Decision to accredit
Eldercare Sash Ferguson

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

The Agency has decided that the period of accreditation of Eldercare Sash Ferguson is three years until 9 November 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:	Eldercare Sash Ferguson
RACS ID:	6120

Number of beds:	51	Number of high care residents:	50

Special needs group catered for:	People with dementia or related disorders

Street:	8 Fletcher Road				
City:	MOUNT BARKER	State:	SA	Postcode:	5251
Phone:	08 8391 2486		Facsimile:	08 8398 4040	
Email address:	he@mtb.eldercare.net.au				

Approved provider

Approved provider:	Eldercare Incorporated

Assessment team

Team leader:	Mary Dunn
Team member:	Amanda Altman
Dates of audit:	24 August 2009 to 25 August 2009

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations	Agency findings
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care

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

Executive summary of assessment team's report

Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	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	Eldercare Sash Ferguson
RACS ID	6120

Executive summary

This is the report of a site audit of Eldercare Sash Ferguson 6120 8 Fletcher Road MOUNT BARKER SA from 24 August 2009 to 25 August 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 Eldercare Sash Ferguson.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 24 August 2009 to 25 August 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:	Mary Dunn
Team member:	Amanda Altman

Approved provider details

Approved provider:	Eldercare Incorporated

Details of home

Name of home:	Eldercare Sash Ferguson
RACS ID:	6120

Total number of allocated places:	53
Number of residents during site audit:	52
Number of high care residents during site audit:	50
Special needs catered for:	People with dementia or related disorders

Street:	8 Fletcher Road	State:	SA
City/Town:	MOUNT BARKER	Postcode:	5251
Phone number:	08 8391 2486	Facsimile:	08 8398 4040
E-mail address:	he@mtb.eldercare.net.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Eldercare Sash Ferguson.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
General manager residential services	1	Residents	9
Operations manager residential care	1	Representative	4
Business improvement specialist	1	Representative/volunteer	1
Residential site manager	1	Registered nurses	1
Learning and development manager	1	Enrolled nurses	1
Learning and development consultant	1	Care staff	3
Employee relations manager	1	Physiotherapist	1
Clinical nurse	1	Physio assistant	1
Chaplain	1	Area manager contracted hospitality service	1
Lifestyle coordinator	1	Laundry staff	1
Lifestyle support officer	1	Cleaning staff	1
Continuous improvement coordinator	1	Catering staff	1
Occupational health and safety coordinator	1	Property services officer	2

Sampled documents

	Number		Number
Residents' files	6	Medication charts	8
Care plans and assessments	6	Personnel files	7
Lifestyle care plans	4		

Other documents reviewed

The team also reviewed:

- Eldercare organisation chart 2009, committee structure 2009, mission statement and objectives, philosophy and constitution, policy and procedure manuals
- Minutes of various meetings
- Audit schedule, audits and surveys and audit action plans, resident incident forms, collated incident data and graphs
- Brochures, pamphlets and posters outlining external advocacy agencies and complaints mechanisms, resident handbook, newsletters, residential care service agreements
- Continuous improvement plan 2009-2010, continuous improvement booklet for staff, flowchart, internal comments and complaints forms, opportunity for improvement forms (used by hospitality contractor), resident/representative surveys, results and summaries
- Hospitality services contractor documentation including policies and procedures, cleaning schedules, menus, recipes, special diet information, food safety and temperature monitoring records, material safety data sheets, staff job description and duty lists
- Lifestyle assessment tools, activity evaluations, schedules for various lifestyle activities, attendance and participation lists, individualised activity programs, information on religions and cultures, schedule for resident/relative meetings and volunteer meetings, volunteer workbooks, memorial service booklet and poem, pastoral care plans
- Eldercare's occupational health safety and injury management strategic plan 2009, Sash Ferguson's OHS plan, OHS inspection schedule, OHS legislation audit, flow chart for hazard identification, risk assessment and control forms, incident and hazard reports for each month, preventative maintenance schedules, maintenance request books, contractor's orientation checklist and handbook, infection control statistics
- Various residents assessment tools, allied health treatment records, schedule 8 drug register, S4 and S8 licence, wound treatment folder, bowel and bladder charts, behaviour monitoring records, communication books, appointment diary, handover sheets
- Rosters, probation and performance reviews, code of conduct, learning and development reports, education calendar, training attendance records, orientation checklists, training flyers and information sheets, evaluations, employee assistance program flyers
- Fire log record, fire certificate, fire hydrant booster flow test, assembly information, and resident list with mobility requirements for evacuation

Observations

The team observed the following:

- Internal and external living environment including residents bedrooms with individual ensuites and air conditioning units, dining rooms, lounge and various sitting areas, hairdressing facilities, gardens, courtyards with residents' raised garden beds, behaviour unit with keypad entry and exit
- Interactions between staff, residents and volunteers
- Meal distribution and residents being assisted with meals
- Resident and staff noticeboards, photographs of lifestyle activities and events, residents activities, cultural and spiritual folder, activity resources, chaplain visiting residents
- Site audit notices displayed in the home
- Evacuation exit signs and plans, fire safety equipment, fire panel
- Staff washing hands, using hand gel and wearing personal protective equipment
- Kitchen, laundry, general stores areas, cleaners' trolleys and supplies, chemical storage, waste management systems, archives storage, shredder, first aid kit
- Manual handling equipment, wheelchairs, walkers and lifters, residents in electric wheelchairs and mobility scooters, equipment and stock storage areas
- Storage of medications including medication imprest, medication fridges, medication trolleys, nurses station, dressing trolley, medical and continence supplies, storage of resident files and care plans, sensory assessment kit
- Visitor and contractors sign in and out books with identification tags

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

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

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

Team's recommendation
Does comply

Eldercare Sash Ferguson has corporate and site specific systems in place to identify implement and evaluate improvements in management systems, staffing and organisational development. The home uses incident data, audit results, feedback from staff, residents, representatives and other stakeholders to identify areas that can be improved. Improvements are logged on a continuous improvement plan, which identifies issues, methods, person responsible, dates, actions, measurements, evaluation and feedback. The homes' Continuous Improvement Committee consists of a resident representative, management, staff and a relative/volunteer who meet monthly to review the continuous improvement plan and discuss the data from the home's monitoring systems. Staff and residents are encouraged to be involved with comments and complaints systems, staff and resident meetings, verbal feedback and surveys. Staff, residents and representatives feel confident and encouraged to contribute ideas and suggestions and are provided with regular feedback.

The home demonstrated results of improvements relating to management systems, staffing and organisational development including:
• It was recognised that the homes' continuous improvement system was lacking structure and needed to be reviewed. The home recruited a continuous improvement coordinator to assist the residential site manager in enhancing the effectiveness of the continuous improvement system and the Committee. Meeting dates and audits were scheduled for the year and a standardised agenda was developed. The review and subsequent improvements made to the system have provided residents with a formalised structure that will focus on monitoring services and identifying, implementing and evaluating improvements.
• The home introduced a comprehensive survey as a method of encouraging residents and representatives to provide valuable data to drive the continuous improvement process. The home distributed the survey to representatives and to residents who were able to fill out the survey independently. For residents who required assistance, the home arranged the chaplain, as a trusted, impartial person, to conduct the survey privately. The home received a 72 percent response rate and gained valuable feedback regarding their services which was subsequently fed into the continuous improvement plan.
• Through survey and audit results, the home identified that not all residents and representatives were aware of the internal and external complaints mechanisms. The home realised that an opportunity to gather information and opinions from residents was being missed. To rectify this, information regarding comments and complaints was discussed at resident meetings, an advocacy agency attended the home to speak to residents and information was included in the home's newsletter. The home also increased the information flyers and comments and complaints forms located through out the home, obtained new posters and

redistributed the resident handbook to all residents. Feedback indicates residents are more aware of the internal and external complaints mechanisms and feel more confident that issues will be addressed appropriately.

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 organisation has processes to identify changes to legislation, professional standards and guidelines, to notify management and staff, and to confirm changes are implemented at the site. Corporate processes review policy and procedure documents and amend or develop where appropriate, in consultation with the home. Staff and residents are informed about policy and procedure changes where appropriate, through meetings, newsletters, memos, and notices. Corporate processes monitor relevant criminal record checks. The home uses audits, surveys, observation, training and questionnaires to monitor compliance with legislation. Residents and their representatives were informed of the accreditation audit.

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

Team's recommendation
Does comply

The home has systems in place to ensure that appropriately skilled and qualified staff are recruited and are able to perform their roles effectively. The home has a program which includes corporate induction, site orientation and provision of relevant information. Training needs are identified through processes such as training needs analysis, a job skills matrix and performance appraisals. The residential site manager conducts on-site monthly education sessions according to staff and resident needs. The residential site manager attends industry network groups, conferences and leadership education as required and training in the Aged Care Funding Instrument has been provided to all staff. Staff practice is monitored through observation, feedback and performance reviews. Staff are satisfied with the orientation process and training offered by the home. Residents and representatives are satisfied that they receive appropriate care from qualified staff.

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

Residents and representatives are satisfied that the home provides them with access and information regarding internal and external complaint mechanisms. The home has systems in place to ensure representatives and residents feel comfortable to make a complaint and are aware of the processes available to them. These processes include providing information in the resident handbook and agreement, providing access to internal and external comments and complaints information and encouragement at to feedback at resident meetings. The home records complaints on an electronic database, which documents actions taken and feedback provided, ensuring confidentiality where appropriate. The home monitors the effectiveness of these processes through satisfaction surveys and discussion at resident meetings. Staff are aware of how to manage and assist residents make verbal complaints.

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 home has a documented philosophy, mission statement and objectives that set out the home's commitment to provide quality services to residents. This information is included in the resident handbook.

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

Residents and their representatives are generally satisfied with staff availability and their responsiveness to their needs. The home has processes for identifying the number of appropriately skilled and qualified staff required to deliver resident care and services. Various processes are in place to orientate, monitor and train new staff. A roster is in place which can be reviewed and adjusted as required and a registered nurse is available at all times. The home monitors staffing levels and performance using staff feedback, audits, performance reviews, complaints, incident and hazard data and observation. Staff feel comfortable to raise concerns with management if needed.

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

Internal and corporate processes maintain appropriate levels of goods and equipment. The home has preventative and routine maintenance schedules which are actioned by internal staff and external providers to maintain equipment. New equipment is trialled where possible and feedback provided by staff and residents. Audits, surveys, resident and staff feedback, incident and hazard reporting monitor equipment and inventory. Staff are satisfied with the goods and equipment available to provide care and services. Residents and representatives are satisfied that they are provided with everything they require.

1.8 Information systems

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

Team's recommendation
Does comply

The home has processes in place to ensure that all stakeholders have access to accurate and appropriate information relevant to their needs. Information is communicated to staff through various means including meetings and minutes, care plans, handovers, memos and communication books. Information regarding residents' health and lifestyle is identified in consultation with residents and their representatives, is easily accessible, regularly reviewed and is clearly documented. Residents' personal information is stored securely, disposed and archived appropriately. The home reviews information systems using various audits and feedback. Staff confirm that they have the appropriate information to perform their roles effectively and that management communicates effectively. Residents and representatives are satisfied that they have information appropriate to their needs.

1.9 External services

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

Team's recommendation
Does comply

The home has processes for ensuring that externally sourced services are provided in a way that meets the home's needs and quality goals. Corporate and site specific processes identify, contract and orientate suitable external providers according to set criteria, including police clearances. Written contracts document agreed expectations and standards. The home monitors external services for performance through inspections of work, complaints, feedback and meetings. If concerns are identified, these are addressed appropriately in consultation with all stakeholders. Staff feel comfortable to raise any concerns with management and are consulted where appropriate regarding services. Residents are satisfied with the external services provided at the home.

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

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

Team's recommendation
Does comply

The home has systems in place to identify, implement and evaluate improvements in residents' physical and mental health and their personal care. The home uses incident data, feedback, audit results, residents' individual health care needs and preferences to identify areas that can be improved within their systems. Staff and residents are encouraged to be involved in the continuous improvement system through the comments and complaints forms, meetings, verbal feedback and various surveys. The continuous improvement coordinator oversees the system including tracking and trending infection, incident and accident data using the home's computerised data system. Residents and representatives are satisfied that the home is consultative and that feedback is provided.

The home demonstrated results of improvements relating to health and personal care including:
- It was identified that medication documentation did not meet best practice requirements and that medication management processes were not being followed consistently. Staff received education, a new pharmacy was contracted, a new packaging system implemented and daily audits are conducted to monitor processes. If a trend is identified, action is taken and staff are required to give feedback where appropriate. This initiative has improved staff knowledge and skills regarding safe and correct medication management.
- It was recognised that the homes' care documentation was not consistent, was lacking in assessment information and was not always reflective of residents' current care needs. An admission pack was developed in consultation with clinical staff, containing comprehensive assessment tools covering all areas of care. All residents were reassessed, gaps were addressed and care plans updated. This initiative has increased staff knowledge regarding residents' needs and preferences, enabling them to deliver appropriate care.
- Through observation, the home identified that evening continence management procedures were resulting in disturbing residents' sleep. New guidelines were developed and a 'settling' round was introduced which includes the application of night time continence aids. Residents experience less disturbances resulting in improved sleep.

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

Corporate and site specific processes identify changes to legislation, regulations and guidelines. Industry and professional association membership, regular updates from government and community sources and interaction with health professionals through formal meetings are used by the home's management. Registered nurses are available at all times and are directly involved in the assessment of residents' care needs. The home has licences for medications maintained on site. Audits and processes are used to monitor compliance with regulatory requirements relating to health and personal care. Relevant information is disseminated to residents, representatives, staff, volunteers and other stakeholders as required through meetings, handover, newsletters and individual discussions.

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

The home has systems in place to ensure that appropriately skilled and qualified staff are recruited and are able to perform their roles effectively. Staff qualifications and references are checked before commencement. Training needs are identified through legislative requirements, staff requests and in response to residents' needs, for example, wound care and palliative care. The training program is coordinated by corporate office and flexible on-site education is offered through specific televised education programs. Staff practice is monitored through observation, feedback, performance reviews, competency testing and incident and audit results. Staff are satisfied with the orientation process and training offered by the home. Residents and representatives are satisfied that they receive suitable care from appropriately qualified and skilled staff.

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

Team's recommendation
Does comply

Residents and their representatives are satisfied with the consultation, care and services provided and how their care needs are managed. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents' needs and care strategies are reviewed at least every four months by registered nurses in consultation with residents, representatives and care staff. Information regarding each resident's care needs is documented in care plans that are easily accessed by staff. Handover sheets, communication books and a diary are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits are scheduled and any trends are identified.

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

Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences. The home's assessment processes identify residents' specialised nursing care needs and appropriate care plans are implemented. Registered nurses attend to specialised nursing care, including wound management, bowel and pain management, catheter care and oxygen therapy. Enrolled nurses and personal carers work within their role and function, reporting to a registered nurse when changes in residents' health or care needs require re-assessment. Registered and enrolled nurses attend training to maintain their knowledge and refer to allied health or specialist health services as required in consultation with the resident's medical officer.

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

Team's recommendation
Does comply

Residents and their representatives are satisfied with the referral arrangements to allied health and medical practitioners, and the care provided. The home has processes for referring residents to health specialists in accordance with assessed needs and preferences. A physiotherapist, podiatrist and several general practitioners visit the home on a regular basis. Referrals to other health professionals such as a dietician, speech pathologist, dentist and mental health services are initiated in consultation with residents and their representatives as required. Residents are assisted to attend external appointments when necessary. Referrals and care recommendations are documented and implemented.

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

Team's recommendation
Does comply

Residents and their representatives are satisfied that medications are managed safely and correctly. Medical practitioners prescribe medications that are provided to the home in a sachet system from the contracted pharmacy. Registered or credentialed enrolled nurses administer medications according to the legislated guidelines. Registered nurses assess administration needs and 'as required' medication is reviewed for effectiveness. Incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications. The home's Medication Advisory Committee monitors and reviews current medication practices, incidents and any changes to legislation. Residents who self medicate are assessed and monitored for compliance and safety with medication administration.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively. Residents are assessed for pain on entry and a plan implemented in consultation with the medical practitioner, physiotherapist, resident and their representatives. Interventions include analgesia, exercises, massage, transcutaneous electrical nerve stimulation units and hot packs. The pain management plan is evaluated and reviewed regularly and as required medication is monitored for effectiveness. Nursing staff refer to external specialists where required.

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

Team's recommendation
Does comply

Residents and their families are appreciative that palliative care can be provided at the home. There is a process in place to maintain the comfort and dignity of residents at the end of their life. On entry or when appropriate, residents and their representatives are asked to provide information about end of life wishes. Palliative care plans focus on the comfort and emotional support of the resident and include comfort items such as music and aromatherapy. Appropriate equipment is available, including imprest stocks of medication to assist in symptom control. Residents and families are supported by the chaplain and staff during the palliative care phase.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the home's approach in meeting their nutrition and hydration needs. Assessment processes and consultation with the resident or their representative identify nutrition or hydration risk factors. Dietary needs, portion sizes, food and fluid preferences and requirements for meal assistance are documented. Nutritional supplements and referral to a dietician are implemented when inappropriate weight loss is identified. The nutritional content of the home's menu is reviewed by a dietician. Speech pathology assessment for residents with swallowing difficulties is arranged and reviewed as required, with food and drink consistency modified accordingly. Surveys and resident feedback at meetings monitor the level of satisfaction. Any issues raised are resolved through the residential site manager and hospitality site manager.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the care provided in relation to their skin care. The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents' skin integrity. This may include special equipment, position changes, nutritional supplements, skin emollients or topical medication prescribed by the medical practitioner. Planned skin care strategies and preventive measures are regularly reviewed and evaluated by registered nurses. Care staff receive relevant training and report changes in skin condition to the registered nurse. Skin integrity incidents are analysed to identify opportunities for improvement across the home. Referral to external specialists is arranged as required.

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

Team's recommendation
Does comply

Residents and their representatives are satisfied with the care they receive to meet their continence needs. The home has processes for assessing residents' continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Most residents have ensuite bathrooms for privacy and dignity. Staff feedback and regular care plan reviews assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. The home accesses a continence nurse advisor as required. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the home's approach in managing challenging behaviour. The home assesses and plans behaviour management strategies to meet the individual needs of residents. The triggers of residents' behaviour are identified and strategies to redirect residents are based on their personal interests or needs at that time. Strategies are developed and their effectiveness is reviewed in consultation with residents, their families and staff. This includes individual activities, lifestyle programs and adapting the environment. Restraint is used for resident safety, and only occurs in consultation with the resident and their relatives, and the medical officer. The home seeks advice from external specialists as required.

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

Team's recommendation
Does comply

Residents and their representatives are satisfied with the home's approach to maintaining residents' mobility and dexterity. Their needs and falls risk are assessed using a multidisciplinary approach. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow, with some residents gaining more mobility following treatment and rehabilitation. Strategies such as mobility aids and appropriate manual handling assist to maintain or improve residents' mobility and dexterity. Care staff are aware of each resident's needs, and manual handling precautions. The home has environmental inspections, hazard reporting and a maintenance system to correct any safety hazards. Falls data is monitored, analysed and addressed in consultation with care staff, residents and their representatives, medical officers and the physiotherapist.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the oral and dental care provided by the home. The home has processes for assessing residents' oral and dental hygiene needs, planning care and meeting ongoing needs and preferences. Oral and dental care plans, which are regularly reviewed and evaluated, provide the strategies to support individual resident's oral hygiene needs. Care staff assist residents to attend to their daily oral hygiene needs, including night settling routines. Residents are supported to access dental care of their choice, with one dentist attending the home if required. Regular care plan reviews and audits of individual residents' oral and dental care assess the effectiveness of care strategies.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the home's approach to managing residents' sensory loss. Residents' sensory deficits including smell, taste and tactile ability are assessed as a component of each resident's initial assessment and care planning process. Strategies are identified and monitored to prevent injury for those with poor vision, hearing and skin sensitivity. Large font books, large screen televisions and audio tapes assist to increase sensory ability. Other senses are enhanced with lifestyle activities such as flower therapy, aromatherapy and massage therapy. Care and lifestyle staff are aware of individual resident's sensory needs and how to manage them. Referrals are made to specialist services such as audiologists, optometrists and ophthalmologists for changes in vision and hearing.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the assistance given to enable them to sleep well. The home has processes to assess and review residents' natural sleep patterns, including day time naps. Individualised management plans include residents' sleep habits and sleep preparation needs. Most residents have a single room. Residents' preferences to promote sleep, such as sleeping position, lighting and room temperature are recorded in care plans and assist staff to support residents' settling routines. Any sleep disturbances are investigated and strategies such as pain management and repositioning are implemented.

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

The home has systems in place to identify, implement and evaluate improvements in Accreditation Standard Three. The home uses feedback, evaluations, residents' individual needs, preferences and survey results to identify areas that can be improved. Staff and residents are encouraged to be involved in the continuous improvement system through the comments and complaints forms, meetings, verbal feedback and surveys. Residents and representatives are satisfied that their personal, civic, legal and consumer rights are maintained.

The home demonstrated results of improvements relating to resident lifestyle including:
- It was recognised that male residents represented 30 percent of the population of the home. Men were not always attending mainstream activities and were becoming isolated. A new 'men's group' was implemented by the lifestyle team which offers activities focused on the men's' interests, such as a bus trip to the motor museum, lunches at local hotels and barbeques. Feedback was very positive and new friendships have developed between men at the home.
- The home identified an opportunity to improve person-centred activities in the behaviour unit of the home. Lifestyle staff have improved information gathering techniques around life histories and interests which has led to more appropriate person-centred activities. Additional resources have been purchased and there has been a focus on more integration with the rest of the resident population. Residents in the behaviour unit are now assisted to attend mainstream activities in the home where appropriate. Feedback and observations have been positive.

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

Eldercare corporate office monitors any changes to legislation, professional standards or guidelines that impact on resident lifestyle. The residential site manager informs staff of any changes to legislation through meetings, memos and training. Staff have access to policies and procedures which are reviewed in consultation with relevant groups of staff and updated centrally. Entry processes inform residents and their representatives of their rights and responsibilities and explain the issues that affect tenure in the home. Residents or representatives are offered an agreement and consent forms and they have access to comments and complaints mechanisms. There is a system of reporting assaults and missing persons to the police and Department of Heath and Ageing. Staff and volunteers are aware of the privacy and confidentiality requirements of their roles and are reminded through meetings and memos.

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

The home has systems in place to ensure that staff are able to perform their roles effectively. The home has an induction and orientation program and job descriptions that outline responsibilities. Training and development needs are identified in response to staff and resident needs, for example, network meetings, exercise programs for the ageing and cognitive stimulation therapy. One care staff member is currently being supported to complete a Certificate in Leisure and Lifestyle and is assisting the lifestyle coordinator with the activities program. Performance is monitored through observation, feedback, annual performance reviews and survey results. Residents and representatives are satisfied that their lifestyle needs are provided by appropriately qualified and skilled staff.

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

Residents and representatives are satisfied that they receive adequate emotional support. The home has various systems in place to ensure residents receive support before and after they move into the home and on an on-going basis. Each resident's support and social needs, preferences and choices are assessed on entry and recorded in their care plan. Strategies, such as religious support, volunteer visitors, psychologist programs, various activities or one-on-one time with lifestyle staff or the chaplain are implemented to provide the appropriate level of support to the resident. The home reviews care plans regularly and uses information from resident and representative surveys to monitor processes and satisfaction. Staff have access to information in care plans and progress notes and are provided with training to enable them to identify the emotional needs of residents.

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 and representatives are satisfied that they are assisted to maintain their independence inside and outside of the home. The home has systems in place to support residents to achieve maximum independence physically, financially and socially. The home assesses residents' needs and abilities on an on-going basis and provides allied health services, staff assistance, trust accounts and appropriate equipment to encourage residents to remain independent as long as possible. Residents' families and friends are encouraged to visit, participate in activities and take the resident to outside appointments and on social outings. Care plans are reviewed on a regular basis and information from surveys is used to measure resident satisfaction. Staff prompt, encourage and assist residents to do as much as they can for themselves, for example, washing their face or brushing their teeth.

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

Residents and representatives are satisfied that staff respect their privacy, confidentiality and dignity. The home has procedures in place to ensure staff respect residents' rights, are aware of their individual preferences and sign a confidentiality declaration upon commencement of employment. The home assesses residents' choices and preferences on entry and on an on-going basis, recording this information in care plans. Privacy and dignity is monitored through observation of staff practices, surveys and complaints. Staff demonstrate respect for the residents and are aware of the appropriate procedures such as, knocking before entering a resident's room and dressing residents appropriately.

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 and representatives are satisfied with the support and encouragement they receive to participate in activities and interests of their choice. The home has systems in place to identify past and current interests, and assists residents to be involved in activities of choice. Lifestyle staff develop weekly activity programs for residents and arrange a wide variety of individual and group activities such as, bingo, movies, knitting club, skittles and concerts. Individual plans are developed for residents with special needs and residents who wish to be involved in committee's or the running of activities are encouraged to do so. The lifestyle program is evaluated through surveys, comments and complaints, attendance lists, evaluations and resident meetings. Results are reviewed regularly allowing staff to modify and plan future activities depending on their popularity.

3.8 Cultural and spiritual life

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

Team's recommendation
Does comply

Residents and representatives are satisfied that the home respects and values their cultural and spiritual beliefs. The home has systems in place to ensure that resident's needs and wishes are respected and acknowledged. Church services are held regularly at the home and the chaplain completes pastoral care plans, offers communion, support and counselling for residents and their families. Memorial services are held each year to remember residents who have passed away. Culture is celebrated through special events such as Anzac Day, Christmas, Easter and Australia Day. Staff have developed a list of phrases for the few German speaking residents and utilise cultural resources, multilingual staff, volunteers and family members to assist with communication. The home monitors its processes using feedback from residents and representatives, complaints, surveys and attendance list evaluation.

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

Residents and representatives are satisfied that the home provides them with opportunities to make decisions and choices about their care and lifestyle. The home provides residents with information in the admission pack, holds regular resident/relative meetings, one on one consultation and meal choices. The home monitors the effectiveness of its processes using surveys, comments and complaints and feedback from resident meetings. Monitoring processes show that residents are consulted and enabled to make choices and decisions regarding their care and lifestyle. Staff consult residents regularly about their needs and are informed of choices and decisions of the resident or their authorised representative.

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

Residents and representatives are aware of their rights and responsibilities, feel secure in their tenure and are aware of how to access information. The home has processes in place to ensure residents and representatives understand their rights and responsibilities, including their right to secure tenure, and all other aspects of the residential care service agreement. The home has arranged visits from external advocacy agencies to reinforce residents' rights. The agreement outlines the rights and responsibilities of the resident and the approved provider and provides information regarding complaints mechanisms, services, fees payable and complaints mechanisms. If a change of room is required, this is conducted only in consultation with all parties involved and if agreement is reached.

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 systems in place to identify, implement and evaluate improvements regarding the physical environment and safety. The home uses feedback, hazard analysis, residents' individual needs and audit results to identify areas that can be improved. Improvements are logged on a continuous improvement plan and are discussed at continuous improvement, staff and resident meetings. Staff and residents are encouraged to be involved in the continuous improvement system through the comments and complaints forms, meetings, verbal feedback and various surveys. Residents and representatives are satisfied that the home is safe and comfortable.

The home demonstrated results of improvements relating to the physical environment and safe systems including:
- It was recognised that the occupation health, safety and welfare system at the home was lacking structure and not being used to its full potential. The home reviewed the system and implemented a planned audit schedule, hazard register, standard agenda and monthly meeting dates. These initiatives provide a formalised structure to focus on OHS, identify issues and action them appropriately to assist the home to maintain a safe and comfortable environment for all stakeholders.
- Following a hand hygiene awareness project, the home introduced alcohol based hand gel throughout the home. The gel is located on all linen skips, medication trolleys and in the front foyer of the home. This initiative will improve hand hygiene practices within the home and reduce the risk of cross-infection.

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

The home has systems and processes to identify relevant legislation, regulations, standards and guidelines that influence the physical environment and safe systems. Eldercare corporate office monitors any changes to legislation, professional standards or guidelines that are relevant to the home. The residential site manager informs staff of any changes to legislation through meetings, memos and training. Staff and contracted catering, cleaning and laundry services have access to policies and procedures, which are reviewed in consultation with relevant groups of staff and updated centrally. Recent regulatory changes include the new food safety legislation. Internal and external audits monitor regulatory compliance. Managers and staff are aware of their legislated responsibilities for maintaining both personal and environmental safety.

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

The home has systems in place to ensure that staff receive the appropriate training and education to be able to perform their roles effectively. The home has a mandatory training program which is coordinated at corporate level and all required staff are required to attend a corporate training day. The home completes regular training related to Standard Four, such as on-line infection control modules, food safety and manual handling. Performance is monitored through observation, feedback, annual performance reviews, and various internal and external audits. Staff are satisfied with the training offered by the home. Residents and representatives are satisfied that the home is safe and comfortable and services are provided by appropriately qualified and skilled staff.

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

Team's recommendation
Does comply

Residents and representatives are generally satisfied with the safety and comfort of their living environment, including residents' rooms and communal areas. The home has processes in place to provide a safe comfortable environment consistent with residents' care needs. Residents are encouraged to personalise their bedroom areas with personal items. There are several lounges, a large dining room, garden outlooks and activity areas. There is a secure section of the home with a communal lounge and access to a secure garden area for the enjoyment of resident and their families. The home maintains a corrective and preventive maintenance program, including testing of electrical equipment. If restraint is required for resident safety, there is a process of assessment, consultation and monitoring. The living environment is monitored by the home's safety inspections, incident and hazard reporting system and resident and staff feedback mechanisms.

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 organisation and the home's management have systems and processes in place to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff with safe practices. Staff are provided with equipment fit for the purpose, and personal protective equipment is provided and is used by staff. The occupational health and safety committee reviews all incidents and hazard reports and identifies any trends. Staff are provided training regarding their occupational health and safety responsibility within the mandatory corporate orientation and annual workshop.

The organisation has initiated several programs to promote occupational health and safety, including nicotine patches for staff who want to stop smoking, manual handing for resistive residents, influenza vaccination program and an employee assistance program. Staff are aware of their responsibility to maintain a safe working environment.

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

Team's recommendation
Does comply

Processes are in place to provide a safe environment and systems of work that minimise fire, security and emergency risks. There is a fire safety program, including mandatory training of all staff, regular testing of the fire alarm and exit lighting. External contractors undertake regular compliance testing of fire suppression equipment and the fire board. The home is a non smoking work place. The home has a current triennial fire safety certificate. Staff are aware of their responsibilities and actions in response to an emergency event. Residents and representatives are provided information about fire, security and emergency procedures when they enter the home and notices are placed on the back of each resident's door.

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

Team's recommendation
Does comply

The home has an effective infection control program which is implemented in all areas of the home. The program is directed from corporate level with staff trained and responsible for the home's program through the Occupational Health and Safety Committee. Contracted hospitality staff also adopt appropriate strategies to minimise infection transmission in their work areas. Infection control training is mandatory for all staff and they have access to and use personal protective equipment. Influenza vaccination is available for all staff, and residents' vaccination is in consultation with the residents' medical officer. There is an appropriate waste and sharps disposal system in place. Refrigeration temperatures are consistently monitored throughout the home and there is a food safety program in place. The laundry has designated clean and dirty work areas, and work flows meet the required infection control guidelines. Appropriate equipment is available for an infectious gastroenteritis or pandemic influenza outbreak. The home monitors the incidence and trends of infections. Residents, their representatives and staff are satisfied with the practices employed to reduce the risk of infections in the home.

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 are satisfied with the catering, cleaning and laundry services provided and staff are satisfied with their work environment. The home contracts external hospitality services that enhance residents' quality of life and the living environment. Equipment is provided by the home and maintained to meet the needs of hospitality services. Personal laundry is laundered on site. A four week rotating menu with choices and specialised diets is reviewed seasonally in consultation with residents. Daily and weekly work schedules provide appropriate cleaning of residents' rooms, bathrooms and communal areas. The home has a good relationship with hospitality service staff and has clear communication and referral between services. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services.