



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bethel Village Hostel

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

The Agency has decided that the period of accreditation of Bethel Village Hostel is three years until 7 November 2013.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Bethel Village Hostel		
RACS ID:	7206		
Number of beds:	85	Number of high care residents:	47
Special needs group catered for:	Residents with dementia and associated conditions		
Street:	2 Bethel Way		
City:	ALBANY	State:	WA
		Postcode:	6330
Phone:	08 9842 3263	Facsimile:	08 9841 8480

Approved provider

Approved provider:	WA Baptist Hospital and Homes Trust Inc
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Assessment team

Team leader:	Karen Malloch
Team member:	Cristian Moraru
Dates of audit:	10 August 2010 to 11 August 2010

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

Accreditation decision

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

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Bethel Village Hostel
RACS ID	7206

Executive summary

This is the report of a site audit of Bethel Village Hostel 7206 2 Bethel Way ALBANY WA from 10 August 2010 to 11 August 2010 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 Bethel Village Hostel.

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 10 August 2010 to 11 August 2010

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:	Karen Malloch
Team member:	Cristian Moraru

Approved provider details

Approved provider:	WA Baptist Hospital and Homes Trust Inc
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Details of home

Name of home:	Bethel Village Hostel
RACS ID:	7206

Total number of allocated places:	85
Number of residents during site audit:	79
Number of high care residents during site audit:	47
Special needs catered for:	Residents with dementia and associated conditions

Street:	2 Bethel Way	State:	WA
City:	ALBANY	Postcode:	6330
Phone number:	08 9842 3263	Facsimile:	08 9841 8480

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bethel Village Hostel.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents and representatives	12
Regional manager	1	Physiotherapy assistant	1
Registered nurses	1	Volunteer/representative	1
Enrolled nurses	2	Clinical care coordinator other home	1
Clinical care coordinator	1	Administration assistant	1
Care staff	7	Laundry staff	1
Business support officer	1	Cleaning staff	2
Physiotherapist	1	Maintenance staff	1
Occupational therapist	1		

Sampled documents

	Number		Number
Residents electronic care records	8	Medication charts	8
Therapy care plans	8	Personnel files	6
Service agreements	4		

Other documents reviewed

- Aged care channel resource file
- Allocation of pad list August 2010
- Assessment schedule
- Audits/surveys schedule and results
- Blood glucose monitoring records
- Call bell audit April 2010
- Care plan review schedule
- Care policy manual
- Catering file by external outsourced service
- Cleaning audits
- Clinical indicators
- Comments and complaints file
- Completed requisition order forms
- Continuous improvement logs 2010 and plan for continuous improvement
- Cultural diversity – corporate orientation package March 2010
- Dietary forms 2010
- Domestic log file
- Duty lists
- Evening choice snack forms
- External audits
- External food safety assessment
- Falls prevention meeting minutes
- Family conference file
- Fridges temperature testing records
- Human resources policies and procedures
- Infection surveillance records and infection control file
- Job descriptions
- Medication competencies
- Memos
- Menu
- Minutes of meetings, clinical staff, staff, residents and representatives,
- News bulletins
- Newsletter
- Resident weight records
- Restraint authorisation
- Staff communication book
- Supplement signing sheet
- Therapy roster and statistics
- Wound care file
- Position descriptions file
- Regulatory compliance file
- Police checks matrix
- Residents and family satisfaction survey 2010
- Residents handbook
- Restraint file
- Themes for monthly safety inspections
- Training file 2010
- Wheelchair cleaning draft schedule.

Observations

- Activities in progress
- Concert in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Laundry and cleaning schedules
- Living environment
- Medication storage and administration
- Notice boards, white boards with displayed information
- Occupational safety and health file
- Oxygen cylinder storage
- Resident placement cards with colour coded dietary requirements
- Residents meal service
- Residents evacuation list
- Sensory garden
- Shift allocations
- Spills kit
- Storage of medications
- Suggestions box.

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 that the service operates.

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems and processes in place to assist it in actively pursuing continuous improvement across all four Accreditation Standards. The continuous improvement system is formalised in the home’s policy and procedure and involves the completion of a log identifying the issue, proposed solution, action, and evaluation. Information about this process is documented in staff position descriptions and staff and residents’ orientation documents and is discussed during performance appraisals. The home reviews improvement logs and progress on the plan for continuous improvement at meetings. The team observed that the plan for continuous improvement is available for staff perusal. Staff, residents, and representatives interviewed reported they are encouraged to contribute to the home’s pursuit for continuous improvement process and make suggestions for improvement.

Examples of recent improvements undertaken or in progress in relation to Standard One are described below.

- Management identified that the home’s memoranda system was not being used effectively. As a result, management made changes to current procedure, and now all memos are provided to staff directly via pigeon hole and signed off by the administration staff as delivered. Management reported, and the team observed, that copies of memos are stored in a master folder for reference. Staff interviewed reported that communication has improved.
- Management identified care staff appraisals were overdue. As a result, a process was implemented to ensure all staff have a performance appraisal by end of July 2010. Management reported, and documentation viewed by the team showed, that staff performance appraisals are current.

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

There are systems in place to identify and ensure compliance with legislation, professional standards, codes of practice, and guidelines relevant to residential aged care. The home receives legislative updates from the organisation, and Government departments. Staff are informed of regulatory requirements specific to their roles in position descriptions and during orientation. This information is updated as required through the home’s education program, meetings, noticeboards, or memoranda. The home’s regulatory compliance is audited via an auditing program and human resource processes. Documentation viewed by the team showed that the home has access to an established electronic tracking of police checks that is maintained by the organisation’s payroll department. Residents and representatives reported, and documentation viewed by the team showed, that they had been informed of the 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 recommendation

Does comply

The home has a system in place to ensure that management and staff have the knowledge and skills to perform their roles effectively via selection criteria, an orientation and buddy system, education program, position descriptions, and staff appraisals. Mandatory and clinical training, self-directed learning packages, and in-house education sessions are provided in response to residents' needs, performance appraisals, and regulatory requirements. Staff interviewed reported that internal and external training opportunities are advertised via noticeboard, electronic messaging, and meetings. Personnel files viewed by the team showed that staff have current competencies specific to their roles. Residents and representatives advised, and a recent satisfaction survey viewed by the team showed, that management and staff are knowledgeable and perform their roles effectively.

Examples of education and staff development undertaken or in progress relevant to Standard One are listed below.

- Advocacy services
- Corporate and site orientation
- Electronic care management system
- Harmony in the workplace
- Leadership and communication for enrolled nurses and mentors
- Regulatory compliance.

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

There are processes in place to ensure that residents and representatives receive information regarding the internal and external complaints mechanism via meetings, care conferences, and resident handbook and agreement. Suggestion boxes are located in a public area at the home, and feedback forms are prominently placed throughout the home. Brochures relating to the advocacy services and external complaints mechanism are available for residents and representatives. Management reported, and documentation confirmed, that complaints are followed up, feedback is provided to the originator as appropriate, and monitored to identify opportunities for improvement. Staff reported they advocate on behalf of residents. Residents and representatives interviewed reported using formal and informal processes with staff and management as ways of resolving issues, and are satisfied with the access to complaints processes.

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 organisation's new vision and mission statement is on display for residents, representatives and staff. Management reported, and documentation viewed by team showed, that the new statement has been discussed at relevant meetings, and documented in a corporate orientation presentation dated April 2010.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has a system in place to manage human resources that is underpinned by policy and procedures, regulatory requirements, and includes performance management, recruitment and orientation, and training and development. Staff availability, skill mix, competencies, and clinical roles are taken into account when rosters and house allocations are developed to meet the residents' needs and the home's operations and maintenance. Staff are employed on a permanent and casual basis, and are available as replacements during times of leave, or absenteeism, to ensure adequate coverage of staff. Management monitors staff performance via feedback and reporting mechanisms, internal audits, residents' satisfaction surveys, and performance appraisals. Staff confirmed the adequacy of staff levels and skills at the home. Residents and representatives expressed 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 recommendation

Does comply

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. Designated staff order and maintain stocks and supplies, ordering is done electronically and systematically, and the goods and equipment are stored appropriately. An unscheduled and preventative maintenance program is in place to ensure that all equipment, the building, and the grounds remain operational. Staff advised they use the feedback forms when stocks are low, repairs are made in a timely manner, and management are responsive to requests for additional goods or equipment. Residents and representatives interviewed reported satisfaction with the availability and suitability of goods and equipment provided.

1.8 Information systems

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

Team's recommendation

Does comply

The home has established processes to facilitate the collection, analysis, and dissemination of information related to resident care, business and operational issues, and uses this information to monitor service delivery. The organisation reviews the policy and procedures in response to legislative requirements and best practices, and this information is updated on the organisation's shared website, and is also made available in hard copies. Information from reporting and feedback mechanisms is routinely collated, analysed, and discussed at relevant meetings to drive care. Staff reported that information is retrievable and readily available to their roles, and described how and where confidential material is securely stored. Residents and representatives are provided with information relevant to them via a care consultative process, support groups, meetings, newsletters, and displayed information on noticeboards. Residents and representatives interviewed reported that they have access to information appropriate to their needs to assist them in making decisions about their care and lifestyle.

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

Processes are in place to ensure that externally sourced services are provided in a way that meets the home's quality needs, and service and regulatory requirements. The home accesses local and preferred corporate suppliers of service, and specified agreements that set out service expectations, obligations, and review processes are in place. Service agreements viewed by the team showed they are current, and contractors have appropriate legislative provisions in place that are monitored by the organisation and the home. The service level of satisfaction is determined via internal audits, and staff advised they notify management of any issues with the external providers' services and equipment. Residents, representatives, and staff interviewed reported satisfaction with externally sourced services, including catering.

Standard 2: – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

See Continuous improvement in Standard One: Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Two are described below.

- Management identified that medication incidents were high. Management reported that discussions were held at staff meetings, and formal warnings have been given to staff. As a result, the number of medication incidents has dropped from 110 in March to 48 in June 2010. Management reported they continue to monitor and mentor staff in meeting the residents' needs.
- Following an external audit, the home identified that not all residents had a skin integrity assessment. The clinical staff conducted and documented skin integrity assessments on identified residents. Management reported, and clinical records viewed by the team showed, that residents have a skin integrity assessment as per entry planner.
- The home identified that the residents' physiotherapy assessments and care plans were incomplete. As a result, the home employed a physiotherapist in June 2010, and the priority was given to new and high care residents. Management reported that residents were previously assessed by clinical staff. Documentation viewed by the team showed that residents' mobility needs are assessed by the physiotherapist, and interventions are reflected in the residents' care plans.

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

Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the residents' health and personal care. Initial and ongoing assessments of high care residents are carried out by a registered nurse. Medications are stored securely, residents' incidents are reported, and a tracking system is in place that is monitored. Professional registrations viewed by the team showed they are current. Residents and representatives interviewed reported that residents receive care and services appropriate to their level of residential care requirements.

2.3 Education and staff development

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

Team’s recommendation

Does comply

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

Examples of education and staff development undertaken or in progress relevant to Standard Two are listed below.

- Clinical competencies
- Continence management
- Dental care and hygiene
- Dysphagia management
- Medication management
- Pain management
- Palliative approach
- Pressure care
- Supplementary feeds
- Wound care.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure that residents receive appropriate clinical care. Residents have their clinical needs assessed on entry to the home using a range of validated clinical assessments, liaison with general practitioners, and through consultation with residents and representatives. An interim care plan is developed, and is used to guide care provision during the assessment process when a full care plan is developed. Clinical care is managed by the clinical care coordinator, nursing staff implement residents’ clinical care needs, and care plans are reviewed on a three monthly basis, or more frequently as required. Referrals to general practitioners and allied health professionals are made as required. Daily handover processes ensure staff are kept informed of residents’ needs. Clinical indicator data is collected and used by management to evaluate care. Residents and representatives interviewed 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

Registered nursing staff are responsible for the assessment, planning and ongoing management of residents’ specialised nursing care needs, including complex wound care, catheter care, and pain management. Care plans reflect the specific needs of residents and provide detailed instructions for staff. Review of care records confirmed that appropriately skilled and qualified staff, including external health professionals, meet residents’ specialised care needs. Education on clinical issues is provided for registered staff, and the clinical staff

provide support and education to care staff, as needed. Resident and representatives interviewed reported that they are satisfied with the management of specialised care needs.

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 are referred to appropriate specialists in accordance with their identified needs and preferences. The home accesses a number of specialist services, including speech pathologist, podiatrist, and dietician. All residents are assessed by the on site physiotherapist and the occupational therapist. Instructions to staff regarding the outcome of visits to health specialists are documented in the progress notes. Residents and/or their representatives are also able to organise visits to the dentist, or any other specialist they prefer to use. Residents and representatives interviewed reported satisfaction with their access to other health and related services.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

There are processes in place to ensure that medications are ordered, stored, administered and disposed of safely and correctly. Medications are dispensed and delivered by the pharmacy, and are administered by nurses and medication-competent staff via a prepacked multi-dose blister system. Detailed information is available to staff on residents’ individual requirements for medication administration in the medication care plan. Medication incidents are routinely recorded, analysed, remedial action taken if needed, and the data used for improvement activities. Residents who wish to manage their own medications are supported to do so. An accredited pharmacist undertakes pharmacological reviews on a regular basis, and provides reports to the medical practitioner and the home. Residents and representatives interviewed reported that medications are managed safely, correctly, and in a timely manner.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems and processes in place for the identification, assessment, care planning, review and ongoing management of residents’ pain. The pain management needs of residents are identified on entry, and on an ongoing basis. Focus assessment tools are used when a need is identified, and non-verbal and verbal signs of pain are recorded, monitored, and evaluated. The home’s pain management program is overseen by the clinical nurse coordinator. Interventions for pain includes, massage, application of heat packs, positional changes, pressure relieving devices, and administration of analgesics. Resident feedback reported satisfaction with the way staff respond to their needs to ensure they are as free as possible from 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

There are systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. On entry or when the need arises residents and representatives complete a terminal wishes form. Residents are supported to remain in the home during the palliative phase of care wherever possible, and families and friends are encouraged to stay with residents for as long as they wish, the chaplain provides additional comfort if desired. There are supplies of equipment such as specialised mattresses and cushions to ensure residents’ comfort. Consultation with allied health and medical practitioners is ongoing throughout palliation processes. Correspondence received from resident, representatives and care documentation demonstrates that residents’ comfort and dignity is maintained during the final stages of life.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Each resident’s nutritional and hydration needs, and preferences are assessed on entry, and documented on a dietary information form. Information is provided to the kitchen with regards to likes, dislikes, and special dietary requirements inclusive of modified food and fluids, allergies, meal supplements, specialised equipment, and cultural needs. Each resident is weighed three monthly, or more frequently if required, and any weight variances are reported and reviewed by nursing staff for assessment and intervention. Referrals to the resident’s general practitioner, dietician, or speech pathologist are initiated for any resident with nutritional, swallowing, and weight concerns. Residents identified as ‘at risk’ have their food and fluid intake closely monitored, and supplementary and modified dietary products are provided to the residents with assessed needs. Residents interviewed reported that they are satisfied they receive adequate nourishment and fluids.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has implemented systems to ensure that residents’ skin is cared for effectively. Residents’ skin integrity is assessed on entry and when need is identified, risks and interventions are reflected in the resident’s care plan. Registered nurses carry out wound care, and all interventions are recorded on the wound care plan. The home employs a number of preventative strategies including pressure relieving mattresses, re-positioning, moisturising lotions, and, specialist advice is available when required. Skin tears and related injuries are recorded on incident forms and collated to identify trends. A hairdresser and podiatrist visit on a regular basis. Residents and representatives interviewed stated that they are satisfied with the skin care the home provides.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has processes in place to ensure that residents’ continence is managed effectively. Continence assessments are conducted for all residents on entry, and individualised continence care plans are developed, reviewed three monthly, or as required. Residents are assisted to manage their continence through a range of measures, including scheduled toileting, and the use of suitable continence aids. A designated staff member coordinates continence care, and staff interviewed stated that they have sufficient supplies of equipment, and appropriate skills to enable them to manage the continence needs of residents. The environment was observed to be clean and free from odour. Residents and representatives interviewed, reported that the home is effective in meeting residents’ continence needs.

2.13 Behavioural management

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

Team’s recommendation

Does comply

There are systems in place to ensure the home manages challenging behaviour effectively. Residents are assessed and monitored on entry to identify any behaviours of concern. During assessment the triggers of residents’ behaviour are generally identified, and appropriate strategies are developed in consultation with residents, their families and staff. Interventions include individual staff time, activity programs, doll therapy, restraint avoidance, and an interactive and safe environment. Management review behaviour incidents on a monthly basis to determine effectiveness of support strategies. The home seeks advice from external specialists as required, and dementia training is provided to staff. Residents and representatives interviewed are satisfied with the home’s approach in managing challenging behaviour.

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

There are processes in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. The physiotherapist and occupational therapist assess residents’ mobility and dexterity in consultation with residents, representatives, and other staff. All residents have an individual physiotherapy care plan and visual mobility plan that guides therapy and care staff in required interventions and strategies to maintain residents’ mobility. Falls are reported and investigated, and a falls management committee reviews and develops strategies to minimise risk. Assistive equipment such as mobility aids, wheelchairs, and modified cutlery are provided as required to maximise residents’ Residents and representatives interviewed stated that they are satisfied with the support residents receive to maintain their levels of mobility.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

An oral and dental assessment tool identifies residents’ oral function, hygiene and dental care needs, and the potential impacts on swallowing and achieving adequate nutrition. Oral and dental care is recorded in the care plan. Alternative strategies for oral care are available for residents who are resistive to care, such as swabs and gels. The home has accessed training through the ‘Better oral health in residential care’ project, and a program of staff training is planned. Residents interviewed are satisfied with the support provided to maintain their 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’ care needs related to sensory loss in all five senses are identified and recorded on entry. The care plans outlines strategies and assistive devices to assist residents to minimise the effects of sensory deficits, and maximise each resident’s independence in activities of daily living. Residents have access to health specialists including audiologists and optometrists. The activities program has opportunities for residents’ sensory enrichment, and includes a sensory garden, hand massage, and food preparation and tasting. Residents and representatives interviewed stated that they are satisfied with the home’s approach to managing residents’ sensory losses.

2.17 Sleep

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

Team’s recommendation

Does comply

Processes are in place to assist residents to achieve natural sleep patterns. Each resident’s sleep pattern is assessed on entry, as well as preferences regarding sleep routine, and the information is recorded in the care plan to guide staff. Staff described factors that can impact on residents’ sleep, including noise, confusion, pain and continence. Strategies used to promote restful sleep include settling routines, dimming of lights, quiet environment, emotional support, pain management, warm drinks, repositioning, and if necessary night sedation. Residents interviewed reported that they are satisfied with the support provided to achieve a restful nights’ sleep.

Standard 3: – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

See Continuous improvement in Standard One: Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Three are described below.

- The home identified that the sensory garden in the house for residents with dementia needs further development. The home purchased additional tactile items to stimulate sensory enhancement. The therapy staff interviewed reported that residents’ participation has increased in dementia sensory garden as a result of the new initiative.
- The home implemented new evening and weekend activities in response to residents’ requests. The team observed that these activities are planned and commenced in May 2010. Management reported, and residents and representatives reported, that the new activities have been well received by residents.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home offers each resident an agreement that outlines fees and tenure arrangements, and care and services that will be provided. The charter of residents’ rights and responsibilities is included in the resident’s handouts on entry, and displayed in the home. Current compulsory reporting of residents absent without explanation and elder abuse policies and flowcharts have been implemented. Residents and representatives interviewed reported they are aware of the responsibilities and matters of their tenure.

3.3 Education and staff development

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

Team’s recommendation

Does comply

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

Examples of education and staff development undertaken or in progress relevant to Standard Three are listed below.

- Elder protection
- Creative approaches to people living with dementia.

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

Processes are in place to assist and support residents on entry to the home, and on an ongoing basis. Residents are supported by staff to orientate themselves to the home, and are matched up with a fellow resident 'buddy' for additional support. Life story information gathered by therapy staff provides information about critical anniversaries when further support may be required. The home's chaplain visits residents following entry and provides ongoing support when required. Residents requiring additional emotional support have care plans in place, and residents are referred to appropriate specialists as required. Residents and representatives interviewed reported that they are satisfied with the emotional support provided.

3.5 Independence

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

Team's recommendation

Does comply

Residents are assisted and supported to achieve maximum independence and maintain control over their lives on entry, and thereafter. Residents and representatives are consulted about interests, hobbies, and community activities they wish to pursue. Assessments and care plans reflect consideration of health, social and spiritual support needed to maximise independence. Care plans viewed showed that residents' choices are respected and their abilities supported. Residents who are able are provided with assistance to vote in elections. There are regular opportunities for outings for example to the local shops, bus trips, and residents are encouraged to maintain membership of community groups. The on site physiotherapist and occupational therapist provide assessments, equipment, and structured programs to promote independence. Residents interviewed reported that they are supported to be as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure residents' privacy, dignity and confidentiality is recognised and respected. Residents and representatives are provided with information about privacy, dignity, and confidentiality on entry. Resident records and personal information are securely stored. Staff practices are regularly monitored by the home and reflect recognition and respect for resident's privacy and dignity in providing personal care, participation in lifestyle activities, and cultural requirements. There are private areas around the home for residents to meet with family members and friends. Residents and their representatives interviewed, reported they are satisfied with the assistance provided by the management and staff to maintain their privacy and dignity.

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

On entry, residents' social profiles such as hobbies, interests, past history, and culture are documented, and an occupational therapy assessment identifies suitable activities. An occupational therapy care plan is developed and reviewed annually or sooner if residents' needs change. A variety of activities are provided that provide focus on mental stimulation, physical wellbeing, and social opportunities. The activity program is conducted over seven days a week, and includes some evening groups, and therapy staff receive support from volunteers. Residents' are encouraged to attend activities, attendance is recorded and monitored by the occupational therapist, and residents provide feedback about activities via residents' meetings, surveys, and audits. Residents and representatives interviewed reported that they are very satisfied with the amount and variety of activities provided.

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' records show that their individual cultural and spiritual needs are assessed on entry, and reflected in care plans. Information gathered is used to plan and provide a range of activities including celebrating birthdays, culturally significant days, and worship services. A weekly church service is held in the home's chapel, and all denominations are welcome to attend. The chaplain provides spiritual and pastoral care to residents and families, holds a bible study group, and will make appropriate link to other churches when required. People of similar cultures are introduced to encourage friendships. Staff and relatives interviewed stated that cultural and spiritual lives and needs of residents are catered for effectively.

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

Processes are in place to ensure residents and their representatives are consulted regarding residents' clinical care and lifestyle. Resident and representative input is sought during care planning and at case conferences, to meet individual needs and preferences including activities of daily living, leisure and social activities, and dietary requirements and preferences. Regular resident meetings provide the opportunity for residents to make choices about the care and services provided. External advocacy services, complaint forms, suggestion boxes, and brochures for accessing the external complaints mechanism are displayed throughout the home. Staff interviewed stated that residents' choice not to participate in activities and events is respected. Residents and representatives interviewed reported satisfaction with the opportunities residents have to make choices and decisions over lifestyle preferences.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

On entry to the home, residents and representatives are provided with a resident handbook and resident agreement that includes conditions of occupancy, security of tenure, services provided, fees and charges, and rights and responsibilities. Residents' rights and responsibilities are revisited on an ongoing basis in resident and representative meetings, newsletters, and family conferences. Appropriate liaison with residents and representatives is undertaken regarding room transfers. Residents and representatives interviewed reported that they understand residents' rights and responsibilities, and they feel secure in their tenure.

Standard: 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation

Does comply

See Continuous improvement in Standard One: Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Four are described below.

- Management reviewed current storage areas, and identified the need to implement suitable and feasible options to ensure safety. Management reported that a building management team is developing a five year plan for the home's building and maintenance needs, and storage needs are to be included in the plan. Management advised that a capital budget request has been lodged and awaiting for approval.
- In response to a continuous improvement initiative from the last visit, the organisation developed evacuation procedures specific to the home, and staff are now familiar with fire and safety procedures.

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. Workplace and building, fire emergency preparedness, and the catering environment are inspected and audited by internal/external auditors and statutory bodies to ensure compliance. The home has access to, and has utilised the Government gastroenteritis outbreak guidelines. Building standards and certification requirements are in place, and material safety data sheets are

maintained for chemicals used within the home. The home has a safety representative who has been booked to attend education specific to the role. Staff demonstrated awareness of their role regarding hazard and manual handling procedures.

4.3 Education and staff development

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

Team's recommendation

Does comply

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

Examples of education and staff development undertaken or in progress relevant to Standard Four are listed below.

- Fire training
- Food safety
- Infection control
- Manual handling
- Occupational safety and health training.

4.4 Living environment

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

Team's recommendation

Does comply

Residents are provided with a temperature controlled environment, and their private rooms are fitted with furniture, call bells, and mobility aids. Residents and representatives were observed to have access to the communal, private, and outdoor areas for gatherings, meals, recreation, and activities. The team observed that the home's walkways, access to elevator, and corridors are clutter free and easy to move around to maintain residents' safety and independence, and visual signage and maps are displayed for access to relevant areas. Cleaning audits, satisfaction surveys, and a maintenance program are used to monitor and improve the living environment. Staff reported they utilise the feedback and reporting systems to inform of any environmental issues. Residents and representatives interviewed reported satisfaction with how the home ensures a safe and comfortable environment according to residents' needs and preferences.

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

Processes are established to ensure that staff are educated about their occupational safety and health (OSH) responsibilities, and procedures and position descriptions are available to guide staff. The home has an OSH representative who undertakes monthly inspections to monitor the safety of the environment, and identify, and manage actual or potential hazards. The home ensures that equipment is routinely maintained through an unscheduled and preventative maintenance program. Material safety data sheets are maintained for stored and in use products. The team observed that staff report hazards and accidents/incidents are

actioned, analysed, and discussed at staff and OSH meetings. Staff attend mandatory manual handling training and have access to residents' visual mobility plans. Staff demonstrated an awareness of safety management processes, and reported management is active in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems and processes in place for detecting and acting on fire, security and other emergencies. An automated fire detection system that is inspected by approved professionals, and emergency plans, manuals with residents' current mobility list and instructions on evacuation procedures and internal/external threats are in place. The home holds a fire certification inspection report, and the emergency exits were observed to be clearly marked, well lit, and free from obstruction. Contractors and visitors' sign-in book and key pad lockable doors were observed to be in use. There is a documented lock down procedure for staff to follow each evening, and staff interviewed demonstrated an understanding of the fire emergencies processes. Residents and representatives reported that the home provides a safe and secure environment, and confirmed that the home practices an evacuation drill.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an infection control program that is effective in identifying, containing and preventing infection. A registered nurse is responsible for the infection control portfolio and provides information to staff as required. Data on residents' infections is collated, analysed, and graphed monthly for trends to drive effective care, and monthly reports are discussed and actioned at relevant meetings. The home has infection preventative measures in place, monitors the effectiveness of its infection control program via internal and external audits, and utilises the Government guidelines and kits for the management of outbreaks. Staff demonstrated awareness of infection control guidelines, and described how the home contained an infectious outbreak in 2010. Residents and representatives interviewed reported satisfaction with the actions taken by the home to control the risk of 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 recommendation

Does comply

Systems and processes for catering, cleaning, and laundry are provided to meet the individual needs of residents, and the team observed these services are outlined in the resident' handbook. Menus are prepared in consultation with a dietician taking into account residents' special dietary requirements and feedback from residents, satisfaction surveys, and meetings. Catering services are provided onsite by a catering contractor, in accordance with a rotational menu that allows residents to have a choice of food and drink at main meals, and alternatives are offered as appropriate. Cleaning and laundry services are provided as per schedules, audited by management, and the team observed that gaps are actioned via a

domestic log. All hospitality services meet the home's infection control requirements and food safety program, and are monitored via internal and external audits and satisfaction surveys to identify any gaps and opportunities to improve. Residents and representatives confirmed the home conducts satisfaction surveys and reported satisfaction with the home's current hospitality services.