechanism, and feel comfortable discussing issues with management.

Examples of recent or planned improvements relevant to Standard One are listed below.

- The home has introduced a building, engineering information management system (BEIMS) that provides on-line registration of work requests, including preventative maintenance and automatic prioritisation, to facilitate effective resource deployment and responses. Residents’ representatives and staff feedback is positive on the system
- Introduction of ‘quality connect’ an online feedback recording system that links with quality improvement initiatives, including action plans, task assignment, evaluation and monitoring.

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 accesses a commercial package that provides updates on legislative changes. They also have membership with industry bodies that provide guidance and interpretation on changes. Staff are informed of changes through memoranda, notices, emails, and in-house training sessions or at meetings. The home has a system in place for ongoing police checks for new and existing staff, meets the requirements of the privacy act, and has implemented a process for the mandatory reporting of elder abuse.

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

Established processes are in place to ensure that staff has appropriate knowledge and skills to perform their roles effectively. These include specific recruitment criteria, an organisational and on-site orientation/induction, regular performance appraisals, and an ongoing education and staff development program that provides mandatory and elective education. Training needs are identified from information gathered during performance appraisal interviews, review of results of audits and incident reports, staff and resident meetings, continuous improvement logs and staff, resident and representative feedback. Staff interviewed demonstrated a sound understanding of their roles and responsibilities in relation to their positions, and residents and representatives interviewed expressed satisfaction that staff are sufficiently knowledgeable and skilled to provide the care they need.

Examples of education and training provided relevant to Standard One are listed below.

- Positive communication
- Computer training
- Training in BEIMS
- Performance management

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

Residents and their representatives receive information regarding the internal and external complaint systems during discussions at the time of entry, the residents' handbook, and by way of resident and representative meetings. The home's manager maintains an "open door policy" and has regular contact with all residents and representatives throughout the day. Brochures advertising advocacy services and the external complaint mechanism are also available throughout the home. The effectiveness of this feedback system is monitored via resident and representative satisfaction surveys. Staff interviewed demonstrated knowledge of the complaint mechanisms available. Residents and representatives interviewed gave examples of using the system and said that they also use discussions with staff and management as ways of resolving any issues and were satisfied with the outcomes.

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 and mission statements are documented and displayed in the foyer. These statements incorporate the home's commitments to providing a high standard of care and the highest possible quality of life for their residents. Staff interviewed demonstrated sound knowledge of the home's core 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 recommendation

Does Comply

Standardised recruitment and selection processes are established to ensure that appropriately skilled and qualified staff is employed. The staffing levels and skill mix are reviewed regularly to ensure that sufficient staff are available to provide care services that meet the home's philosophy and objectives for quality service provision. Job descriptions and duty statements are regularly reviewed and ongoing education and training opportunities are offered and well attended. Relevant position specific mandatory training is provided. Staff interviewed confirmed that they receive appropriate education to perform their roles effectively, and residents and representatives interviewed confirmed that staffing levels were sufficient and that staff were appropriately skilled to provide the care and services they required

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

Processes are in place to ensure that the home has adequate supplies of stocks and equipment to enable the delivery of quality services. An authorised service provider list is used and all equipment purchased must comply with the home's policies and procedures for acquiring safe and functionally appropriate equipment. The corrective and preventative maintenance program ensures that all equipment, building fixtures, and external grounds are maintained effectively, and that repairs are undertaken in a timely manner. Staff feedback indicated that stocks of goods and equipment are adequate, that management is responsive to requests for additional goods or equipment, and that equipment available is suited to its purpose.

1.8 Information systems

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

Team's recommendation

Does comply

Policies, procedures, and standardised forms are in place to govern the management of information systems within the home and ensure a systematic approach to the provision of quality care and services. An organisational intranet provides a gateway to external links relevant to specific functions (e.g. training, job opportunities, conferences, Bethanie Corporate and other services). The "Spoke" newsletter is regularly produced and distributed to staff. Resident and staff records are effectively managed and archived to ensure that confidentiality and privacy of information is maintained at all times. Incident reporting processes are established, and data from these processes is analysed and used to monitor the effectiveness of the home's service provision. Staff interviewed reported that they are provided with relevant information about residents' changing and ongoing care needs and the operations of the home through meetings, memos, notice boards, intranet, staff handovers, and communication books. Residents and representatives interviewed expressed satisfaction with the range of information available to them at 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 recommendation

Does comply

The services received from external providers are managed through the organisation's contracts manager, who oversees the development and monitoring of contracts and tenders. The organisation requires that external providers also demonstrate current police clearances. Management reported that feedback is sought from users of the services and that service provider contracts are regularly reviewed to ensure compliance with the organisation's quality goals. Opportunity for improvement forms are also attached to contracts and completed as required. Where services are not meeting the home's expectations, a new provider is engaged. Resident feedback is obtained through meetings and surveys. Residents and staff reported satisfaction with the quality of service they receive from external service 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 recommendation

Does comply

See expected outcome 1.1 Continuous Improvement for an overview of the home's continuous improvement system.

Examples of continuous improvement related to Standard Two are outlined below.

- The home identified that communication of resident wishes/care needs required improvement. The home is participating in the trial of draft palliative/end stage care plans and the new form will be implemented in May 2009
- Management identified the need for up to date information on dementia for staff. A dementia resource file was introduced with new information, which provides additional resources, ideas and articles for staff to read.

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

Registered nurses are required to produce their current registrations to management on an annual basis. The home monitors any changes in legislation such as medication management and alerts the staff through meetings or memoranda. Drugs of dependence and other medications are properly stored and administered. Certification of allied health personnel is also reviewed.

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

See expected outcome 1.3 Education and Staff Development for an overview of the education and staff development system.

Examples of education provided relevant to Standard Two are listed below.

- Challenging behavior management
- Wound skin care training
- Palliative care
- Medication competencies
- Certificate III in aged care.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does comply

The home has systems and processes in place to ensure that all residents receive care that is appropriate to their needs and preferences. Registered staff implements an interim care plan on admission, which guides staff practice until comprehensive assessments are completed and a full care plan developed. Documentation reviewed indicated that processes for assessing, reviewing and evaluating care needs are undertaken in consultation with allied health professionals, nursing/care staff and residents and representatives. Changes in treatment are reflected in the progress notes and recorded in the handover notes. Staff advised they are informed when changes take place. Residents and representatives reported satisfaction with the clinical care received.

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

There are processes in place to ensure that residents with specialised nursing care needs are assessed and reviewed by appropriate qualified staff on an ongoing basis. If required, referrals to other health professionals such as the general practitioner or external specialists are initiated. Clinical staff monitors residents with special needs, including complex wound care, pain and dietary management. Specialised nursing care provided also includes diabetes management, urinary catheter care and oxygen therapy when required. Staff interviewed demonstrated awareness of reporting clinical incidents and indicated that they have access to training to ensure competency in specialised nursing care. Feedback from residents and representatives and documentation reviewed by the team indicated that residents receive the specialised nursing care they require.

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

Residents and/or their representatives are able to discuss any ongoing needs that are being treated by an external service on admission. Residents are able to retain their own general practitioner if they are able to provide a domiciliary visiting service. There are established referral processes in place to other care providers such as dentistry, ophthalmology, speech pathology, and dieticians. Residents and representatives interviewed stated, and documentation confirmed, that all stakeholders are consulted prior to referral. Following any external consultations, amendments to care or prescriptions are communicated to the nursing staff and implemented. Residents and representatives reported that issues requiring specialist input are identified and that residents are referred in accordance with their needs and preferences.

2.7 Medication management

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

Team's recommendation

Does comply

The home has a system in place to ensure that all medications are ordered, stored, administered, documented and disposed of safely. Medication is dispensed via a pre-packed system and administered by registered nurses. Processes are established to ensure that the pharmacist and medical practitioner regularly review residents' medications. Medication profiles are in place for all residents that allow for effective administration, which includes a current photograph, any allergies, and reference to any swallowing deficits. Controlled medications, such as schedule 8 tablets and analgesic patches, are stored and monitored appropriately. The home has a licence to implement an imprest system, which is monitored closely so that medications such as antibiotics may be commenced expeditiously. Audits are regularly conducted to identify gaps in the medication management systems, including signature omissions and pharmacy errors. Medication incidents are analysed for staffing and environmental trends and appropriate action is taken, and this process is supported by the home and by a corporate medication advisory committee. Residents and representatives advised that they are satisfied that their medications are managed safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

There are processes in place to assess residents' initial and ongoing needs and preferences in relation to pain management. The team noted the comprehensive pain assessment tool identifies the possible cause, location, severity and the resident's acceptable level of pain, and non-verbal cues to determine pain in residents with dementia or those with communication deficits. Documentation review of progress notes identified all medication pain relief interventions and outcomes are recorded to ensure pain is managed. Staff described the processes in place for responding to residents who have pain, including prescribed analgesia, re-positioning and rest, passive exercise programs, and the provision and use of comfort devices such as cushions, air mattresses, heat packs and specialised chairs. Residents and representatives expressed satisfaction with the assistance residents receive in the management of pain.

2.9 Palliative care

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

Team's recommendation

Does comply

Shortly after admission, there is an opportunity for residents and representatives to state their terminal wishes for the end of life. This includes the level of treatment they desire in the event of them becoming unwell and any funeral arrangements. The information is revisited during family care conferences or as required in accordance with changes in residents' health care status. Clinical care needs and pain management issues are addressed by qualified staff, with support from the general practitioner. Accommodation is available for families by stay with their loved one, and spiritual support can be arranged by the home on request of the resident or their representatives. Staff confirm that they have received appropriate training and sufficient equipment is available to care for terminally ill residents. Documentation review of two deceased residents' files indicated appropriate and supportive care was provided, and letters of thanks were seen from representatives expressing their appreciation for the palliative care given to former residents.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ needs and preferences in relation to nutrition and hydration are assessed on admission, and the information is reviewed periodically or when a resident’s needs change. The team noted residents’ requirements and care alerts are accessible to all staff, and the menu providing choices for residents is clearly evident. Residents’ weights are monitored monthly and there are processes in place to action variances, including commencement of supplements and referral to health professionals. Modified eating utensils are provided as required, and appropriate assistance given to individual residents at meal times. Feedback from residents and representatives indicated that they are satisfied with the quality and quantity of food and fluids they receive.

2.11 Skin care

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

Team’s recommendation

Does comply

All residents undergo an assessment of skin integrity at admission, and this is continually monitored through staff delivering care. A care plan is developed for each resident with a wound, which outlines the type and frequency of wound care. All wound care is carried out by registered nurses and complex wounds are referred to wound care specialists if required. The general care plan outlines personal hygiene including the emollients and skin creams used, as well as pressure area care. Equipment to assist pressure relief includes overlay mattresses, alternating air cell mattresses and protective booties. Wounds are reported on incident reports and collated as a component of the incident trending. A podiatrist attends the home regularly and deals with new referrals and ongoing treatment. Staff demonstrated an understanding of the strategies, resources and equipment available to prevent pressure areas and other skin conditions of residents at risk. Residents and representatives indicated that they are satisfied with the skin care provided.

2.12 Continence management

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

Team’s recommendation

Does comply

All residents have a three day continence assessment completed on admission to identify baseline continence function, voiding patterns and appropriateness of any continence aids being used. Continence interventions are evident on all residents’ care plans and this may include continence aids, toileting schedules or the use of aperients. Continence needs are assessed annually or when required following consultation with the resident and or representative. Residents who require specialised support are referred to health specialists including the continence aid consultant and general practitioner. The effectiveness of continence management is evaluated through assessments, observations, and staff and resident feedback. Residents and representatives interviewed were generally satisfied with the assistance they receive in managing any continence issues.

2.13 Behavioural management

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

Team’s recommendation

Does comply

All residents receive a behaviour assessment following admission that identifies any challenging behaviours, as well as examining any possible antecedents to the behaviour. The care plans guide staff in the management of interventions to minimise the behaviours. Policies and procedures for restraint were noted, as well as authorisation for any restraints used to minimise resident risk. The team noted a holistic, multi-disciplinary approach to managing behaviours of concern, resulting in favourable outcomes for residents, and effective minimisation of difficult behaviours. Staff interviewed described appropriately the strategies for managing episodes of challenging behaviours, including physical and verbal aggression, and stated that ongoing training is provided. Residents and representatives reported that staff monitor and act appropriately in cases of residents who display challenging behaviours.

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

Residents’ mobility, dexterity and rehabilitation needs are assessed on admission and six monthly thereafter, including a falls risk assessment. Specific mobility needs are documented on the care plans, including aids required, fall risk alerts and specialists’ instructions. The physiotherapist reviews residents as required and an individual exercise program is put in place. Residents are encouraged to maintain their mobility and dexterity by participating in the home’s activity program, which offers group exercises, as well as activities that focus on fine motor skills. Assistive equipment such as walking aids, wheelchairs and modified crockery and cutlery are provided as required to maximise the residents’ mobility, dexterity and independence. Residents’ falls are documented and reviewed for trends, and residents identified as ‘at risk’ are referred to the physiotherapist for further review. Residents and representatives expressed satisfaction with the way residents’ mobility dexterity and rehabilitation needs are identified and promoted.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has systems in place that ensure regular assessments of the residents’ oral and dental health are conducted and communicated as per the general care process. Residents’ oral and dental health history is obtained on admission and there is on going evaluation and documentation in the care plans. Assistance is given to maintain teeth by regular cleaning of mouths and gums. The home makes dental and oral care appointments as appropriate for residents. Modified diets are provided for residents experiencing difficulties with eating and dietary intake is monitored by clinical staff. Residents and representatives stated that they are satisfied with the home’s approach to the management of residents’ oral and dental care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Sensory loss is identified at admission as part of the resident assessment, and strategies are implemented to manage these effectively, to maximise each residents’ independence and interaction in activities of daily living, lifestyle and leisure. Specific care needs are documented on care plans to guide staff. Staff interviewed demonstrated knowledge in identifying sensory loss by observation and resident feedback, and care interventions such as caring for spectacles and hearing aids. The team noted assistive devices such as talking books, large print library books and videos are available. Information on external services such as optometry and audiology is provided, and if the resident has an existing service provider these are facilitated where possible. Residents and representatives indicated they are satisfied with how staff take appropriate measures to assist them when requested.

2.17 Sleep

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

Team’s recommendation

Does comply

There are systems and processes in place at the home to enable residents to maximise natural sleep patterns. All residents undergo a sleep assessment at admission and any subsequent interventions required are documented on the care plan to direct staff. All interventions to assist in residents’ sleep are formulated to the individual resident’s preferences. To promote an optimal level of sleep, staff are aware of the importance of maintaining a peaceful environment, and utilising pharmacological and non-pharmacological interventions. Medication usage to assist with sleep is evaluated by the general practitioner during medication reviews. Residents and representatives state that the atmosphere created and the support of staff is conducive to natural sleep patterns.

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

See expected outcome 1.1 Continuous Improvement for an overview of the home’s continuous improvement system.

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

- A sensory room is currently being developed by the occupational therapist to give staff the opportunity of incorporating sensory themes when caring for residents with dementia. The room is not yet in use due to awaiting funding and installation of suitable flooring.
- A review of residents’ access to activities resulted in the purchase of a large screen television in the dining room for all residents to enjoy, and pay television stations are available for residents to watch movies or other shows of interest.

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

Changes relevant to resident lifestyle are communicated to staff through education, memoranda and meetings. Policy and procedures are updated accordingly and manuals maintained in relevant areas. The home’s charter of residents’ rights and responsibilities is displayed in the home and is included in the resident handbook on admission. Staff were observed being mindful of residents’ privacy and dignity at all times.

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

See expected outcome 1.3 Education and Staff Development for an overview of the education and staff development system.

Examples of education and training provided relevant to Standard Three are listed below.

- Elder abuse

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

There are established system's and processes in place to ensure residents receive emotional support during the initial introduction to the home and when required. The emotional needs of residents are monitored on an ongoing basis through care plan reviews, individual resident interventions and staff reporting mechanisms. Staff described the strategies they use to meet the emotional needs of residents, including pastoral care and providing appropriate professional support when necessary. Residents and their representatives interviewed confirmed that they found the home environment welcoming and emotional support was ongoing.

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

The cognitive, physical and emotional status of each resident is assessed on admission, and reviewed regularly by the occupational therapist. Residents' previous history, existing friendships, and cultural and spiritual needs are documented to ensure resident independence is maximised. Staff encourage and support residents to attend internal and external activities, and family and friends are encouraged to visit and participate in activities within the home. Suitable aids and support from staff and volunteers ensure that residents' mobility and communication levels are maximised. Staff interviewed were able to demonstrate how residents are encouraged to maintain independence in all aspects of their lives and encouragement of independence during activities of daily living, maintaining friendships and promoting residents' participation in the local community. Residents and representatives interviewed, advised that independence is actively supported and encouraged at the home.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

There are systems and processes in place to safeguard residents' right to privacy, dignity and confidentiality. Residents' accommodation comprises of single and double rooms with drapes to maintain privacy between residents in shared rooms. Staff described practices such as staff signing confidentially agreements, knocking before entering residents' rooms, maintaining security and confidentiality around residents' information and treating residents with respect and dignity during care interventions. The team noted that all documentation is securely stored, and staff communicate with residents and their families sensitively and compassionately, and ensure that residents with impaired cognition are assisted to preserve their social and personal dignity. There are quiet areas that residents may access for private reflection or meeting visitors. Feedback from residents and representatives indicated that each resident's right to privacy and dignity is recognised 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 recommendation

Does comply

The induction process enables the identification of residents' preferences, current interest and hobbies, and the information is used to develop individual therapy care plans. There is a monthly activity program which includes a range of cognitive, sensory and social activities delivered as group and or individual sessions. The team noted a separate program is developed for residents with cognitive impairment. Staff interviewed stated that the program is regularly reviewed and updated in response to resident feedback, and attendance is recorded and analysed monthly to identify residents at risk of social isolation, or the need to review residents' interests and preferences in relation to the activities program. Volunteers and community visitors support the lifestyle program and offer one-to-one support. Suitable activities and equipment are provided for residents with sensory or mobility impairment. Residents and representatives expressed satisfaction with the activities available to them.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' individual interests, customs, beliefs and preferences related to their cultural and spiritual life are documented at entry, reviewed as required and communicated to staff via care plans. Processes are in place for this information to be used in the development of individual and group activities. Residents' birthdays, days of significance and cultural days are celebrated in the home. Visiting religious personnel are available and residents are supported and assisted to attend the regular events of worship. The annual memorial day provides staff, residents and departed resident families an opportunity for reflection. Resident and representatives interviewed, indicated satisfaction with the support they receive to meet their spiritual and cultural needs and preferences

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

Systems are in place to identify and record the preferences of residents, and information is disseminated to each resident regarding the services and support available to them. External support agencies are advertised within the facility and outlined in the resident handbook, which is distributed to all prospective residents. The home assists and empowers residents and representatives to participate in decision making about care and services delivery through care conferencing, resident and representatives surveys and meetings, suggestion forms and an open-door policy for access to management. Staff are educated on the right of the resident to exercise control over his or her lifestyle and to take risks, if they so desire. Staff interviewed outlined some of the ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives interviewed stated satisfaction that residents' choices and decisions are respected and that they have control over their lifestyle appropriate to their needs.

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 and representatives are provided with appropriate information on admission to the home via the resident handbook, resident agreement and conditions of occupancy, which outline security of tenure and their rights and responsibilities. Appropriate liaison with residents and representatives is undertaken regarding room transfers within the home and changes to the provision of services. Residents and representatives interviewed indicated that residents understand their rights and responsibilities and are satisfied that they have security of tenure within the scope of care provided at the home. The team noted that the residents' rights and responsibilities are displayed in 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 recommendation

Does comply

See expected outcome 1.1 Continuous Improvement for an overview of the home’s continuous improvement system.

Examples of continuous improvement provided relevant to Standard Four are described below.

- The home identified that the existing sign does not reflect new organisational logo. The home has installed a new signage outside the home to reflect the organisational logo.
- A revised occupational health and safety system, including training of new representatives, has been introduced. Nominations for three representatives were completed and they attended a five day training course. A revised file and plan has been implemented and made available to staff.

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

Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Food, occupational health and safety, emergency preparedness, living environment, chemical storage, laundry and cleaning services are audited regularly by internal and external auditors and statutory bodies. Changes to regulations relevant to Standard Four are tabled at the appropriate committees, and policies and procedures are amended accordingly. Staff, residents, relatives and stakeholders are formally notified of regulatory changes.

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

See expected outcome 1.3 Education and Staff Development for an overview of the education and staff development system.

Examples of education and training provided and relevant to Standard Four are listed below.

- Fire awareness and safety
- Manual handling
- Infection control
- Chemical awareness

- Food safety

4.4 Living environment

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

Team's recommendation

Does comply

There are systems in place that demonstrate that management is actively working to provide a safe and comfortable environment meeting the needs of the residents. A designated chapel is available as well as a visitors' flat. Residents have personalised their rooms with items of furniture and memorabilia. Reverse-cycle air-conditioning is in communal areas and paved walkways around the home are kept clean and gardens are well maintained. The home is clean, well maintained, and temperature and noise levels are managed to the satisfaction of the residents and representatives. Processes such as regular environmental surveillance and feedback from residents, representatives, and staff ensure that the building and grounds are maintained. Residents and representatives interviewed indicated that the rooms are comfortable, adequately meet their needs, and that they feel safe within the home.

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

Systems and processes are in place to minimise safety risks. Information about incident reporting processes and safety related work practices is provided to all new staff at their orientation/induction, and to existing staff at regular education up-dates and mandatory training provided throughout the year. The home has access to the organisation's occupational health and safety manager and injury management coordinator. Equipment is routinely maintained through preventative and corrective maintenance programs. Environmental safety issues are generally identified through housekeeping audits, hazard reports, or the corrective maintenance program, and are discussed at the staff meetings. Staff interviewed confirmed access to appropriate equipment for resident transfers and personal protection, to minimise work related injuries. Staff also confirmed that they are trained in the use of goods and equipment related to their roles, and that they receive information about incident reporting and safety related procedures in the staff handbook, at their orientation and at regular meetings throughout the year.

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

Systems for fire detection, alarm raising, and containment are established and include the central fire board, break-glass alarms, fire fighting equipment, illuminated exit signs, evacuation wall plans, smoke detectors, smoke and fire doors, documented evacuation and emergency procedures. An up to date program of scheduled

maintenance of all fire and emergency equipment is in place. Electrical equipment is checked and tagged annually and as required. Mandatory staff training in fire and evacuation procedures is updated yearly and attendance is monitored. Emergency procedure manuals and evacuation packs are accessible to staff and contain emergency contact numbers, and a list of current residents' mobility needs. Chemicals are stored in a locked storage room and material safety data sheets are available for all chemicals used. Staff demonstrated knowledge of emergency procedures and actions they should take in the event of a fire. An established procedure is in place to secure the building at night and residents interviewed confirmed that they felt safe within the home and indicated that they would follow staff instructions should the fire alarm sound.

4.7 Infection control

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

Team's recommendation

Does comply

There are established processes in place to facilitate the home's infection control program, including the identification, prevention, and management of infections. Residents are offered immunisation annually by their general practitioners and an immunisation program for influenza is in place for all staff. Staff are provided with information and training about incident reporting processes and cross-contamination minimisation practices at their orientation/induction and at regular intervals throughout the year. Appropriate equipment and practices were noted to be in place and included infection surveillance, food temperature monitoring, cleaning schedules and audits, hand wash basins, liquid soap, antibacterial alcohol hand wash, disposable towels, sharps disposal equipment, and the use of personal protective equipment. The home has a waste disposal service and a regular pest control program in place. Staff interviewed demonstrated a sound understanding of cross-contamination minimisation practices as it related to their work areas.

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

There are processes in place to ensure that residents' catering, laundry and cleaning needs are met. Dietary preference forms are used to record residents' food preferences and any special requirements. Food storage and serving temperatures are routinely monitored and food is prepared and cooked on a 'cook-fresh' basis. All meals are prepared and served in accordance with regulator. A four-weekly rotating menu is reviewed six monthly and changed in consultation with the residents and a qualified nutritionist, as well as clinical and hospitality staff. Cleaning is carried out by on-site staff that follows documented cleaning schedules and staff complete signing sheets. Laundry is undertaken on site. Hospitality services are monitored by way of audits and surveys and via feedback from residents and staff. All staff interviewed demonstrated a sound understanding of their duties and expressed satisfaction with their working environment. Residents and representatives interviewed expressed satisfaction with the cleaning and laundry services provided at the home and were satisfied with the catering service.