Aged Care
Standards and Accreditation Agency Ltd

Bethanie Illawong
RACS ID 7128
1 Rodd Place
HAMILTON HILL WA 6163
Approved provider: The Bethanie Group Incorporated

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 19 June 2015.

We made our decision on 23 April 2012.

The audit was conducted on 20 March 2012 to 21 March 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1:   Management systems, staffing and organisational development
Principle:
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2:   Health and personal care
Principle:
Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

Standard 3:   Resident lifestyle

Principle:

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

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

Standard 4:   Physical environment and safe systems

Principle:

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

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

Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Bethanie Illawong 7128

Approved provider: The Bethanie Group Incorporated

Introduction

This is the report of a re-accreditation audit from 20 March 2012 to 21 March 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 20 March 2012 to 21 March 2012.

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

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

Assessment team

Team leader:	Brian Lee
Team member:	Shirley Rowney

Approved provider details

Approved provider:	The Bethanie Group Incorporated

Details of home

Name of home:	Bethanie Illawong
RACS ID:	7128

Total number of allocated places:	39
Number of residents during audit:	37
Number of high care residents during audit:	14
Special needs catered for:	Nil specified

Street:	1 Rodd Place	State:	WA
City:	HAMILTON HILL	Postcode:	6163
Phone number:	08 6222 9500	Facsimile:	08 6222 9519

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	9
Regional manager	1	Clinical nurse consultant	1
Maintenance management	2	Therapy services manager	1
Facility supervisor	1	Chef	1
Physiotherapy	1	Occupational therapy	1
Domestic cleaner	2	Therapy assistant	1
Registered nurse	1	Volunteers	1
Multi-skilled care staff	6	Hospitality staff	1
Pastor	1		

Sampled documents

	Number		Number
Residents' files	5	Medication charts	6
Summary/quick reference care plans	5	Personnel files	4
Resident agreements	3		

Other documents reviewed

The team also reviewed:
- Accident/incident reports and analyses
- Activity attendance records, planner and program
- Activity statistics
- Annual leave planner
- Audits/surveys and action reports
- Care plan evaluation records
- Change in fee notice
- Chemical inspection report
- Cleaners schedule and signing sheet
- Comments and complaints file
- Communication books and diaries
- Continuous improvement file
- Contractor agreement
- Doctors' referral and communication book
- Downtime medication and signing sheet file
- Duty statements
- Electronic care system
- Electronic maintenance documentation
- Electronic medication management system
- Emergency procedure file including resident mobility list
- Fire equipment maintenance/service records

- Fridge temperature monitoring records
- Hazard report
- Hospitality service records and food safety program
- Infection control records, and relevant information
- Job descriptions
- Kitchen daily/weekly cleaning schedule
- List of preferred suppliers
- Material safety data sheets
- Meeting minutes
- Memoranda
- Menu
- New staff and agency orientation documentation
- Outbreak file
- Police and professional registrations records
- Policies and procedures
- Records of residents' weights
- Regulatory compliance file
- Resident assessment tool package
- Resident welcome pack including handbook
- Resident, volunteer and staff handbooks
- Residents' information handbook
- Residents' information package and surveys
- Roster
- Staff competencies and matrix
- Staff education planner and attendance register
- Staff handbook
- Volunteers file
- Wound care file.

Observations

The team observed the following:
- Access to internal and external complaints mechanism
- Activities in progress
- Charter of residents' rights and responsibilities
- Chemical storage
- Electronic management systems
- Equipment and supply storage areas
- Fire panel, emergency exit signage and evacuation plans
- Food safety certificate displayed
- Hand washing facilities, hand gel and personal protection equipment
- Interactions between staff and residents
- Living environment
- Medication storage and administration
- Notice boards and displayed information
- Orientation of new staff member
- Provision of care and services and staff responses to residents' requests for assistance
- Residents' access to call bell and mobility aids
- Residents' general appearance
- Spill kit
- Suggestion box
- Tagged electrical and fire fighting equipment
- Visitor sign in/out books
- Visitors attending the home and residents assisted to go on outings.

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1   Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems and processes to plan, identify, implement and review continuous improvement activities. Opportunities for improvement are identified via multiple mechanisms, such as suggestions from feedback forms, accident/incident reports, hazards and maintenance reports, audits, surveys and meetings. Information from these sources is logged and acted upon and improvements requiring ongoing action are added to the plan for continuous improvement. Information regarding continuous improvement is provided to residents and staff via information handbooks and meetings. Staff, residents and representatives reported they are encouraged to contribute to the home's pursuit of continuous improvement and are satisfied with management's responsiveness to feedback.

Examples of recent or current improvement activities related to Standard 1 are described below.

- Following resident feedback, management identified that the feedback form for comments and complaints was confusing for residents and/or representatives to complete. As a result, in consultation with staff and resident/representatives, the form has been redesigned to incorporate simpler questions, colour and larger print. Staff, residents and representatives reported the form is easier to use and looks less official and they would be happy to use the form when an opportunity arises.
- Management identified residents' next of kin and the second contact person information is not always available or current. As a result, letters were sent to families asking for the contact details and to remind them to notify the home of any changes. This data has been entered onto the electronic system and is updated regularly by staff. Staff reported they feel confident in contacting the next of kin or secondary back-up person and when sending information by post the correct address is used.

1.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines. The organisation has subscription and membership to legislative alert systems, industry groups and peak bodies that advise of updates and legislation changes. Compliance is monitored through internal and external audit processes. The home has a system to monitor police checks on new and existing staff and volunteers, to meet regulatory requirements. The home provides residents,

representatives and staff with information pertaining to the external complaints mechanism. Staff reported that they are made aware of any relevant changes through various mechanisms, including team meetings, memoranda and policies. Residents and representatives reported that they were informed of the re-accreditation audit.

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

Team's findings
The home meets this expected outcome

The home's education program ensures that staff have the knowledge and skills to perform their roles effectively. Management uses feedback and requests from staff and residents, satisfaction surveys, observation of work practice and accident/ incident reports to identify training needs. The organisation provides sessions that are mandatory and elective and records of attendance are maintained. There is a 'buddy' system to support new staff through the induction and orientation process; competency-based training is provided by clinical staff. Staff reported they receive appropriate education to enable them to perform their duties effectively. Residents reported staff has sufficient skills and knowledge to attend to their needs.

Examples of education and training related to Standard 1 are listed below.
● Customer feedback and complaints
● Documentation
● Mandatory reporting
● Rights and responsibilities
● Working effectively with others in the workplace.

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

Team's findings
The home meets this expected outcome

There are systems and processes to ensure each resident, their representatives and other interested parties have access to internal and external complaints mechanisms. Information is provided in resident formal agreements and during orientation. The home displays brochures and literature regarding external complaints and advocacy mechanisms. Comments and complaints are followed up promptly by management and added to the plan for continuous improvement when appropriate. The effectiveness of the comments and complaints mechanisms is monitored via audits. Staff reported many residents verbalise issues and management is approachable and responsive to feedback. Residents and representatives reported they have access to internal and external complaints mechanisms and are satisfied with the way feedback is managed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission statement, philosophy and objectives are documented and displayed, and are available in the residents' and relatives handbook. These statements incorporate the home's commitments to provide excellence in care, accommodation and support to enhance the quality of life for residents. The induction for new staff includes discussion of the organisation's values, mission and principles of the organisation.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

There are systems and processes to review staffing levels and skill mix in relation to changes in residents' needs. Staff are employed against set criteria as required for each role and undertake corporate orientation. Initial supervised shifts ensure they are competent to perform the required tasks. Mandatory, optional, and competency-based training is provided. Staff performance is monitored via feedback mechanisms such as complaints, clinical indicators, surveys and performance appraisals. The home has an automated roster system and absenteeism is covered by staff doing extra shifts or by utilising agency staff. Staff reported they have sufficient time to complete their tasks. Residents and representatives reported satisfaction with the responsiveness and adequacy of care and services provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the purchase, use, storage, maintenance and management of appropriate goods and equipment required for quality service delivery. Corrective and preventative maintenance programs are in place to ensure all equipment is regularly checked and serviced. Regular audits and environmental inspections are undertaken to ensure goods and equipment are maintained at sufficient levels and are correctly maintained, stored and used safely and effectively. Stock items are rotated on arrival and chemicals are stored securely with relevant material safety data sheets. Staff and residents reported satisfaction with the availability, suitability of goods and equipment and that maintenance issues are dealt with in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are organisational systems and processes to guide the effective collection, use, storage and destruction of information in accordance with regulatory requirements. Staff are provided with information via policies and procedures, care plans, memoranda, noticeboards, at handover and meetings. Information was observed to be stored securely and staff sign contracts that contain a confidentiality clause. Electronic information is backed-up daily, protected with secure passwords and has levels of access. There are processes for the collection and analysis of information and audits are conducted in accordance with a schedule to monitor the effectiveness of the home's systems. Residents and representatives are provided with information via the resident pre-admission pack, resident agreement, meetings, newsletters and care conferences. Staff reported they have access to appropriate information to help them perform their roles. Residents and representatives reported they are satisfied the home provides sufficient 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 findings

The home meets this expected outcome

There are systems and processes to ensure all external sourced services are provided to meet the home's needs and quality of service. External contractors are appointed at an organisational and site level. There is a list of preferred suppliers and contractors to guide the purchasing of goods and services. Service agreements are established for suppliers and describe the responsibilities of the relevant parties and key performance measures to ensure they meet the requirements of the home. The quality of services is monitored via various feedback mechanisms, including staff and resident feedback, reports and internal audits. Police checks are monitored to ensure currency is maintained. 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 findings
The home meets this expected outcome

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

Examples of recent or current improvement activities related to Standard 2 are described below.
● The organisation identified the opportunity to introduce an electronic medication administering 'tablet device', which is linked to the homes electronic documentation system. Staff reported competency training was provided and they find the system easy to use. Management reported the system has improved confidence in the management of residents' medication and there are less medication errors.
● Following a suggestion from staff, wall mounted glove holders have been installed next to existing alcohol gel stations. Staff reported this initiative has enhanced infection control practices.
● Management identified the need to monitor and discuss individual resident's clinical and safety issues on a regular basis. As a result weekly/fortnightly multidisciplinary care team meetings have been introduced. Documentation of meeting minutes shows individual residents' care needs including fall prevention strategies are discussed and monitored. Management reported the meetings have enhanced residents' care provision and provide a forum for all staff to provide feedback pertaining to individual resident care.

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

Team's findings
The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Medication is stored safely, and is administered by competent staff. Initial and ongoing assessment of high care residents is carried out by registered nurses and professional registrations for nursing staff are monitored.

2.3   Education and staff development

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

Team's findings
The home meets this expected outcome

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

Examples of education and training undertaken related to Standard 2 are listed below.
- Continence care
- Dementia and behaviour management
- Oral and dental care
- Nutrition and hydration
- Pain management
- Palliative care
- Skin integrity and wound care.

2.4   Clinical care

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

Team's findings
The home meets this expected outcome

Residents receive clinical care services to meet assessed needs and preferences. A comprehensive range of assessments is undertaken when residents move into the home, and care plans are developed based on the assessed information. Residents' needs and care interventions are evaluated six monthly and as required, in consultation with the resident's general practitioner, nursing and allied health staff; residents and representatives are encouraged to participate in the process. Changes in residents' needs and preferences are monitored, staff hold handover sessions and care plans and diaries are used to assist staff communication about care changes. Clinical incidents are monitored and analysed to identify trends and opportunities for improvement. Residents and representatives interviewed stated they are consulted about residents' clinical care and residents expressed satisfaction with the supply of clinical care services.

2.5   Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Residents' specialised nursing care needs are identified on entry to the home and care is implemented under the direction of qualified nursing staff. 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 practices. Registered nurses assess, implement strategies and monitor residents with specialised nursing needs and have access to external support services if required. Information and directives from medical practitioners and specialist health services are documented in residents' care plans. Direct care staff that are deemed competent by a registered nurse participate in supervised procedures appropriate to their role. Care staff interviewed demonstrated awareness of reporting clinical incidents and critical events they observe. Residents and representatives

interviewed stated residents are satisfied and receive specialised care according to their needs and preferences.

2.6 Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

Residents are referred to health specialists according to their initial and ongoing assessed needs and preferences. Clinical assessments, the residents' medical history and consultation with residents and representatives provide information on residents needs for other health related services. There are established referral processes for residents to be visited in the home by other health specialists such as podiatrist, speech pathologist, mental health specialists and dietician. Information and recommendations arising from specialist reviews are included into residents' notes and care plans; changes to care are implemented and evaluated. Residents and representatives interviewed stated they are consulted about referrals and are satisfied with access to health specialists as needed.

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

Team's findings
The home meets this expected outcome

Residents' medication is stored and administered safely and managed correctly by staff. An electronic medication system contains relevant information for medication competent care staff to safely assist residents with their medication via a prepacked multi-dose blister pack. Registered nursing staff direct and monitor the administration of 'as required' medication by staff. Residents' medical practitioners routinely review residents' medication and complete competency assessments for those residents who wish to administer their own medication; this is reviewed six monthly or when necessary. Medication incidents are recorded and trended monthly and are used to monitor the medication system and staff practices. A registered pharmacist conducts regular reviews of residents' medication and communicates findings to the home and residents' medical practitioners. Residents and representatives interviewed stated they are satisfied that residents' 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 findings
The home meets this expected outcome

Residents are assessed and monitored to be as free from pain as possible. Each resident is assessed for verbal and non-verbal signs of pain on entry to the home and on an ongoing basis. Residents with identified pain have care management plans developed that detail identified triggers and a range of care strategies to manage an individual's pain. Care plans and strategies are evaluated regularly to monitor effectiveness of interventions and minimise residents' pain levels. Pain management logs identify medication used as pain relief, and interventions and outcomes are recorded to evaluate if the pain is managed. Staff described the processes in place for responding to residents who have pain, including prescribed pain

relief medication, re-positioning and rest, exercise programs and the use of comfort devices such as cushions and heat packs. Residents and representatives interviewed stated they are satisfied with the home's approach to residents' pain management.

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

Team's findings
The home meets this expected outcome

The comfort, dignity and wishes of terminally ill residents are maintained and respected. Information about residents' and representatives' preferences regarding terminal care wishes is discussed on entry to the home and the information is addressed during family case conferences or as required in accordance with changes in residents' health care status. A multidisciplinary approach to palliative care enables staff to work collaboratively with spiritual and counselling services to develop, manage and support the residents' spiritual, emotional and health care needs during their palliative period. Representatives are supported during this time and staff reported that families are encouraged to remain with the resident, as they wish. Staff reported they have sufficient equipment, knowledge and training to enable them to provide palliative care and stated that residents' families reported positively on the end of life care services and support provided by the home.

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

Team's findings
The home meets this expected outcome

Residents are provided nourishment and hydration in accordance with their needs and preferences. The home documents, reviews and communicates each resident's special dietary requirements, likes and dislikes, allergies and any assistance required to relevant staff. Residents weights are recorded when they move in to the home and are monitored monthly and as required. There are processes to action variances, including commencement of supplements and referrals to health professionals such as the dietician. A range of fortified and modified diets and adaptive cutlery and crockery is available as required. Residents and representatives interviewed stated they are satisfied residents' nutrition and hydration needs are being met.

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

Team's findings
The home meets this expected outcome

Residents' skin integrity is consistent with their general health and is assessed when they move into the home and on an ongoing basis. Interventions and strategies to maintain skin integrity are developed along with a range of aids and specialised equipment and these are documented on care plans. Residents' skin condition is monitored by direct care staff during daily care provision and any changes are reported to the care supervisor or registered nurse. Variation to skin integrity is recorded and trends monitored and action taken as required.

Registered nurses manage all complex wounds and all residents who require wound management have an individual wound assessment and care plan to ensure continuity of care, ongoing monitoring and recording of wound activity. Specialist wound care services are also available if required. Residents and representatives stated they are satisfied with the care provided in relation to residents' skin care management.

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

Team's findings
The home meets this expected outcome

Residents' continence is managed effectively. Consultation is undertaken with each resident to identify abnormalities and to develop strategies. Initial and ongoing assessments are used to develop individualised toileting programs and selection of continence aids. Residents are assisted to manage their continence through a range of measures including scheduled toileting regimes, the use of suitable continence aids, dietary and hydration strategies. Infections are monitored regularly and strategies are implemented as necessary. A designated staff member coordinates the continence supplies and has access to external continence advisors. Care staff reported they receive training and are provided with sufficient supplies of continence aids and equipment to effectively assist residents to manage their continence needs. Residents and representatives interviewed stated they are satisfied residents' continence needs are being met.

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

Team's findings
The home meets this expected outcome

Residents' behaviours are managed to effectively minimise the impact on other residents. Residents are assessed on entry into the home or when altered behaviours are noted. Behaviour assessment tools assist staff to monitor residents' behaviour patterns and identify triggers to behavioural changes. Information is reviewed by the registered nurse and care plans are developed to include interventions and diversional activities to assist staff to minimise or prevent challenging behaviours and their effect on other residents. Behavioural consultants and mental health resources are available to assist and support staff and referrals are made in consultation with medical practitioners and representatives.

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

Team's findings
The home meets this expected outcome

Residents achieve optimum levels of mobility and dexterity. Residents have their mobility needs screened by nursing staff on entry to the home and are referred to allied health specialists as required. A falls risk assessment identifies residents at risk of falling, strategies are planned in consultation with residents and representatives and individual care plans are developed and evaluated six monthly or when required. The therapy assistant supports residents with individualised physiotherapy programs and incorporates gentle exercises into

various group activities. Residents who are unwilling or unable to participate are offered individual therapy sessions. Resident falls are reported and recorded, investigated for causative factors and preventative measures are undertaken. Residents and representatives reported satisfaction with the home's management of residents' mobility and dexterity needs.

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

Team's findings
The home meets this expected outcome

Residents' oral and dental health needs are identified and the level of assistance required is recorded in care plans and evaluated regularly to assess the effectiveness of care interventions. A domiciliary service is offered for residents or referrals are provided to external dental health specialists in consultation with residents and representatives. Staff interviewed stated they routinely support oral care for residents and monitor that residents have access to oral health equipment and products. Residents and representatives reported satisfaction with the support provided 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 findings
The home meets this expected outcome

Residents' sensory losses are identified and managed effectively. Assessments of residents' sensory needs are completed when residents enter the home and when a change is identified. Care plans are developed and outline interventions and strategies to assist staff in managing sensory deficits. Residents have access to health specialists including audiologist and optometrists; information following consultation is communicated to care staff and documented on care plans. The home has assistive devices such as large print and talking books and the activities program is designed to provide opportunities for residents' sensory stimulation. Residents and representatives stated they are satisfied with the way the home manages residents' sensory losses.

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

Team's findings
The home meets this expected outcome

Residents are assisted to achieve natural sleep patterns. Sleep assessments are conducted for all residents to identify sleep patterns and any disturbances. Settling plans and preferred rising times are documented and regularly reviewed and are reflective of observed changes in resident preferences or comfort. Residents' sleep routines are monitored overnight by staff and any disturbed sleep patterns are reported to registered staff for further review. Residents may be referred to a medical officer when sleep issues are identified and cannot be resolved through natural interventions. Residents and representatives reported being satisfied with the support provided to residents to achieve restful sleep at night and residents reported that they are not disturbed during the night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of recent or current improvement activities related to Standard 3 are described below.

- The organisation identified the opportunity to enhance the occupational therapy service. A central allied health and lifestyle support consultant role has been created to provide therapy service support and training. Staff reported regular network meetings take place across the organisation, providing a forum for standardised work practice and discussion. Staff also stated the 'Inside therapy' newsletter provides valuable information; ideas taken from the network meetings have enhanced the therapy service for residents.
- A resident suggested it would be nice to travel further afield than the bus trip provided. As a result the therapy team carried out a feasibility/occupational health and safety study, to take residents on a train trip. Consequently eight residents were taken on the initial train trip. Residents reported the trip brought back lovely memories and they felt part of the general community travelling on public transport. Management informed us following feedback from residents the train trips are planned to take place twice yearly.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Staff are informed of changes relevant to resident lifestyle through training, memoranda, and meetings. The Charter of residents' rights and responsibilities is displayed in the home and is included in the resident handbook. Policies and procedures are in place for the compulsory reporting of elder abuse and unexplained absence. Residents and/or representatives are informed via letter if any changes in fees arise. Staff sign confidentiality agreements and were observed to be mindful of residents' privacy and dignity. Residents and representatives reported they are informed of any changes to fees and they are aware of residents' rights and responsibilities.

3.3   Education and staff development

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

Team's findings
The home meets this expected outcome

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

Examples of education and staff development undertaken relevant to Standard 3 are listed below.
- Dining experience- hospitality table service
- Happy hearing
- Grief and loss
- Therapy activity planning.

3.4   Emotional support

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

Team's findings
The home meets this expected outcome

Residents receive support on entry to the home and on an ongoing basis. Pastoral, activity and direct care staff orientate new residents and representatives to the home and provide support in the transition to the residential community living environment. Residents are assessed during the settling-in period, which assists in identifying emotional support needs. Care plans are developed to guide staff interactions and are reviewed regularly and updated as needed to ensure each resident's needs are being met. 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. Residents and representatives interviewed reported they are satisfied that residents' emotional needs are being met.

3.5   Independence

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

Team's findings
The home meets this expected outcome

Residents are assisted to achieve maximum levels of independence and maintain links with the community within and outside the home. An occupational therapist and a physiotherapist assess each resident's functional abilities when they move into the home and regularly thereafter. Therapeutic and exercise programs are scheduled to aid residents' functional abilities and assistive devices for mobility, meals, communication and toileting are provided as required. Staff interviewed described strategies to maintain residents' independence in accordance with individual abilities. Residents and representatives interviewed stated they are satisfied with the assistance provided to residents to maintain independence according to care needs and preferences.

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

Team's findings
The home meets this expected outcome

Residents are informed of their rights to privacy when they enter the home. Residents' information, including care plans, files and financial information, is securely stored. On commencement of employment personnel sign confidentiality statements and receive initial and ongoing training in relation to privacy and dignity. Files containing residents' personal information are stored in locked areas, with access limited to authorised staff and visiting health professionals. Computers are password protected. Staff interviewed demonstrated knowledge of practices to maximise the privacy of residents and maintain confidential information. Residents and representatives interviewed reported residents' privacy, dignity, and confidentiality is maintained and respected.

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

Team's findings
The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of activities of interest to them. On entry to the home, residents are assessed by therapy staff to identify each resident's social history, leisure interests, cultural and spiritual needs and preferences. Care plans are developed from assessed needs and reviewed on a regular basis to ensure changes with residents' individual needs and preferences are updated. The activity program is delivered by the therapy staff and suitable activities and equipment are provided for residents with sensory or mobility impairment. 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 interviewed reported they are well supported and encouraged by staff to participate in activities and interests offered.

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

Team's findings
The home meets this expected outcome

Residents' interests, customs, beliefs and cultural backgrounds are used within the home to direct care and services. Residents and representatives have access to all religious denominations 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 stated satisfaction with the support residents 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 findings
The home meets this expected outcome

Residents participate in decisions, receive services and exercise choice and control over lifestyle whilst not infringing on the rights of other people. Residents and representatives are consulted regarding care planning when possible and residents choose daily routines of times for rising and retiring, meal preferences and attendances at activities. Authorised representatives are identified to make decisions on behalf of residents who are unable to act for themselves. Staff interviewed gave examples of how residents are provided with choice and encouraged to make their own decisions. Residents and representatives interviewed stated residents are encouraged and able to exercise choice and control over care and services they receive.

3.10 Resident security of tenure and responsibilities
This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings
The home meets this expected outcome

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

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of recent or current improvement activities related to Standard 4 are described below.

- The home identified the dining room didn't provide a homely environment and staff didn't always serve at tables in an appropriate manner. A review of the dining room, in consultation with residents and staff, was undertaken. As a result, residents' chose the coloured table cloths for each daily meal service. New crockery/cutlery and glass salt and pepper dispensers have been purchased to assist residents. Staff reported that they received training in hospitality table service to enable them to serve meals to residents in an appropriate manner. Residents interviewed and lunchtime observation indicated that the dining room environment and meal service provides residents with an enjoyable dining experience.
- Staff reported that the working conditions in the kitchen are uncomfortable due to the heat. As a result wall fans have been purchased and installed. Staff reported that the kitchen fans have cooled the kitchen effectively.

4.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems".

Team's findings

The home meets this expected outcome

There are systems and processes to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Mandatory fire training is provided for staff, and the home has regular fire safety checks by approved contractors. Staff attends training in food safety, and use personal protective equipment appropriately. There are reporting mechanisms for accidents, incidents and hazards. Material safety data sheets are kept where chemicals are stored, and infection control resources and guidelines are available in the event of an infectious outbreak.

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

Team's findings
The home meets this expected outcome

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

Examples of education and staff development undertaken relevant to Standard 4 are listed below.
- Chemical awareness
- Fall prevention
- Food safety
- Fire and emergency
- Infection control
- Manual handing
- Occupational health and 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 findings
The home meets this expected outcome

Residents' accommodation is single rooms, with bathroom and kitchenette facilities. Residents reported that they are encouraged to personalise their room with personal items and furniture and have safe access to communal and private living, dining and outside areas. Call bells are accessible and suitable equipment and adjustable furniture is provided. There are centrally located internal and external communal areas that are used for social and therapy activities A preventive and corrective maintenance program is in place to ensure fixtures and fittings are safe and in working order. Comfortable ambient temperatures are maintained. Hazard reports and environmental audits monitor the living environment for safety and cleanliness and any issues identified are actioned. Residents reported satisfaction with their living environment.

4.5 Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

The home has systems to provide a safe working environment by regularly assessing and monitoring to identify potential hazards, reduce any risks and provide feedback to staff. Environmental audits are used to monitor the safety of the living and working environment, and ensure that regulatory requirements are met. The preventative and reactive maintenance program, including the use of external providers, assists in maintaining a safe working/living environment. All accidents and incidents are documented and investigated with appropriate corrective and preventative actions taken to address issues as they are identified. Staff gave

examples of working practices that support them and are knowledgeable in occupational health and safety issues related to their job role.

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

Team's findings
The home meets this expected outcome

There are processes for identifying, managing and minimising fire, safety and security risks. Fire fighting equipment including extinguishers and blankets is readily available and identified with signage. A program of scheduled maintenance of all fire and emergency equipment is established and up to date. Fire and emergency training is provided to staff and attendance at these sessions is monitored. The fire and emergency evacuation procedure file is clearly visible. Chemicals are appropriately stored with material safety data sheets. Staff and residents reported awareness of emergency procedures and actions they are to take in the event of a fire.

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

Team's findings
The home meets this expected outcome

The home has an infection control program to effectively identify, contain and prevent infection. Some of the measures that contribute to the effectiveness of the program include the provision of personal protective equipment, a vaccination program, hand washing facilities, a food safety program, waste management and pest control measures. Staff are provided with infection control information at induction and infection control is an annual mandatory training component. Compliance monitoring occurs through environmental audits and analysis of the incidence of infections. Staff have access to the organisation's consultant and demonstrated awareness of infection control procedures. Residents and representatives reported satisfaction with the actions taken by staff to control the risk of cross-infection

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

Team's findings
The home meets this expected outcome

Catering, cleaning and laundry services are provided to assist residents and enhance their quality of life. Seasonal four-weekly rotating menus are provided and a range of meal choices are available. Residents can provide feedback on meal quality and service at resident meetings, or via feedback forms and surveys. Cleaning staff use colour-coded equipment and follow documented cleaning schedules. Residents' personal items are laundered at the home. Laundry service of linen is carried out externally and regular deliveries ensure adequate linen stock levels are maintained. Residents and representatives reported they are satisfied with the catering, cleaning and laundry services provided.