



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bethlehem House

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

The Agency has decided that the period of accreditation of Bethlehem House is three years until 4 October 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Bethlehem House				
RACS ID:	0096				
Number of beds:	32	Number of high care residents:	16		
Special needs group catered for:	• Nil				
Street/PO Box:	30 Montgomery Street				
City:	KOGARAH	State:	NSW	Postcode:	2217
Phone:	02 9588 5824		Facsimile:	02 9587 9884	
Email address:	bethlehem.house@bigpond.com.au				

Approved provider

Approved provider:	Catholic Healthcare Limited
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Assessment team

Team leader:	Frances Stewart
Team member/s:	Rodney Offner
Date/s of audit:	16 July 2009 to 17 July 2009

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
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Bethlehem House
RACS ID	0096

Executive summary

This is the report of a site audit of Bethlehem House 0096 30 Montgomery Street KOGARAH NSW from 16 July 2009 to 17 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bethlehem House.

The assessment team recommends the period of accreditation be 3 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 16 July 2009 to 17 July 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Frances Stewart
Team member/s:	Rodney Offner

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Bethlehem House
RACS ID:	0096

Total number of allocated places:	32
Number of residents during site audit:	32
Number of high care residents during site audit:	16
Special needs catered for:	Nil

Street/PO Box:	30 Montgomery Street	State:	NSW
City/Town:	KOGARAH	Postcode:	2217
Phone number:	02 9588 5824	Facsimile:	02 9587 9884
E-mail address:	bethlehem.house@bigpond.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Manager	1	Residents	13
Operations manger	1	Care staff	3
Care coordinator	1	Cleaning staff	1
Assistant in catering staff	1		

Sampled documents

	Number		Number
Residents' file Including (medical notes, pathology results medical referrals to health professionals) progress notes, assessments and care plans	9	Residents' electronic files social profiles assessments, care plans and diversional therapy progress notes	9
Complaints and compliments	9	Medication charts (including nurse initiated forms and resident identification forms)	15
Accident and incident reports	20	Personnel files	4
Staff position descriptions	9	Staff meeting minutes	4
Resident meeting minutes	6	Communication daily diary reports	23
Maintenance log requests	20		

Other documents reviewed

The team also reviewed:

- Aged care facility hotline service laminated phone number
- Annual education survey analysis (2008 – 2009)
- Annual fire safety statement (2008)
- Archiving policy
- Audits: infection control, food safety, staff hygiene, pain management, medication documentation, bowel charts, cleaning, clinical records continuous improvement, decision making and hand washing
- Catholic Healthcare Aged Care Resident Information Handbook
- Catholic Healthcare feedback and development system
- Catholic Healthcare orientation program participant workbook
- Catholic Healthcare staff code of conduct

- Catholic Healthcare staff handbook
- Catholic Healthcare volunteer handbook
- Certificate (1999 Certification Instrument)
- Clinical procedures manual
- Communication diary
- Complaint management flowchart
- Complaint, compliments and feedback forms
- Continuous improvement documentation (2008 - 2009)
- Continuous improvement forms
- Continuous improvement policy
- Continuous improvement work plan (2008 – 2009)
- Daily menus
- Education training calendar 2009
- Education training records
- Electrical specific inspections
- Emergency evacuation procedures
- Fire in-service training records for staff
- Food handling booklet
- Food safety plan
- Food temperature records
- Fruit and vegetable sanitisation records
- Incident and accident register
- Incident management flowchart
- Infection control and outbreak management folder
- In-service training records
- Insulin dialup for staff form
- Job descriptions
- List of contractors
- Maintenance plan job parameters
- Maintenance program
- Maintenance requests and sign off
- Medication review form
- Meeting schedule (2009)
- MSDS sheets
- NSW Department of health directives: Gastroenteritis outbreak, infection control policy and prevention
- NSW Food Authority Licence
- Nurse registrations
- Performance appraisal system
- Pest control records
- Plans for continuous improvement
- Policy manual
- Reheating guide for food
- Resident agreements
- Resident dietary requirements
- Resident insulin and blood sugar records folder
- Residential aged care policies
- Staff police check records
- Staff training calendar 2009
- Temperature checks for hot water
- Temperature records (fridges, freezer and dishwasher)
- Temperature records food regeneration
- Temperatures of food delivery
- Vital call battery testing records
- Volunteer handbook

Observations

The team observed the following:

- Activities in progress
- Call bell system
- Charter of Residents' Rights and Responsibilities
- Chemical storage and supplies
- Cleaning trolley
- Cleaning in progress
- Contaminated waste bin
- Equipment and supply storage areas
- Equipment and supply storage areas
- External environment
- Fire evacuation signage
- Fire panel
- First aid kits
- Food storage room
- Hand gel sanitiser dispensers
- Hand washing facilities throughout the home
- Interactions between staff and residents
- Living environment – resident accommodation, dining area, lounge areas, chapel, dirty and clean laundry rooms, hairdressing salon, outside patios and walkways
- Maintenance area
- Menu (on display)
- Mobility aids
- Noticeboards for residents and staff
- Personal protective equipment
- Registered nurse first aid kit
- Sharps containers
- Spill kits
- Staff work areas – kitchen, offices, laundries, cleaners' room, staff room and amenities, continence product storage room and chemical room
- Staff practices – nursing care, cleaning, food preparation and serving residents, laundry and activities
- Storage of medications
- Suggestion feedback box
- Telephone
- Vision, mission and values (on display)

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement system and adheres to the Catholic Healthcare Limited (Catholic Healthcare) continuous improvement program. There are numerous systems and processes to monitor and ensure the home’s performance is monitored and measured against the Accreditation Standards. Audits and other quality activities are conducted as per the Catholic Healthcare and new Residential Management System. At the home’s level, opportunities for improvements are identified through a number of avenues including: residents and relatives meetings, staff meetings, audits, comments and complaints, accidents and incidents and staff performance appraisals. Audits are conducted which include a number of outcomes in each of the Accreditation Standards. The home uses this information along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents and staff reported that they have opportunities and are encouraged to participate in the home’s continuous improvement activities.

Examples of recent improvements in relation to Accreditation Standard One include:

- Catholic Healthcare developed a new residential management system which was implemented to coordinate service provision, legislative compliance and continuous improvement.
- In line with legislative changes human resource policies and procedures were reviewed and updated.
- New information technology systems have been introduced to streamline and consolidate internal processes within the home.
- The residential aged care intranet site (Catholic Healthcare) has been upgraded and re-formatted to provide greater assistance to the home.
- Regular residential managers meetings have been established to encourage collaboration, innovation, feedback and understanding of corporate relationships and education requirements.
- A plan for continuous improvement has been established to monitor and record improvements both organisationally and at the home.
- Every second month meetings are conducted with the Greater Southern Area Health Service’s manager and with the manager from the home so that any care issues or any problems can be effectively addressed.
- Specific teams have been established by Catholic Healthcare to oversee quality outcomes, human resources, learning and development, occupational health and safety and revenue.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems in place to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through membership with a peak aged care industry organisation; subscription to legislative update services; from government departments, attendance of professional meetings and seminars; accessing the organisation’s intranet and other sources. The information is reviewed by the organisation’s corporate office and changes are sent to the home in the form of information or policy/practice changes. The residential manager and other appropriate personnel communicate

changes to staff by the daily communication diary, memoranda, staff meetings and staff education sessions. Policies and procedures are updated as appropriate. Compliance with regulatory requirements is monitored through audits, education attendance, competency assessments, staff appraisals and observations by management.

Specific examples of regulatory compliance relating to Accreditation Standard One include:

- Catholic Healthcare conducts reviews of all policy and procedure manuals on a regular basis to ensure that all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for police checks for staff and contractors are in place. Interviews and documentation confirm that these have been completed.
- The home has a system to ensure nurses' registrations are current.

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 systems in place to enable staff to have appropriate knowledge and skills to perform their roles. An annual education and training program is developed for staff to attend mandatory training and sessions of interest. Various learning packages are provided some of which are competency based. Care staff must have a Certificate III in Aged Care qualification as a minimum requirement. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Skills assessments are utilized during the on-site orientation process and as necessary to determine competence in the performance of tasks. Staff are supported by management to attend internal and external courses and conferences. Participation records are maintained and reviewed by management when planning future education program schedules. Staff interviews indicated that they were provided with training as part of the home's orientation process and have access to on-going education.

Specific examples of education and staff development relating to Accreditation Standard One include:

- The activities officer completed the Leisure and Lifestyle Certificate IV.
- Staff at the home have access to the Aged Care Channel and a library is available on site for access of DVD's for staff.
- All staff have received training on the home's elder abuse policy.
- The residential manager has received training in respect to Aged Care Funding Instrument documentation requirements.
- The residential manager has completed return to work coordination training.

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

Information about internal and external complaints' mechanisms is provided to residents and representatives on entry to the home through the resident handbook, the resident agreement and their orientation to the home. Information is also communicated on a regular basis through resident and relative meetings and information displayed throughout the home. Staff are made aware of these mechanisms through the staff handbook, training, policies and procedures and staff meetings. 'Providing feedback' forms for comments, complaints and compliments and feedback box are available in the home. Brochures about the external complaints' mechanism are also available. Staff interviews demonstrated that they have knowledge and understanding of the complaint handling process and of their role in assisting residents in raising issues if they need help. Review

of the complaint and compliment folder and relevant documents indicated that issues raised are responded to in a timely manner. Residents stated they are aware of and have access to both internal and external complaint mechanisms. They expressed satisfaction with the way the home manages their complaints/concerns including confidentiality.

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 vision, mission and values and philosophy of care statements are well documented and on display in a variety of locations throughout the home. They are also available in a number of documents including the resident handbooks, the staff handbook, policy and procedures manual and other publications by the home. The home's vision, mission and values form a part of the staff orientation program and are discussed regularly at staff meetings. Catholic Healthcare has recently implemented a new residential aged care management structure that includes senior Operation Managers to assist individual facilities with day to day operational issues. The structure also includes senior positions in Learning and Development, Quality Outcomes, Occupational Health and Safety and Human Resources to provide facilities with leadership and guidance in these areas of operation.

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 that aims to ensure there is enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Management review staffing levels to ensure the sufficiency of human resources. Management reported that factors considered to ensure the adequacy of the home's staffing levels and skill mix include, but are not limited to: residents' care and lifestyle needs; quality performance indicators; feedback from staff and residents and representatives. The home has a flexible rostering system that is responsive to the changes in residents' needs. There are systems in place for staff orientation, education and performance management. Recruitment policies and procedures ensure that the best possible match between candidates and roles are achieved. Job descriptions, selection criteria and reference checks are used by management to increase the effectiveness of the process. Staff are provided with position descriptions and duty lists as necessary. Performance appraisals are conducted and results are fed into the home's human resource management system. Observations and documentation reviews suggest that there is sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Residents expressed satisfaction with the staff's skills and reported that staff respond to their needs in an acceptable and timely manner.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has stocks of goods and equipment that support quality service delivery. Goods are ordered through contract suppliers usually using standardised orders and equipment is tested for suitability and 'risk assessed' prior to purchase. The home has a system to ensuring adequate a level of stock is maintained. Designated staff are also responsible for maintaining adequate stock levels and ensuring such stock meets the required quality standards. Appropriate storage is

provided to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacement and acquisition program. The home has a preventative and a reactive maintenance programs. Maintenance request sheets are held in the home and are regularly reviewed by the maintenance officer and action is taken in an efficient and effective manner to deal with any requests. Emergency maintenance requirements are dealt with in a timely manner. Staff and residents confirmed their satisfaction with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has an information management system in place to provide its stakeholders with information relevant to them. The home's communication system includes: meetings, resident and staff handbooks, newsletters, policies and procedures, daily staff communication diary, noticeboards, orientation and training sessions, memoranda, a clinical documentation system and managements' open door policy. The home utilises these communication channels to disseminate information and to collect feedback. The home has an information management policy that governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The policy includes relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised personnel. There are monitoring and audit procedures in place to ensure information is managed appropriately. Observations demonstrated that residents and staff files are stored securely. Staff confirmed they receive and have access to relevant information that allows them to perform their roles effectively. Residents reported they receive adequate information relevant to their needs and that they are satisfied with the way the information is communicated to them.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

The home's externally sourced services are arranged primarily through the organisation's corporate office by way of specified contract service agreements. Service agreements are established for a set period, monitored on an on-going basis and evaluated at the end of the set period. There is a designated tender process whereby quality criteria in relation to services to be supplied must be satisfied and reference and criminal checks are made and practice certificates, insurance, business registration details are also checked. Contractor non performance is recorded and actioned immediately when urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor a list is maintained at the home and updated as required.

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

The home has a system in place to ensure that regular audits are undertaken to review clinical and personal care provision and to identify opportunities for improving the processes in place. Audit results are analysed. Data is also obtained from clinical indicators including medication incidents and infection rates. Opportunities for improvements are also identified through: residents and relatives meetings, staff meetings, audits, comments, complaints and compliments, accidents and incidents and staff performance appraisals. Staff awareness and training in regard to quality improvement is evident from minutes of staff meetings and staff suggestions related to clinical and personal care as detailed in the continuous improvement documentation.

Examples of recent improvements in relation to Accreditation Standard Two include:

- The recently introduced residential management system provides documented processes for the development and delivery of personal care. Each process outlines minimum expectations and provides prompts for clinicians such as the accessing of specialist services where required.
- The recently introduced residential management system provides a comprehensive suite of health and personal care manuals and guidelines based on best practice and is available on line for staff to access at any time.
- All care staff meetings now include the standing agenda items ‘continuous improvement’.
- ANSTAT legislation is now available online via the organisation’s intranet and care manuals are available for reference purposes in the staff room.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available for staff on legislation and guidelines relating to health and personal care.

Specific examples of regulatory compliance relating to Accreditation Standard Two include:

- The home provides information to staff on any changes to the Aged Care Act (1997) through staff meetings and documentation including updated policies and procedures.
- Relevant legislation, regulatory requirements and best practice guidelines are documented on each policy relating to health and personal care.
- Legislative requirements are built into each documented process (flowchart) to ensure compliance with legislation. Each process includes a schedule of audits to ensure compliance and provide ongoing reinforcement for staff.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Documentation reviews indicate that staff attended a variety of education sessions related to Accreditation Standard Two and these include:

- A staff training calendar is developed from staff surveys, audits, resident needs and staff appraisals and competencies.
- The home provides staff with education in relation to a range of topic areas including: clinical skills, dementia, first aid, bladder care, diabetes, palliative care, gastroenteritis management, medication management and wound care.

2.4 Clinical care

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

Team's recommendation

Does comply

The management demonstrates there are systems in place to ensure residents receive clinical care appropriate to their needs. Initial assessments are undertaken when a resident moves into the home and nursing care plans are formulated in consultation with medical and health professionals. The team noted care plans were reviewed and evaluated on a three monthly basis or as residents' care needs change by the weekly visit of the registered nurse. There is a registered nurse available on the 24 hour hotline attached to the local hospital for all other clinical needs. Case conferences involving doctors, family members, specialised staff and residents are held on a needs basis, with changes to resident care discussed and referrals to appropriate medical officers or specialists organised. All staff receives education on assessments, implementation, monitoring and documentation of resident's health care needs. Staff interviewed have a sound understanding of the clinical care process within the home. Residents interviewed were satisfied with the care they receive from the staff within the home.

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

The home has a system in place to ensure residents' specialised nursing needs are identified and met by appropriate qualified staff. Specialised nursing needs are identified when residents move into the home and the nursing care plans is formulated by the care staff and overseen by the registered nurse. The home is in consultation with external health professionals. Staff have access to internal and external education resources to ensure they have the specialised nursing knowledge to meet the care needs of the residents. Interviews with residents and staff indicated residents receive appropriate specialised nursing care that meets their 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

Resident care needs are assessed on entry and on an ongoing basis through care planning, evaluations and staff observation. As needs are identified, residents are referred to their doctor or appropriate specialist for investigation within the local community or through the local area health service. The team reviewed the clinical documentation; health reports and appointment diary, which confirmed that the home identifies and reviews resident care needs to ensure access to external health professionals is maintained. There are several allied health professionals who visit the home on a regular basis. Residents interviewed reported that they are consulted and preferences are

taken in to consideration when being referred to the health professional. Staff interviewed had a sound understanding of the residents' health needs.

2.7 Medication management

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

Team's recommendation

Does comply

The home has a system to ensure that all residents' medications is managed safely and correctly. A pre packed medication system whereby medications are packed by a pharmacist and administered by appropriate staff is in place. Staff are required to demonstrate competency with medication management, internal audits and review of medication management are conducted and a multidisciplinary Medication Advisory Committee meets regularly. New medication documentation system has been introduced with positive results for staff and residents. The team observed the medication being administered in an appropriate manner and staff interviewed showed that they had a sound understanding of the medication management system. There are policies and procedures for the managing of schedule eight medications. Residents confirmed they are satisfied with the home's management of medication.

2.8 Pain management

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

Team's recommendation

Does comply

The documentation reviewed by the team confirmed that all residents are as free as possible from pain. The initial assessment identifies any pain that the resident may have had prior to entering the home. During the assessment period staff and medical practitioners review pain management strategies to ensure their effectiveness. Pain medication is administered in accordance with medical officers' orders and the home's policies. The nursing care plan is formulated, reviewed and updated it as required by the registered nurse. Documentation review and resident interviews confirmed that pain management strategies are effective. The home provides alternative therapies to assist with the pain relief including physiotherapy gentle exercise, massage and aroma therapy. Residents interviewed were happy with the way the home managed their pain and residents stated they were as free of pain as possible.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has policies and procedures in place to ensure the comfort and dignity of terminally ill residents is maintained. Initial assessments, carried out in consultation with the resident and family as appropriate provide the staff with the information to fulfil the residents' end of life wishes. Nursing staff can access additional information and services from the palliative care team of the local area hospital if the need arises. The home provides emotional support to residents and their representatives during the provision of palliative care. Residents are transferred to a high care hospital when resident's mobility is compromised. Interviews with residents and staff indicated residents are always treated with dignity and their comfort levels are always considered and maintained.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home demonstrates residents receive adequate nutrition and hydration. Regular assessments of residents' dietary and hydration preferences and needs are conducted and communicated to relevant staff. The nursing care plan is formulated, reviewed and updated by the registered nurse. The results are linked to the specialised nursing needs of the residents for example diabetic food or protein drinks. There is regular consultation with residents and relevant others to ensure the dietary needs are effectively meet. The information is provided to the kitchen to formulate the dietary plan for the individual resident. The staff interviewed have a sound understanding of the residents' dietary needs and report any changes to the manger. Residents are very happy with the variety of food provided.

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 practices and processes in place to ensure the skin integrity of residents' is maintained in a state consistent with their general health status. Staff are informed of residents' needs via care plans and handover sheets. Skin care needs are assessed, monitored and evaluated on an ongoing basis in consultation with resident medical practitioner and other health professionals where appropriate. Treatment of wounds includes: input from staff, local medical officers, wound care consultants and referral to specialists as required .Staff attend external and internal education programs on wound and skin care to ensure contemporary practices in the management of skin integrity and skin breakdown are used at all times. There are no wounds currently within the home for the team to review. Podiatry and hairdressing services are available at the home. Residents confirmed they are satisfied with the care provided in relation to residents' skin integrity.

2.12 Contenance management

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

Team's recommendation

Does comply

The home has a system for identifying, assessing, monitoring and evaluating residents' continence needs to ensure that residents' continence is managed effectively. Documentation review showed residents' continence needs are assessed and management strategies developed, implemented and reviewed on a regular basis. The allied health professionals and external continence advisor are consulted as appropriate. Infection control and contaminated waste management policies are in place to ensure staff use and dispose of continence aids in accordance with infection control guidelines. The home maintains an effective bowel management program with medication or dietary changes implemented if required. Staff interviewed confirmed there are adequate supplies of disposable continence aids of varying types and sizes available for residents. Residents interviewed by the team stated general satisfaction with care, inclusive of continence.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has a system in place to manage residents with challenging behaviours including a pre-entry assessment to determine if placement within the home is suitable. Resident's behavioural management needs are identified by an initial assessment and a nursing plan is formulated. All episodes of challenging behaviour are recorded, monitored closely, triggers identified and the nursing care plan is reviewed regularly to ensure strategies implemented are effective. The home has access to the health professionals including the Older Person's Mental Health Team and

Geriatrician from local hospitals. The staff confirmed there is ongoing education in managing challenging behaviours and could demonstrate how to identify and manage residents' behaviour. Residents' stated that they were satisfied with the care given by the staff in respect to managing 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

Systems are in place to ensure optimum levels of mobility and dexterity are achieved for all residents. The home utilises the services of a physiotherapist from the local hospital to implement individual programs. Care staff undertakes exercise programs on a one to one basis with residents while providing daily care needs. During the visit the team observed the staff and the massage aroma therapist assisting residents with their mobility including exercise classes and massage. Assistive devices such as wheel chairs, manual lifting belts are available. The home is well lit with wide corridors and spacious living area.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has strategies in place to ensure that the residents' oral and dental hygiene is maintained. Review of the clinical documentation showed that there is an initial assessment of oral and dental needs and a nursing care plan formulated which is updated as required. The team was informed that residents can go to their own dentist if they choose or if the need is identified by staff they assist in arranging appointments and transport. Staff are provided with education and training to manage oral and dental hygiene and are supported with appropriate equipment. Residents interviewed were happy with the oral and dental care.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Through the home's assessment process residents' sensory losses are identified and strategies to manage the loss were noted in care plans. Assessments of residents' sensory needs are completed on entry to the home and when a change in the resident's condition is identified. Observation and review of care documentation shows that staff assist residents to manage aids and equipment such as hearing aids and glasses. Residents interviewed by the team confirmed staff assist them with the maintenance of sensory aids as required.

2.17 Sleep

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

Team's recommendation

Does comply

The home has an environment of single rooms with ensuites, and there is an emphasis on choice of retiring and waking times in accordance with the needs and preferences of residents. Sleep patterns are identified on entry to the home and a sleep management plan is developed in consultation with the resident/representative. Residents interviewed advised that the environment was conducive to them to achieving uninterrupted 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

Performance in relation to residents’ lifestyle and leisure is monitored through audits, surveys, resident feedback by way of compliments and complaints and through resident and relative meetings. Residents and relatives are advised of outcomes as appropriate. Residents are aware of and satisfied with the various methods of feedback available to them.

Examples of recent improvements in relation to Accreditation Standard Three include:

- The recently introduced residential management system provides documented processes for the development and delivery of recreational activities.
- All care staff meetings now include the standing agenda item ‘continuous improvement’.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home has information available on legislation and guidelines relating to resident lifestyle.

Specific examples of regulatory compliance relating to Accreditation Standard Three include:

- The Charter of Residents’ Rights and Responsibilities is displayed in the home and is also contained in the Catholic Healthcare resident agreement.
- The Catholic Healthcare resident agreement complies with all legislative requirements.
- The residential manager monitors resident movements to ensure security of tenure obligations are maintained.

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

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff have knowledge and skills relating to resident lifestyle.

Documentation indicated that staff attended a variety of education sessions related to Accreditation Standard Three including:

- A staff training calendar is developed from staff surveys, audits, resident needs and staff appraisals and competencies.
- The home regularly undertakes education sessions on a range of topic areas including psychological changes in the elderly and dementia care.

- Specific education sessions provided to staff include stress management and Aged Care Channel topics relating to resident lifestyle.

3.4 Emotional support

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

Team's recommendation

Does comply

The home is able to demonstrate that each resident receives support in adjusting to life in the home and on an ongoing basis. Residents' records show that the resident consent, social profile, spiritual and cultural preferences and past life and interests are completed on admission. Feedback from residents is gained through resident surveys, case conferences, feedback forms and resident meetings. Emotional support is provided to individual residents by staff, a priest and other community visitors and residents are encouraged to maintain links with the community through either social activities or visits from family and friends. Staff interviewed stated that the home provides ongoing education in the activities area. Residents interviewed expressed satisfaction with the support they received in adjusting to life in the home and with the assistance provided to meet their ongoing emotional needs.

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 to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Independence is promoted in the home by residents retaining personal items, the availability of mobility aids and staff assisting and encouraging residents to attend activities within and outside the home. Other activities include regular bus trips to access the local community or to go shopping and meet friends. The team reviewed resident's individual activity sheets and monthly group activity programs that showed that the home provides residents with opportunities to engage with other residents, staff and visitors from the general community. Interviews with residents identified they are encouraged to have visitors and that staff are pleasant and welcoming to their friends.

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

During the visit the team observed that the residents' privacy, dignity and confidentiality was respected and this was confirmed by resident interviews. Examples included residents being called by their preferred names, knocking on doors, residents being appropriately dressed and the availability of areas for private meetings. Resident information is stored securely. The resident handbook and information package contains information on privacy and includes a privacy statement relating to the use of personal information. Staff are informed on issues relating to privacy on commencement of employment, signing confidentiality agreements and privacy statements and receive ongoing education in issues relating to privacy and dignity. Residents confirmed they were happy with the respect shown by staff.

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

Residents in the home are encouraged and supported to participate in a wide range of interests and activities of interest to them. The home has an assessment process that captures the activity preferences of each resident. A program of activities is displayed on the notice board and in various areas in the home. The activity program and individual care plans are regularly reviewed and evaluated to ensure they meet the changing needs and preferences of the residents. Residents interviewed are satisfied with the leisure activities program.

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

The team noted that assessment and care planning incorporates residents' cultural and spiritual needs and that the home provides opportunities to fulfil these needs. Bethlehem House supports the religious and spiritual belief and practices of its residents. Religious visitors from local Catholic and Anglican churches provide regular religious, spiritual and social support to those residents who request it. Provision is made for the celebration of special cultural days and birthdays are acknowledged on the day and in the home's newsletter. The home accesses a local community visitor scheme that provides volunteers to visit residents. Interviews with residents identified that they are satisfied with the support provided in terms of their cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

The home has systems in place where residents are able to participate in decisions about the services they receive and exercise choice and control over their lifestyle. Choice of menu, freedom of movement within the home, preferences for showering and bed times and participation in activities are all examples of residents' exercising choice and control over their lifestyle. Management keeps residents informed about the home through meetings, newsletters and noticeboards. The home's open door policy for residents and their representatives, regular resident/representative meetings, satisfaction surveys and the compliments and complaints mechanisms all allow residents to enable choice and to participate in decisions relating to 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 recommendation

Does comply

The team noted that on entering the home residents are given a handbook and offered a resident agreement. These documents include information about their rights and responsibilities including security of tenure and the Charter of Residents' Rights and Responsibilities. Management told the team that residents and their representatives are consulted prior to any changes in accommodation are required. Residents/representatives have the agreement and all fees and charges discussed at this time. Residents interviewed stated that they were aware of their rights and responsibilities.

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

The home has a system in place that enables it to actively pursue continuous improvement. For further information relating to the home’s continuous improvement system, please see expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Accreditation Standard Four include:

- In order to improve occupational health and safety the home an external audit was undertaken and as a result a specific site plan has been developed to address any identified issues.
- The home has access to Catholic Healthcare’s occupational health and safety expert which has resulted in an improved understanding of safety in the workplace as well as assisting to ensure a safe living environment for residents occurs.
- A specific site plan for continuous improvement has been established to monitor and record improvements both organisationally for the home.
- New material safety data sheets have been developed and erected in appropriate locations throughout the home.
- The home has introduced a new system for electrical tagging and one staff member has been trained in testing and tagging of electrical items.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home has a wide range of information available to staff on legislation and guidelines relating to the physical environment and safe systems.

Specific examples of regulatory compliance relating to Accreditation Standard Four include:

- ANSTAT legislation is now available for staff online via the Residential Aged Care intranet.
- The home’s fire safety score recorded in the certification assessment instrument (1999) is greater than the minimum score required.
- A new food safety plan has been written to assist compliance with new legislated food safety standard requirements.

4.3 Education and staff development

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

Team’s recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff have knowledge and skills relating to the physical environment and safe systems.

Education sessions and activities that relate to Accreditation Standard Four include, but are not limited to: manual handling, infection control, fire safety training, food safety and occupational health and safety consultation and such training is compulsory for all staff and attendance by staff is monitored by the residential manager.

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

Management of the home have in place mechanisms that demonstrate that they are actively working to provide a safe and comfortable environment consistent with residents' care needs. These mechanisms include occupational health and safety audits, preventative and corrective maintenance program. Accident and incident data is collected, collated and analysed for improvement purposes. There are also resident feedback mechanisms, such as resident and relatives meetings and direct discussions with management, in relation to the comfort and safety of the living environment. The home provides furniture and fittings that are well maintained and suitable for residents' needs. Residents are encouraged to bring their own personal items (where appropriate). A portable air conditioner is available for use should residents require it. Interviews indicated that residents feel that the home is safe and comfortable.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

The home is actively working to provide a safe environment. The team's observations, interviews and documentation reviews demonstrate that this is being achieved through a program of staff awareness, incident/accident reporting and through the daily staff communication diary. Staff undergo a comprehensive orientation on commencement of employment in the home which includes occupational health and safety topics. This includes: manual handling, hand washing and reporting accidents and incidents and how to ensure that ongoing safe work practices occur in the home. Staff are required to undertake mandatory manual handling training. There are regular audits in regard to occupational health and safety and a return to work program for staff is in place should they incur an injury.

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

There is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. These include: ongoing compulsory education for staff in fire safety procedures and the regular testing of fire safety equipment. The annual fire safety statement reviewed by the team indicates that the home meets fire safety standards. Documentation and equipment relating to fire safety and other emergencies includes evacuation site maps and emergency flip charts. Staff interviews demonstrated they have knowledge of emergency procedures and security systems. The home has appropriate security measures such as lock-up procedures and an after hours paging system for use by staff to an external security firm occurs and the facility is well lit after dark. Residents advised that they 'feel safe and secure in the home'.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems for an effective infection control program. The systems include: policy and procedures relating to infection control, infection surveillance, staff education programs, infection control related signage and pest control inspections and practices are in place. The home has outbreak management procedures and personal protective equipment is readily available for staff including spill kits. Staff interviewed advised they are aware of infection control practices such as using personal protective equipment, infection control surveillance, hand washing and safe food handling practices. Staff practices observed by the team promote an effective infection control. These include the use of colour-coded laundry bags and catering equipment, hand washing and the use of personal protective equipment. There is a system for monitoring and recording temperatures for appropriate equipment and food service delivery to residents. The home has systems for the disposal of waste that includes linen and disposal of sharps.

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

Residents and representatives interviewed express satisfaction with the catering, cleaning and laundry services. Mechanisms for feedback on hospitality services include meetings, comments and complaints and feedback to the home's external food service provider (IRT Catering). The home uses a cook chill system following a seasonal four week rotating menu with food supplied by IRT Catering which is an off site contracted catering service. Regular dietetic review of the menu is conducted. A food safety plan is in place which assists to ensure that procedures and schedules are in place to ensure hospitality services are provided in accordance with health food safety, environmental standards, resident care requirements and preferences. Systems ensure that residents' food preferences are met and effective communication between care and catering staff identify any changes in dietary requirements or resident preferences. Laundry services are provided by a contracted external commercial laundry however the home has individual laundries where residents' personal items of clothing are laundered. The home has a documented process in place that is used by staff to ensure compliance with laundry infection control standards. Care staff advised the team of systems used in the home for the collection and distribution of residents' laundry including laundering of personal items. Cleaning is undertaken by staff and schedules including routine and exceptional cleaning are in place. Cleaning staff interviewed demonstrated and understanding of their work requirements as did all other hospitality staff employed at the home.