



Aged Care
Standards and Accreditation Agency Ltd

Boort District Health High Care

RACS ID 4400

Kiniry Street

BOORT VIC 3537

Approved provider: Boort District Health

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 3 August 2015.

We made our decision on 8 June 2012.

The audit was conducted on 8 May 2012 to 9 May 2012. The assessment team's report is attached.

After considering the submission from the home including actions taken by the home, we have decided the home does now meet expected outcome 1.8 Information systems.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Boort District Health High Care 4400

Approved provider: Boort District Health

Introduction

This is the report of a re-accreditation audit from 8 May 2012 to 9 May 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 43 expected outcomes.

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.8 Information systems.

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 8 May 2012 to 9 May 2012.

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

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

Assessment team

Team leader:	Jennifer O'Reilly-Nugent
Team member:	Patricia Cashmore

Approved provider details

Approved provider:	Boort District Health
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Details of home

Name of home:	Boort District Health High Care
RACS ID:	4400

Total number of allocated places:	10
Number of residents during audit:	10
Number of high care residents during audit:	10
Special needs catered for:	Not applicable.

Street:	Kiniry Street	State:	Victoria
City:	Boort	Postcode:	3537
Phone number:	03 5451 5200	Facsimile:	03 5455 2502
E-mail address:	vjamison@bdh.vic.gov.au		

Audit trail

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

Interviews

	Number		Number
CEO	1	Residents/representatives	8
Managers	2	Catering staff	2
Director of Nursing	1	Cleaning staff	2
Nurses	4	Maintenance staff	1
Administration assistant	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	5
Wound care charts	4	Personnel files	5

Other documents reviewed

The team also reviewed:

- Activities plan/attendance records
- Allied health referral register
- Audit tools and results
- Certification of fire, building/fire panel log books
- Comments, complaints and suggestion register/records/data
- Communication books
- Compulsory reporting of resident assaults
- Continuous improvement planning/activities register /actions plans
- Drugs of addiction register
- Education schedules and attendance records
- External service agreements and service reviews
- Food safety plan
- Handover sheets
- Hazardous substances register
- Incident investigation electronic and forms
- Infection control manual
- Infection surveillance log, analysis and trending
- Legislative and regulative information folders
- Material safety data sheets
- Meeting minutes

- Memoranda
- Menu
- Orientation documents
- Police checks / statutory declaration records
- Policies and procedures
- Position descriptions/duty statements
- Preventive and corrective maintenance records
- Professional registration records
- Resident evacuation lists, photos and summary sheets
- Residents'/staff information handbook, package and surveys
- Rosters
- Self assessment report.

Observations

The team observed the following:

- Activities in progress
- Cleaning trolleys and cleaning in progress
- Closed circuit surveillance camera
- Equipment and supply storage areas
- Evacuation maps
- Fire fighting equipment/master panel
- Infection control equipment
- Interactions between staff and residents
- Internal and external living environment
- Meal service and menu notice board
- Personal protective equipment
- Sign in/out registers
- Storage and administration of medications
- Suggestion box
- Vision, values and corporate objectives.
- Waste disposal.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home pursues continuous improvement and demonstrates results across the Accreditation Standards with opportunities for improvement recognised through verbal and written feedback. Acknowledged suggestions, comments and complaints are actioned and reported to all stakeholders through staff meetings, memoranda, electronic mail and correspondence. These processes enable the home to base the outcomes on the Accreditation Standards. Staff said they are encouraged to provide input into the home's continuous improvement plan. Residents and representatives said management is responsive in providing verbal and written feedback regarding actions taken.

Recent improvement initiatives implemented by the home in relation to Standard 1, management systems, staffing and organisational development include:

- Management identified a need to implement a process for monitoring statutory declarations. Following a meeting all staff and volunteers signed an official form to indicate whether they needed to submit a statutory declaration. Identification of five staff required statutory declarations. The home's policy regarding police checks and statutory declarations now includes this procedure.
- The chief executive officer and the board of management recognised the need for a three year strategy to guide future planning. In consultation with staff, residents and the community, a plan was developed. The organisation now has a more succinct program which targets residents' needs and preferences.
- In light of a poor response from staff to learn the computerised system, quarterly education for delivering electronic information is now part of the home's mandatory training. 96% of staff attended; 92% rated the information to be valuable and informative, and 50% of staff displayed an increase in computer knowledge.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home identifies all relevant legislation, regulations, professional standards and guidelines. Peak bodies, legislative update services, legal firms and government department communiqués keep the home informed. Policies and procedures are developed or modified as appropriate to ensure alignment. Staff confirmed regulatory compliance is a standing

agenda item at meetings and changes in work practices are conveyed to them through electronic email and memoranda. All relevant individuals have a current criminal history check. A verbal system informs residents and representatives of accreditation audits.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively. Various sources influence the home's education plan including the results of professional development reviews, identified resident needs, clinical data and incident analysis, mandatory education requirements and stakeholder feedback. Adjustment of the home's education calendar occurs throughout the year as required and staff are kept informed. The monitoring of attendance to education takes place and the effectiveness of training sessions occurs. Staff said professional development is encouraged by the home and education sessions are readily available and attended. Residents and representatives said staff were skilled in their roles.

Recent education relevant to Standard 1, Management systems, staffing and organisational development includes:

- Understanding accreditation
- Clinical governance in aged care
- Complaints.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to inform residents and representatives of internal and external complaints mechanisms in brochures, resident's handbook, individual discussions and through their advocates. Management investigate concerns, implement appropriate actions and provide feedback verbally or in writing. Resident satisfaction is monitored through a 'bright sparks' sheet and comments and complaints forms. A suggestion box is accessible in the home's foyer for residents and representatives to raise concerns confidentially. Staff said their comments and complaints are followed through in a timely manner. Residents and representatives confirmed the management of issues are broached and resolved effectively.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented statements of its mission, vision, philosophy and values plus a commitment to quality and continuous improvement. Management consistently certifies and displays these statements throughout the facility including in the staff handbook and resident pack. The home has a strong leadership team who support staff in working towards strategic aims that include person centred care, leadership in customer service and staff engagement.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system to monitor and maintain sufficient numbers of skilled staff for the provision of care and services. Staff education assessments occur through daily work practices. As part of the yearly performance development review all employees complete a staff development and competency booklet. Commencing employees undertake an orientation program with mandatory training provided annually. Replacement for leave and absenteeism is from a consortium of permanent part-time staff. All employees whether supervised or unsupervised have passed a current criminal check. Guidance for staff in their roles is through job descriptions, duty statements, policies and procedures and a handbook. Residents and representatives are satisfied with the responsiveness of staff and adequacy of care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Stocks of appropriate goods and equipment for quality service delivery are available in the home. Allocated staff on a regular basis order stock to ensure there is sufficient goods and equipment available. Testing and tagging of electrical equipment occurs as necessary and goods and equipment are stored securely and safely. A preventative maintenance and cleaning schedule ensures equipment remains appropriate. Staff said the home ensures the suitability of new equipment, including providing staff with education where needed. Residents and representatives said there is appropriate goods and equipment available in the home to meet residents' needs.

1.8 Information systems

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

Team's findings

The home does not meet this expected outcome

Not all stakeholders as appropriate have access to current information on the processes and general activities of the home. Management and staff do not have access to appropriate information to help them perform their roles in relation to health and personal care. Residents and representatives do not have access to information appropriate to residents' needs to assist them in making decisions about residents' 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 findings

The home meets this expected outcome

The home demonstrated a system to ensure externally sourced services meets the residential care needs and quality goals. Formal service agreements maintain all external providers including copies of current police checks or statutory declarations. Deficiencies in service are captured through feedback from staff, residents, the home's audit system and ongoing evaluation of the specific contract which is addressed via telephone, electronic mail or correspondence. The corporate administrator monitors the contracts register utilising a 'traffic light' colour coded system which alerts contract expiry to plan appropriately for renewal. Management annually evaluates the performance of external providers against their agreed contractual requirements. Staff, residents and representatives expressed satisfaction with the quality of the external services currently provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for the home's continuous improvement systems and processes.

In relation to Standard 2, Health and personal care, staff said they record resident falls, skin tears, medications, behaviours and absconding residents; subsequent information collated and analysed for trends. Residents and staff are satisfied the organisation actively promotes and improves residents' physical and mental health.

Examples of improvement initiatives related to Standard 2, Health and personal care implemented by the home include:

- The general practitioner and clinical staff identified the process for obtaining prescriptions for residents was inefficient. In consultation with residents, management investigated the feasibility of a new system and implemented this initiative. Subsequent prescriptions reflect an improvement in the home's medication management system.
- Service improvement reports from clinical audits identified the need for additional staff training and an improvement in the information available in the home on wound care. The appointment of an enrolled nurse to undertake training as a resource nurse, and a review of the procedures and guidelines took place. Staff feedback indicated they have found the additional training and resources beneficial.
- In light of a clinical audit, the director of nursing observed high medication errors. An action plan reviewing procedures and guidelines occurred. Medication errors have reduced considerably and staff awareness of correct practices and personal accountability has improved noticeably.
- The quality manager recognised the value of attending bi-monthly meetings for benchmarking with other organisations within the region. The home has access to additional clinical information that has improved resident care.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify legislative requirements and changes that occur. Information on professional clinical guidelines and evidenced-based practice is communicated and available to care staff. Medication management is in line with current 'Drugs, Poisons and Controlled Substances Regulations'. Registered nurses oversee care planning; systems to ensure residents receive the appropriate specified care; and the team noted adequate supplies of goods and equipment to support this. Nursing staff interviewed

demonstrated a clear understanding of regulatory requirements and guidelines relative to their roles.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes. In relation to Standard 2, Health and personal care, management ensure staff have the knowledge and skills required for effective performance in their roles. Staff practices are guided by the home’s clinical policies and procedures. Staff are encouraged and supported to professionally develop in their roles and the home’s education calendar encompasses varied clinical topics. Professional development reviews monitor staff’s skills and knowledge.

Recent education relevant to Standard 2, Health and personal care includes:

- Sensory loss
- Medication management
- Palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. An assessment of residents’ clinical care needs occurs on entry to the home. The development of an individualised care plan occurs in consultation with residents and or their representatives. Care plans generally document residents’ care needs, preferences and required interventions, a review of resident care plans occurs following a resident of the week system. Management monitor clinical care by scheduled audits, clinical data and incident analysis and stakeholder feedback. Staff said they have access to policies and procedures to guide their practice and attendance to relevant clinical education occurs. Residents and representatives said the care residents receive is appropriate and according to their needs and preferences and consultation occurs.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. An assessment of residents’ specialised nursing needs occurs on entry to the home and as needed. Specialised nursing care plans generally document the required needs and interventions to guide staff practice. Specialised nursing currently cared for in the home includes catheter care, diabetes management, complex wound care and oxygen therapy. Management monitor specialised nursing in the home by scheduled audits and stakeholder

feedback. Staff said there is sufficient equipment in the home to provide specialised nursing care. Residents and representatives said residents' receive specialised nursing care in accordance with their needs and preferences.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Referrals to appropriate health specialists for residents occur in accordance with their needs and preferences. Information on the types of services available to residents is provided on entry to the home. Regularly visiting health professionals include a physiotherapist, podiatrist, dietitian, speech pathologist and medical officers. Assessments of residents' needs occur on entry to the home and as required, if a need is identified staff refer to the appropriate health professional following the home's referral system. The monitoring of referral mechanisms occurs to ensure effectiveness. Staff said communication of allied health professionals' recommendations occurs appropriately and the implementation of recommendations takes place. Residents and representatives said residents are referred to appropriate health specialists as needed and preferred.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The management of residents' medication occurs safely and correctly. All residents have their medication administration requirements assessed on entry the home and nurses administer residents' medications. To ensure residents' medication needs are met a medication chart captures current and appropriate information. Residents are able to administer their own medications if an assessment shows relevant residents are capable of safely doing so. The monitoring of medication management occurs by scheduled audits, medication incident data analysis, and stakeholder feedback. Medication is stored and administered following legislative requirements. Staff said the completion of medication competencies takes place. Residents and representatives said the administration of residents' medications occurs on time.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Residents are as free as possible from pain. An assessment of residents' pain occurs on entry to the home as needed. A care plan documents required pain needs and interventions required and is developed in consultation with relevant health professionals. Methods of pain control include pharmacological and non pharmacological interventions including regular massages from nurses. Pain management interventions have their effectiveness monitored and appropriate follow up is taken as required. Management monitor residents' pain by audits and stakeholder feedback. Staff were able to identify verbal and non verbal cues for

pain. Residents and representatives said they are satisfied with the management of residents' pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill residents. The opportunity for residents and representatives to document residents' end of life wishes occurs on entry to the home or as preferred. Care plans reflect palliative care needs, preferences and interventions when required. Referrals to an external palliative care service take place as necessary to assist staff. Management monitor palliative care in the home by scheduled audits and stakeholder feedback. Staff said there is sufficient and appropriate equipment and resources available to provide palliative care. Residents and representatives said consultation occurs regarding residents' ongoing needs and preferences.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. Following entry to the home residents' have their nutrition needs assessed. Care plans generally document residents' dietary needs and interventions including special diets, utensils, likes, dislikes and allergies. Referrals to dietitians or speech pathologists occur when needed. The home's rotational menu allows for alternative choices and nutritional supplements are supplied. The monitoring of nutrition and hydration occurs by scheduled audits, resident weight analysis and stakeholder feedback. Staff said education in relation to residents' dietary requirements is available and attended. Residents and representatives said they are satisfied with the home's approach to meeting residents' nutrition and hydration needs.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Residents' skin integrity is consistent with their general health. Residents have their skin integrity assessed on entry to the home on a regular basis. Care plans document relevant goals and interventions required to maintain residents' skin. An incident report documents breaks in residents' skin integrity and wound care charts monitor residents' wounds as they occur. Referrals to an external wound care professional occur as necessary to guide staff practice. Skin care is monitored in the home by scheduled audits, incident analysis and stakeholder feedback. Staff said attendance to wound management education had occurred and there is sufficient and appropriate stock available to meet residents' skin care needs. Residents and representatives said they are satisfied with the care provided in relation to residents' skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The management of residents’ continence is effective. Residents’ continence needs are assessed on entry to the home and as needed. Care plans capture relevant needs and interventions including aids required and the level of assistance staff are to provide. Access to an external continence advisor occurs as needed. The monitoring of residents’ urinary tract infections takes place following the home’s infection control program. Continence management is monitored in the home by audits, clinical data analysis and stakeholder feedback. Staff said education pertaining to continence management is attended. Residents said they are consulted in regards to the way in which their continence needs are managed.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively in the home. On entry to the home an assessment occurs to identify any relevant behaviour. Care plans document triggers of identified behaviours, goals and interventions required. Referral to external behavioural management specialists occur as needed. The monitoring of behavioural management in the home occurs by stakeholder feedback, audits and incident data analysis. Staff attend education in relation to managing complex behaviours. Residents said other residents do not infringe on their rights.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all residents. An assessment of residents’ mobility and dexterity status occurs on entry to the home. A developed care plan incorporates aids required and the level of assistance needed. A physiotherapist reviews all residents on entry and as required including following resident falls. Incident reports document resident falls and follow up care is provided. Management monitor mobility and dexterity in the home by audits, fall incident analysis and stakeholder feedback. Staff’s mandatory education requirements include manual handling training and no lift techniques. Residents and representatives said they are satisfied with the home’s approach to optimising residents’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents’ oral and dental health is maintained. Resident’ oral and dental care is assessed on entry to the home and as required. Developed care plans include information on individual requirements, preferences and assistance needed in relation to maintain dental care regimes. Residents have access to a dentist if needed and residents can be supported to attend external providers of their choice. Management monitor oral and dental care in the home by audits, stakeholder feedback and staff education attendance. Staff said there is adequate stock and equipment to meet residents’ oral and dental care needs. Residents and representatives said residents receive assistance as required to maintain their oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents have their five senses assessed on entry to the home. Developed care plans encompass interventions required to guide staff practice in relation to residents’ sensory loss needs including assistance required. Consideration for environmental impacts takes place in the home such as noise, lighting and temperature levels. Hot meals are at times prepared in the home’s recreation area to provide the aroma of cooked foods. Staff said consultation with health professionals about the effective management of sensory loss and residents’ needs occurs. Residents and representatives are satisfied with the home’s approach to managing residents’ sensory loss needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns in the home. An assessment of residents’ sleeps patterns and preferences in relation to maintaining optimal sleep takes place on entry to the home. Developed care plans include interventions required including preferred rising and settling times and routines to be followed. If optimal sleep patterns are not maintained access to medical officers and specialists occurs. Management ensure residents have optimal sleep by monitoring processes including audits and stakeholder feedback. Staff provided relevant interventions required for residents to achieve appropriate levels of sleep. Residents said they are able to communicate their needs to staff.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Information about the home’s continuous improvement systems and processes.

In relation to Standard 3 resident lifestyle, staff gather suggestions with feedback recorded and evaluated from all lifestyle and care activities. Staff confirmed contribution to improvements to resident lifestyle through training and networking. Staff also displayed encouragement and support to residents and others in providing feedback and suggestions.

Examples of recent improvements undertaken or in progress in relation to Standard 3, resident lifestyle include:

- The lifestyle co-ordinator suggested a merging of the men’s group with other hostels within the community. Two male residents visit the local men’s shed and attend monthly district men’s group meetings with the male residents of the co-located low care facility. The men are pleased to be making new friends and enjoying the additional recreation.
- Community members and activities staff realised the existing bus limited the fortnightly outings available to residents. The home purchased a bigger bus which has better wheelchair access, is easier to drive and has a larger seating capacity. Staff and residents confirmed their enjoyment in being able to socialize in the wider community in comfort.
- A staff member felt the home needed to recognise passed deceased residents. An annual memorial day became part of the lifestyle program with feedback well received by residents and staff.
- In light of the residents having an existing relationship with the local senior citizens club, the activity co-ordinator has instigated visits to the luncheon conducted monthly in the township by the local shire council.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify legislative requirements and changes that occur. Policy and procedures are available which reflect relevant acts and regulations with privacy and confidentiality statements signed by all new staff. New residents receive an informative package at entry that advises them of their rights and responsibilities, a resident agreement, advocacy services and complaints mechanisms. Management also utilise the resident handbook to highlight specific regulatory compliance matters. Residents and representatives

said they have residential agreements and management is conversant of any change to fees or charges.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. In relation to Standard 3, Resident lifestyle management ensure staff have the knowledge and skills required for effective performance in their roles. The home's education calendar encompasses education specific to residents' lifestyle needs. Stakeholder feedback monitors staff skills and knowledge in relation to resident lifestyle needs.

Recent education relevant to Standard 3, Residents lifestyle includes:

- Cultural training.
- Sexuality in the older person.
- Elder abuse and mandatory reporting.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate each resident receives support in adjusting to life in their new environment. Upon entry to the home, a social profile is gathered and reviewed every ten weeks. Pastoral care and referral to mental health professionals are available if needed. Residents are encouraged to maintain their links with family, friends and community groups. Staff display competence and are monitored to meet the emotional needs of residents in relation to assessment tools and methods of facilitating support. Residents and representatives confirmed the home is appropriate and effective in meeting their individual 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 findings

The home meets this expected outcome

The home demonstrates residents' achievement of maximum independence, maintenance of friendships and participation in the life of the community. Identification of resident's lifestyle preferences, interests and abilities occurs during initial assessments and reviewed on an ongoing basis. Residents have access to allied health services and are encouraged to exercise financial independence and take part in electoral processes where appropriate. Staff and volunteers assist residents to participate in group and individual leisure activities

and to maintain links with family, friends and community groups. Residents and representatives confirmed they are satisfied the home encourages and supports their independence according to individual needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate they recognise and respect residents and representatives right to privacy, dignity and confidentiality. Information relating to residents' privacy and dignity is provided to staff and volunteers through orientation, meetings, education and handbooks. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring they use privacy curtains in the double rooms when delivering personal care. Files containing residents' private information are stored in appropriate areas with access limited to authorised staff and visiting health professionals.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management demonstrates its processes are effective in encouraging and supporting residents to participate in a range of interests and activities. Development of a care plan and social profile to reflect the resident's physical, cognitive and spiritual interests takes place upon entry to the home. The program includes joint activities with the co-located hostel residents. A Tai Chi session conducted by an allied health assistant is included in the weekly plan. Evaluation of the activities occurs through electronic attendance records and feedback at individual discussion. Appropriately skilled and qualified staff organise the effectiveness of the use of assessment tools, equipment and methods of facilitating residents' participation. Residents' confirmed staffs' encouragement and assistance to partake in activities and interests appropriate to their needs, preferences and abilities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home demonstrates its processes, systems and external relations are effective in valuing and fostering individual residents' customs, cultural and ethnic backgrounds. Monitoring processes include care plan reviews and individual discussions with residents and representatives. Pastoral carers provide support for residents if required and non denominational worship services are rostered in the home six times per year. Cultural and spiritual events such as ANZAC day, Easter and residents' birthdays are celebrated. Residents and representatives confirmed staffs' encouragement to engage in events and activities of significance to them.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Procedures obtain information from residents and representatives, these include an annual survey, feedback from 'bright sparks' forms and individual discussion. Monitoring processes regarding residents' needs, preferences and options involve care plan reviews, complaints and advocacy mechanisms. Staff confirmed they encourage residents to participate in decisions about the services provided to them and to make choices based on their individual preferences. Residents and representatives are satisfied with their participation in making decisions and choices about their care needs.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home demonstrated residents and representatives understand their rights and responsibilities regarding security of tenure through discussion with each resident or their advocate. Entry processes include appropriate documents such as resident agreements and information booklets together with information in different languages if required. Provision of services, such as moving to high level of care or a change in fees is via correspondence. Staff displayed awareness of resident rights and receive information during orientation and ongoing training. The charter of resident's right and responsibilities is displayed in the foyer of the home. Monitoring of resident satisfaction is through an annual departmental survey, verbally and comment and complaint processes. Residents confirmed they have access to information about their rights and 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1. Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of recent improvement initiatives in relation to Standard 4, Physical environment and safe systems implemented by the home include:

- As a result of dementia training staff scrutinised mechanisms within the home to make the facility appear more homely. Strategies identified by staff instigated the removal of the window partition to the nurse’s station by external contractors. The corridor is now a communal area for residents to openly converse with nursing staff.
- Staff expressed concern residents were absconding and unable to move freely within the home without supervision. External contractors installed a key pad on the internal entrance door with an accessible code. Staff confirmed residents are less aggressive when trying to contain wandering residents.
- Regular activity meetings have increased to include the activity workers and volunteers from both the co-located hostel and day centre to plan joint events. The hostel residents visit the home on a regular basis for morning and afternoon tea. Residents confirmed their delight in the additional interaction with the hostel.
- Photographs of local interest places recently hung in the main passages of the facility, along with the installation of residents’ photographs outside bedroom doors to assist residents in locating their own rooms more easily, have enhanced the home’s ambience to be more affable.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Systems enable the home to meet regulatory and legislative requirements relating to the physical environment and safe systems with occupational health and safety forming part of the staff orientation program. Current fire and building certificates are held, and policies, procedures and staff work practices reviewed and updated as required. The home can provide evidence of compliance with food safety, infection control, fire and security regulations, legislation and guidelines. Staff confirmed information conveyed to them is in a timely manner and follow-up measures take place to ensure understanding.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. In relation to Standard 4, Physical environment and safe systems management ensure staff have the knowledge and skills required for effective performance in their roles. Management monitor attendance to education pertaining to the home's mandatory safe systems education sessions to ensure annual staff attendance. Regular environmental and safe system audits are conducted which monitor staff practices.

Recent education relevant to Standard 4, Physical environment and safe systems includes:

- Infection control
- No lift
- Bullying and harassment.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has double and single rooms with shared en suites and residents are encouraged to personalise their space. There is safe access to clean and well maintained indoor and outdoor living environments with sufficient and appropriate furniture available. The internal and external living environment is clean and well maintained with private and communal areas available. Management monitor the living environment by scheduled audits, stakeholder feedback and via preventative and corrective maintenance systems. Staff displayed practices in a way which ensured the safety and comfort of residents. Residents and representatives said they are satisfied with the home's approach in providing 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 findings

The home meets this expected outcome

Management demonstrated the home has systems to ensure the safety of residents, staff and visitors. Staff confirmed they receive occupational health and safety and manual handling training annually. The occupational health and safety committee meets three monthly involving departmental representatives throughout the home. Each staff member has an opportunity to present information and discuss any areas of concerns within their vicinity. Maintenance requirements, hazard and incident reporting systems are through

auditing safety issues. The home has secure chemical storage, appropriate safety signs and personal protective equipment in use. Staff display awareness of the occupational health and safety system and said consultation takes place when the organisation purchases new equipment. Staff confirmed they are satisfied management is active in providing them with 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 findings

The home meets this expected outcome

Management demonstrated the home has established procedures for detecting and acting on fire, security or other emergency risks and incidents. Exit signs, clear egress routes, evacuation maps and emergency plans are located throughout the facility. Fire alarm systems and fire equipment is tested by approved professionals on a monthly basis, deficits are actioned and compliance monitored. The evacuation pack includes a current resident list with mobility status and the home's contingency plan recently abridged for quicker information. Chemicals are stored safely and the building secured in the evening includes a surveillance camera in the front office. Staff confirmed they attend annual fire training and demonstrated knowledge of evacuation procedures. Residents expressed confidence in staff skills and awareness in what they should do in an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program in the home. The home has documented contingency plans in the event of an outbreak. Residents' infection data is collected, analysed and trends are reported and discussed at relevant meetings. Resident and staff vaccinations are available and there are adequate waste and sharps disposal systems. A food safety program guides catering staff in the kitchen and a pest management system has been implemented. The monitoring of infection control practices occurs by regular auditing, infection control data analyses and staff education attendance and competency completion. Staff said there is adequate personal protective equipment available as needed and education pertaining to infection control is attended. Residents and representatives said residents' rooms and bathrooms are kept clean.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The provision of hospitality services enhances residents' quality of life and the staff's working environment. A rotating seasonal menu is utilised and food is prepared fresh daily in accordance with a food safety program. Residents choose meals and drinks of their liking and snacks are readily available on request. Communication boards display menus for resident and representatives. Staff were observed assisting residents with meals in a

supportive manner. Cleaning schedules guide staff practice and ensure the monitoring of all areas in the home. Cleaning occurs in relation to infection control and chemical handling guidelines. Staff said they have access to appropriate protective equipment and regular monitoring of the cleaning in the home occurs by regular audits. The labelling and laundering of residents' personal clothing takes place on site. Staff said there are adequate linen supplies available. Residents and representatives said they are very satisfied with the hospitality services provided at the home.