



Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredite Bethanie Illawong

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

The Agency has decided that the period of accreditation of Bethanie Illawong is three years until 19 June 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 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 Illawong				
RACS ID:	7128				
Number of beds:	39	Number of high care residents:	7		
Special needs group catered for:	Nil				
Street:	1 Rodd Place				
City:	HAMILTON HILL	State:	WA	Postcode:	6163
Phone:	08 6222 9500		Facsimile:	08 6222 9519	
Email address:	acf@bethanie.com.au				

Approved provider

Approved provider:	The Bethanie Group Inc
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Assessment team

Team leader:	Emma Roberts
Team member:	Diane Shackles
Dates of audit:	6 April 2009 to 7 April 2009

Executive summary of assessment team's report
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Accreditation decision

Standard 1: Management systems, staffing and organisational development
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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
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
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Does comply
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
Does comply
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Bethanie Illawong
RACS ID	7128

Executive summary

This is the report of a site audit of Bethanie Illawong 7128 1 Rodd Place HAMILTON HILL WA from 6 April 2009 to 7 April 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 Illawong.

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 6 April 2009 to 7 April 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:	Emma Roberts
Team member:	Diane Shackles

Approved provider details

Approved provider:	The Bethanie Group Inc
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Details of home

Name of home:	Bethanie Illawong
RACS ID:	7128

Total number of allocated places:	39
Number of residents during site audit:	39
Number of high care residents during site audit:	7
Special need catered for:	Nil

Street/PO Box:	1 Rodd Place	State:	WA
City/Town:	HAMILTON HILL	Postcode:	6163
Phone number:	08 6222 9500	Facsimile:	08 6222 9519
E-mail address:	acf@bethanie.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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	7
Regional leader	1	Relatives	3
Multi-skilled care staff	4	Maintenance manager	1
Administration assistants	2	Handyman	1
Chef	1	Kitchen hand	1
Registered nurse	1	Occupational therapist	1
Clinical nurse consultant	1	Supervisor	1

Sampled documents

	Number		Number
Residents' files	6	Medication charts	6
Summary/quick reference care plans	12	Personnel files	6
Resident agreements	2		

Other documents reviewed

- Accident/incident reports and analysis
- Activity program
- Activity statistics
- Assessor prompt sheets
- Asset tagging records
- Audits and surveys 2009
- Care plan prompt booklet
- Care recipient satisfaction survey March 2009
- Catering manual
- Certification inspection report
- Chemical register
- Cleaning schedules and sign-off sheets
- Clinical indicators
- Clinical policies and procedures
- Comments and complaints log
- Communication screening tool
- Competency training records and update schedule
- Continuous improvement log
- Corporate induction program
- Corrective and preventative maintenance records
- Diabetes treatment sheet
- Draft pandemic plan
- Duty statements
- Electrical tagging records
- Emergency lighting test records
- Emergency procedures
- End of life wishes forms
- Falls prevention and management kit
- Federal police clearance records and registration details of professional staff
- Fire and emergency equipment maintenance records
- Hazard reports
- Infection control education manual
- Infection log
- Material safety data sheets
- Medication competency assessments
- Memos
- Menu
- Nutrition score sheets
- Nutritionist report
- Occupational therapy assessments
- Oral and dental health training and resource kit
- Pain assessment management records
- Planning ahead brochure
- Policies and procedures
- Position descriptions
- Pre admission pack
- Preferred suppliers list
- Rejected foods records
- Resident mobility list
- Seizure management guidelines
- Service agreements for external contractors
- Sleep charts
- Staff education records and education planner
- Staff information pamphlets
- Staff performance appraisal matrix
- Temperature records for received good, refrigerators, freezers and plated meals
- Therapy referral forms
- Therapy/activities intervention plan
- Weight charts
- Welcome book
- Wound care plan

Observations

- Activities in progress
- Archive area
- Chemical store
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Maintenance shed
- Service of meals in dining room
- Storage of medications
- Hypoglycaemia management kit

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a quality management system in place which includes mechanisms for the collection, implementation and evaluation of continuous improvement activities. Quality activities are initiated in response to issues identified by audits, clinical data, surveys, accident/incident forms, and maintenance requests. A consultative approach through avenues such as meetings and individual discussions ensures all stakeholders are involved in improvements. Feedback to stakeholders is through meetings, one to one discussion, education programs, memoranda and noticeboards. Residents and staff confirm that issues or ideas are actively sought and responded to quickly.

Continuous improvement activities undertaken in relation to Standard One include the following.

- The home has introduced a new, computer-based system for recording and tracking continuous improvement activities, which includes action plans, task assignment, monitoring and a review date to evaluate the effectiveness of the activity.
- After staff identified that some of the pagers were not working in some areas of the home, a review of the system was implemented. A new transmitter has been installed and new pagers purchased. Management report that staff are now able to respond to resident calls more promptly.
- To streamline staff injury management processes, an injury management consultant has been employed at a corporate level to work with management and staff on injury management and prevention, and return to work programs.

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

Systems and processes are established to assist the home to maintain compliance with regulatory requirements, legislation and professional standards. The chief operating officer is responsible for disseminating information received from State and Commonwealth government departments and peak industry bodies to the appropriate staff. Policies and procedures are changed accordingly, and information and training is provided to staff as required. Compliance is monitored through internal and external audits,

surveys, and monitoring of staff practices. Staff are informed of regulatory requirements on orientation, at meetings, via memos, and when changes are made training is provided to ensure staff have the relevant information. Staff interviewed were aware of some of the legislative and regulatory requirements of their roles.

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

There are selection, recruitment and orientation processes in place to ensure that staff have the knowledge and skills that are required to perform their roles effectively. Staff training needs are identified, and their knowledge and skills are monitored by reviewing results of audits and surveys, accident/incident and hazard reports, observation of staff practices, and in the course of performance appraisal interviews. Attendance at education sessions is tracked and staff are monitored to ensure they are up to date with mandatory training. Staff interviewed were satisfied with the type and amount of available education. Residents and representatives interviewed stated that staff are knowledgeable and carry out their roles competently.

Education sessions relating to Accreditation Standard One include, but are not limited to the topics listed below.

- Computer training
- Positive communication
- Excel fundamentals

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has systems in place to ensure all residents, representatives, and other stakeholders have access to internal and external complaints mechanisms. Internal mechanisms include forms, a suggestion box, and meetings as well as verbal feedback. The team noted that information on external mechanisms was available throughout the home, and avenues of complaint are advertised in handbooks and discussed at meetings. Complaints are logged, actioned and followed up with the complainant, where appropriate. All residents and representatives interviewed reported that they are aware of internal mechanisms to raise comments and complaints, and stated that they would feel comfortable using the system if they had the need.

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 team observed that the home's vision, values, philosophy and objectives have been documented, and are displayed throughout the home. Staff are provided with education on the mission and values at the corporate induction. Information is also available on the organisational website, and is included in information kits that are sent to prospective residents and their families.

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

Policies and procedures are in place to direct the recruitment and selection of appropriately skilled and qualified staff. All staff have an organisational orientation which includes education and training on the mandatory requirements of the organisation, along with an on-site induction, which includes a number of shifts partnered with experienced staff. The home's rostered hours are maintained at levels designed to meet the residents' care needs, and job descriptions and duty statements guide staff in their roles and responsibilities. Residents/representatives reported that there are adequate staff available to meet their care needs promptly and effectively. Staff indicated that they have sufficient time to complete their allocated duties, and that they are satisfied with the opportunities provided to attend training and education.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has a system in place to facilitate the purchase, management, use and storage of goods and equipment. Goods are routinely checked on arrival for their condition and suitability, and equipment is maintained through preventative and corrective maintenance programs. Management monitors that there are appropriate goods and equipment through mechanisms that include requests, maintenance reports, audits and resident care needs. There is a stock ordering and rotation system in operation. A process is in place to trial new equipment before purchase, with the assistance of the corporate purchasing officer. The team observed, and residents, representatives and staff confirmed, there are sufficient stocks of goods and equipment available to ensure the delivery of appropriate care to residents.

1.8 Information systems

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

Team's recommendation

Does comply

The home has systems in place to ensure that information is collected, stored and managed effectively. Staff records were observed to be kept in a locked filing cabinet in a lockable office. Resident and administrative files are stored in separate secure areas, and are archived on site. Management and staff interviewed described how they are provided with adequate information to carry out their roles, including policies and procedures, handovers, work instructions and memos, access to files, meetings and education sessions. Residents, representatives and staff advised the team that they are satisfied with the way in which the home provides and manages information.

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 home has systems and procedures in place to assist management in accessing external services to meet the home's needs and goals. The home has access to a corporate contracts manager to develop and monitor major service delivery contracts, and the facility manager takes responsibility for the contracting of site specific services, including podiatry and hairdressing. A current preferred suppliers list is available for staff to use when accessing non-contracted services. Management advised that there is a system in place for staff and residents to provide feedback when the supplier performs poorly. Staff and residents indicated that they are satisfied with the externally sourced services provided at the home.

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

For further information, refer to Expected Outcome 1.1 Continuous improvement.

Examples relevant to Standard Two are listed below.

- An 'additional precautions kit' has been provided for staff, to ensure that sufficient supplies of protective equipment are available in the event of an outbreak of an infectious illness.
- The oral and dental care policies of the home have been reviewed at a corporate level, and a new process of auditing oral and dental care has been introduced to monitor the effectiveness of care provided to residents.
- A kit for managing residents experiencing a hypoglycaemic episode has been made available to staff.
- A revised medication competency assessment has been introduced. The process has been refined to provide additional education and support for care staff administering medications, and includes an annual reassessment of competency.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has procedures in place to ensure that all legislation in relation to health and personal care is identified and complied with. Registered nurses and allied health professionals employed by the home are required to provide evidence of their renewed registration on an annual basis. Currency of registration is monitored on a matrix, and outstanding registrations are followed up by management. Changes in legislation in relation to this Standard are tracked corporately, and staff are alerted to any changes by meetings or memoranda. Drugs of dependence and other medications are properly stored and administered.

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

Refer to Expected Outcome 1.3 Education and Staff Development for an overview of education and staff development system.

Mandatory and elective education sessions that have been held or are scheduled for this year related to Accreditation Standard Two include, but are not limited to the following topics:

- Competencies for medication management
- Management of skin tears
- Safe feeding techniques
- Dysphagia and thickened fluids
- Pain management

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. An interim care plan is implemented on admission, in consultation with the residents and representatives which guides staff practice until comprehensive assessments are completed and a full care plan is developed. Documentation reviewed indicated that processes for assessing, reviewing and evaluating care needs are undertaken in consultation with allied health professionals, care staff, and residents and representatives. Changes in treatment are reflected in the progress notes, recorded in the handover notes and staff advised they are informed when changes take place. Medical practitioners are available after hours (on call), and staff have access to clinical support through the Residential Care Line. Residents and representatives reported satisfaction with the clinical care provided.

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

Processes are established to ensure that all residents are assessed on admission and reviewed on an ongoing basis to identify their specialised care needs. Specialised nursing care plans are developed in consultation with the resident/representative, the medical practitioner and or other specialised services and are available to guide staff. Registered nursing staff assess, implement strategies, and monitor residents with specialised nursing needs, including wound care, diabetes management and pain management as required. Care staff deemed competent by a registered nurse also partake in procedures appropriate to their role. Care staff interviewed demonstrated awareness of reporting clinical incidents and critical events that they observe. Feedback from residents and representatives and documentation reviewed by the team indicated that residents receive the 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 can access their preferred health specialists in consultation with their medical practitioner and care staff as required. There are established referral processes in place for residents to be visited in the home by other health specialists such as podiatrists, speech pathologists, mental health specialists and domiciliary services. Documentation review confirmed that these systems and processes are used effectively. Residents and representatives interviewed reported that issues, which required 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

Medication-competent staff administer medications from a multi-dose system. Medication care plans are implemented to guide staff to administer residents’ medications safely and correctly. A registered pharmacist conducts annual reviews. Residents’ general practitioners routinely review residents’ medications and complete a competency assessment for those residents who wish to self-medicate. This is reviewed annually and on an ‘as needed’ basis. There are systems in place to ensure the correct ordering and disposal of medications, as well as systems for documenting and analysing medication errors. Staff interviewed were able to advise the team of corrective action to be taken in the event of a medication error and residents interviewed expressed satisfaction with the manner in which medications are managed.

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 residents with identified pain are assessed during medication rounds. Documentation review of pain management logs identified 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 and heat packs. 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

Information about residents’ and representatives’ preferences regarding terminal care wishes is documented at admission and the information is revisited during family case conferences or as required in accordance with changes in residents’ health care status. Resources that are available to enhance care delivery to palliative care residents include aromatherapy, music selections and pastoral support. Clinical care needs and pain management issues are addressed by qualified staff, with support from general practitioners, and palliative care specialists are consulted when required. All staff attend the Bethanie palliative approach training to ensure continuity of care provided. Staff interviews and review of documentation indicated that the comfort and dignity of residents are maintained during the terminal stages of life. Expressions of gratitude to staff from resident’s representatives were sighted for the quality of the care delivered during the terminal stages of residents’ lives.

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 and when a resident needs change. Documentation reviewed identified processes in place to support specific dietary needs and communication of residents’ needs, care alerts and preferences to staff. The menu providing choice to residents was clearly evident. Residents’ weights are monitored 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. Feedback from residents and representatives indicated that they are highly satisfied with the quality and quantity of food and fluids received at the home.

2.11 Skin care

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

Team’s recommendation

Does comply

An initial pressure risk assessment is conducted on admission to identify residents with actual or potential skin conditions. Preventative strategies include the use of pressure relieving mattresses, regular re-positioning, the use of emollient creams and referral to specialists such as on-site podiatry services. Hairdressing services are also available on site and staff attend to finger nail care for those residents who require support. Registered nurses manage all complex wounds and implement wound care plans. Wound statistics are

collated monthly and analysed to identify trends. Staff demonstrated an understanding of the strategies, resources and equipment available to prevent pressure areas and skin tears. Residents confirmed that staff apply residents' skin creams appropriately.

2.12 Contenance management

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

Team's recommendation

Does comply

Processes are in place to gather and collate information relating to residents' continence issues following admission. If continence issues are identified, further assessments are carried out over several days to establish patterns and preferences. Toileting assistance and aids are available when required. Staff report that they are provided with appropriate training and sufficient supplies of continence aids and equipment to enable them to effectively assist residents to manage their continence care needs. Assistance available includes regular toileting programs, provision of suitable continence aids, diet, hydration and bowel preparations to ensure residents' comfort and dignity are maintained. Observation of residents and staff practices during the audit indicated that the continence issues of residents are managed discreetly and effectively.

2.13 Behavioural management

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

Team's recommendation

Does comply

Background information on new residents is sought from family, friends and the aged care assessment team prior to admission to the facility. Systems are in place to identify, observe and assess the behaviours of residents, in conjunction with family members, medical personnel and nursing and care staff. Care plans outlining the identified behaviours and strategies to address them, are in place. Referrals are made to appropriate specialists and support to transfer to a more appropriate environment is provided as required. The facility strives to provide a restraint free environment for all residents. Staff interviewed were able to demonstrate specific preventative strategies in place for individual residents, such as diversional activities, music and massage. The team observed that interaction between care staff and residents was both caring and supportive. Residents and representatives interviewed demonstrated satisfaction with the way staff manage 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 annually thereafter, including a risk assessment. Specific

mobility needs are documented on the care plan, including aids required, fall risk alerts and specialist instructions. Staff attend “Be falls aware at Bethanie care” training to ensure continuity of care provided. Therapy care plans are reviewed annually or as required by the occupational therapist and physiotherapist. Residents are encouraged to maintain their mobility and dexterity by participating in the home’s activity program, which offers the residents 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 representative expressed satisfaction with the way in which 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

Resident’s baseline oral and dental needs are assessed and documented on admission to the home, and annually thereafter, with strategies to promote optimum oral and dental health being documented in the relevant section of the care plan. Strategies include assistance to residents to clean their teeth or dentures, ensuring they have appropriate oral health equipment, helping to remove and/or fitting of dentures, and arranging access to dental services if required. Documentation confirmed residents access the services provided annually by the annual government dentist. Feedback from residents/representatives indicated they are satisfied with the assistance provided by staff to maintain residents’ oral and dental health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory losses are identified on admission and strategies are implemented to manage these effectively and maximise each residents’ independence and interaction in activities of daily living, lifestyle and leisure. Specific care needs relevant to the residents’ needs are documented on care plans to guide staff in care provision. Staff interviewed demonstrated knowledge in identifying sensory loss by observation and resident feedback, and care interventions such as caring for spectacles and hearing aids. Residents have access to hearing and optometry services. The team noted assistive devices such as talking books, large print library books and videos are made available if needed. Residents advised that 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. Residents have individual rooms at the home and are able to close their doors at night to ensure privacy and quiet, allowing for restful sleep. Residents’ settling and sleeping patterns are identified on admission, and the strategies they use to achieve sleep are recorded on each resident’s care plan. Staff are aware of strategies available, including pharmacological and non-pharmacological interventions for sleep promotion. Staff are available at night to provide whatever assistance they can to residents. Residents interviewed indicated that the atmosphere created by staff at the home is conducive to sleeping, and that staff are available and supportive at night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

For further information, refer to Expected Outcome 1.1 Continuous improvement.

Examples relevant to Standard Three are listed below.

- The home has developed a shop for residents to access on a weekly basis, selling confectionary and personal items. Residents stated that they enjoy having the opportunity to choose items, and that having the shop increases their ability to remain independent.
- In response to a suggestion made by a consultant, the home is developing a sensory garden to enhance the lives of residents with sensory impairment. The improvement will be evaluated after completion.

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 in legislation relevant to resident lifestyle are communicated to staff through memoranda and meetings, or on a one-to-one basis. Staff are provided with education to ensure that they understand the legislated requirements in relation to resident lifestyle. Changes to policy and procedure are made in response to any changes. The charter of residents’ rights and responsibilities is displayed in the home and is included in the resident’s handbook on admission. Staff were observed to be protecting 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

For further information refer to Expected Outcome 1.3 Education and staff development.

Examples of education relevant to this Standard are listed below.

- Therapy assistant development day
- Privacy and confidentiality

- Prevention of 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

The home's admission process ensures that all residents and their representatives are orientated to the home and welcomed during a morning tea with a welcome card and gift. Residents are assessed during the settling-in period, which assists in identifying emotional support needs. A care plan is developed to inform staff of specific interventions and strategies to provide emotional support to residents during the settling-in phase and on an ongoing basis. The team noted that residents are encouraged to personalise their rooms and visiting by residents' families and friends is welcomed and encouraged. Attendance at individual and group therapy sessions and activities is monitored monthly to identify residents at risk of social isolation or withdrawal. The team observed, and residents and representatives interviewed confirmed, that staff provide effective emotional support to residents and their families.

3.5 Independence

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

Team's recommendation

Does comply

Residents at the home are encouraged to maintain their independence in a variety of ways. The cognitive, physical and emotional status of each resident is assessed on admission, and reviewed regularly. Residents have the opportunity to have telephones and internet access installed in their private rooms, the opportunity to manage their own social arrangements, if they wish, and staff facilitate these processes if they are unable to do so. Suitable aids, therapy programs and support from staff/volunteers ensure that residents' mobility and communication levels are maximised and that residents are able to participate in social events, either within the home or externally. Residents are also assisted to maintain their civil rights by voting at the home with an on-site polling booth provided. Residents/representatives advised that are satisfied with staff support to maintain independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

There are systems and processes in place to ensure each resident's right to privacy, dignity and confidentiality is respected. Staff described practices such as 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, staff communicated with residents and their families sensitively and compassionately, and all residents are assisted to preserve their social and personal dignity. Feedback from residents and representatives indicated that all residents' rights 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 admission process includes assessment by the occupational therapist, which identifies residents' preferences, interests and background information, and enables completion of personal and social history data. This information is incorporated into a specific and individual care and therapy program, and is used to formulate the activity program alongside feedback from residents. The varied program is coordinated by therapy staff and includes group activities such as bus trips and exercises, and individual activities such as massage. Suitable activities and equipment are provided for residents with sensory or mobility impairment, and activities are re-designed for residents with dementia. The varied activity program is regularly reviewed and updated in response to resident feedback and resident surveys are used to evaluate and review the activity programs. Attendance is recorded and analysed to identify residents at risk of social isolation, or the need to review residents' interests and preferences in relation to the activities program. Residents and representatives confirmed satisfaction with the variety of activities on offer and the assistance received from staff to facilitate participation.

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 on admission to the home, reviewed as required and communicated to staff via care plans. Residents have access to all religious denomination's for support on request, and through regular services held within the home. Staff demonstrated practices that foster and value residents' specific needs including assisting residents to access community groups and pastoral care. Residents' birthdays, days of significance and cultural days are celebrated in the home. Residents and representative interviews indicate satisfaction with the support they receive to meet their 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

The home assists and empowers residents and representatives to participate in decision making about care and services received through care conferencing, meetings, resident and representatives surveys, and an open-door policy for access to management. Resident's and representatives input is sought during care planning to accommodate individual needs and preferences, including choice of health professionals, personal care arrangements, dietary requests and activities. The staff access external advocacy services as required, and complaint forms and brochures for accessing the external complaints scheme are displayed within the home. 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

Policies and procedures guide staff in ensuring that residents have secure tenure at the home, and that they are aware of their rights and responsibilities. An initial meeting is held with the care manager prior to admission, and the resident agreement, security of tenure, and levels of care discussed. The resident agreement, which is updated at corporate level when required, outlines the rights and responsibilities of both the resident and service provider. Staff are provided with education on the rights of the resident, and attend compulsory training on their mandatory reporting obligations. Residents interviewed understood that they have secure tenure at the home, and stated that staff treat them with respect.

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

Refer to Expected Outcome 1.1 Continuous Improvement for an overview of the continuous improvement system.

Continuous improvement activities undertaken in relation to this Standard include the following.

- Maintenance staff have painted arrows on the pathways leading away from designated fire exits. The arrows will direct residents and staff to the emergency assembly area, to facilitate a timely evacuation of the building in an emergency.
- Security lights have been installed to provide better external lighting at the home. Staff commented favourably on the improvement.

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 planning, 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 notified of regulatory changes if they will be affected by the amendments.

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

Refer to Expected Outcome 1.3 Education and staff development for an overview of the education and staff development system.

Examples of education and staff development provided or planned relevant to this Standard are listed below.

- Fire and safety
- Infection control
- Safe food 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 recommendation

Does comply

The home has systems in place to ensure that the living environment is safe and comfortable, and meets residents' needs. Residents are accommodated in single rooms with ensuite bathrooms, and are given the opportunity to make their rooms home-like with personal memorabilia and items of furniture. Residents have access to outdoor areas, communal dining rooms and small living areas where they are able to entertain guests or chat with other residents. The building and equipment are maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. Monitoring of the living environment is conducted through the reporting and actioning of hazards, completing audits, resident surveys, and investigation of incidents. Residents and representatives expressed satisfaction with the living environment, and indicated that residents are able to socialise when they wish, and also have sufficient personal space to be comfortable if they prefer their own company.

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

The home has occupational health and safety systems in place to identify and address hazards in the work place. Issues are identified through hazard reporting, preventative maintenance schedules, resident risk assessments and accident and incident reporting procedures. Policies and procedures are available to guide management and staff in providing a safe living and working environment. Occupational health and safety is a regular agenda item at meetings, and staff receive annual manual handling education, as well as training relating to other safety issues. Resident and staff interviews, and review of documentation, indicated that the home monitors the safety of the environment and takes corrective action where deficits are identified.

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

Processes for identifying, managing and minimising fire, safety and security risks are in place. Fire fighting equipment includes extinguishers, blankets, smoke doors, hose reels and break glass alarms. A regular maintenance program for all fire and emergency equipment is established and up to date, and fire and emergency training is provided to all staff. Chemicals are appropriately stored and material safety data sheets are available for all chemicals on site. Staff demonstrated a clear understanding of actions to take on hearing the fire alarm or discovering a fire. Documented emergency procedures are available in strategic locations for staff reference, and include a list of the mobility needs of residents. Residents expressed confidence in the ability of staff to manage any emergency situation, and indicated that they feel safe at the home.

4.7 Infection control

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

Team's recommendation

Does comply

Effective infection control measures at the home ensure that communicable illnesses are minimised, and any infections are reported, addressed and managed in a safe and timely manner. All staff are provided with education on infection control on an annual basis, and staff interviewed demonstrated a good working knowledge of the principles of infection control. Monitoring of systems is via audits, clinical indicator data, hazard identification, maintenance and cleaning schedules, and by observation of staff practices. Systems in use to minimise infections include pest control, cleaning schedules, the use of personal protective equipment and stock rotation. Documentation review indicates that infections are managed appropriately, and that the number of infections occurring is kept to a minimum.

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 hospitality services are provided according to residents' needs and preferences. The home uses resident satisfaction surveys, audits, and verbal feedback from staff, residents and representatives to ensure the quality of the services provided. All meals are prepared on the premises and residents report that the chef is available to receive feedback regarding the meal, and makes adjustments accordingly. Cleaning staff follow documented cleaning schedules. Flat linen is laundered off site, and staff and residents report that sufficient linen supplies are always available and that linen is changed regularly. Residents and representatives reported that they were highly satisfied with the catering, cleaning and laundry services provided at the home.