Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredit
Helping Hand - Belalie Lodge

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Helping Hand - Belalie Lodge in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Helping Hand - Belalie Lodge is 3 years until 21 December 2011.

The Agency has found that 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 that the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor Compliance with the Accreditation Standards

Virginia Matthews
Assessment Manager

Information considered in making an accreditation decision
The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:
- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of the Department of Health and Ageing) about matters that must be considered, under Division 38 of the Aged Care Act 1997, for certification of the home; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the major findings that were presented to the applicant at the conclusion of the site audit. This may include information that indicates the home rectified deficiencies identified by the assessment team at the time of 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:	Helping Hand - Belalie Lodge
RACS ID:	6055

Number of beds:	40	Number of High Care Residents:	19

Special Needs Group catered for:	• People with dementia or related disorders

Street:	1-7 Cumnock Street				
City:	Jamestown	State:	SA	Postcode:	5491
Phone:	08 8664 1267		Facsimile:	08 8664 1866	
Email address:	BL-reception@helpinghand.org.au				

Approved Provider

Approved Provider:	Helping Hand Aged Care Incorporated

Assessment Team

Team Leader:	Susan Smith
Team Member:	Jeane Anne Hall
Date of audit:	14 October 2008 to 15 October 2008

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

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Helping Hand – Belalie Lodge
RACS ID	6055

Executive summary

This is the report of a site audit of Helping Hand – Belalie Lodge 6055, 1-7 Cumnock Street, JAMESTOWN SA 5491 from 14 October 2008 to 15 October 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 20 October 2008.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through the audit of the home indicates 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 Helping Hand – Belalie Lodge.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be three support contacts 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Name of home: Helping Hand – Belalie Lodge RACS ID 6055
Dates of site audit: 14 October 2008 to 15 October 2008
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Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 October 2008 to 15 October 2008.

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:	Susan Smith
Team Member:	Jeane Hall

Approved provider details

Approved provider:	Helping Hand Aged Care Incorporated

Details of home

Name of home:	Helping Hand – Belalie Lodge
RACS ID:	6055

Total number of allocated places:	40
Number of residents during site audit:	37
Number of high care residents during site audit:	19
Special needs catered for:	People with dementia or related disorders

Street:	1-7 Cumnock Street	State:	SA
City/Town:	JAMESTOWN	Postcode:	5491

Phone number:	08 8267 0888	Facsimile:	08 8267 2215
E-mail address:	accreditation@helpinghand.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Helping Hand – Belalie Lodge.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be three support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

	Number		Number
Divisional care services manager	1	Residents	7
Care manager – Belalie Lodge	1	Divisional hotel services manager	1
Care manager – Carinya	1	Catering coordinator	1
Registered nurses	1	Hotel services team leader – maintenance	1
Enrolled nurses	1	Cook	1
Care staff	3	Cleaning staff	2
Administration staff	1		

Sampled documents

	Number		Number
Residents' files, including palliative care requirements, progress notes, general practitioner notes	4	Medication charts, including 'as required' medication evaluation records	5
Care assessments and reviews	4	Bowel charts	4
Care plans	4	Weight monitoring charts	4
Deceased resident file, assessments and care plans	1	Observations records	4
Social/Cultural/Preferred Lifestyle/religions Care Plans	6	Wound assessments and management plans	4
Physiotherapist assessments and plans	6	Geriatrician assessment	1

Podiatrist reviews	6	Dietitian assessment and management plan	1
Restraint assessments, management plans and reviews and relevant care plans	2	Diabetes educator review	1
		Personnel files	9
Other therapist – reflexologist reviews and treatments	1	Resident agreements	2

Other documents reviewed
The team also reviewed:
- Belalie Lodge action plan January to December 2008, Helping Hand organisation plan 2006-2010, Quality improvement / Safety and Wellness Committee meeting minutes, action forms, action plans, action form summaries, schedule of audits and results, improvement records and evaluation, benchmarking data, project reports, and spiritual care support group planning folder, including vision, aim and objectives
- Corporate policy manual, divisional procedure manual, document control handbook
- Mission/Philosophy of care, objectives, code of conduct, duty of care statements
- Legislative changes index, police clearance records, staff practising certificates, asbestos policy and register, audited financial statement, asset register
- Staff education and training calendar, training attendance records and evaluation sheets, mandatory training records, training certificates, aged care channel topics, orientation checklist and records, staff survey results, continual professional development log books, skills matrix, staff roster, agency staff use trends.
- Memos folder, emails, letters and thank you cards, staff and resident newsletter, various staff meeting minutes
- Resident meeting minutes, comments and complaints data, resident handbook, resident survey results, food survey results
- Clinical care and hotel services contractors folders with preferred supplier list, corporate contractor guidelines and copies of external services agreements, including pharmacy, continence products supplier, butcher, and dairy products, contractors sign in and out register, contractor performance reports and follow-up
- Care assessment package, clinical audits and benchmarking projects, annual audit and data collection schedule – clinical care, incident and accident data, analysis and trending, including individual resident data and analysis, incident report forms, nursing and care staff communication book, appointment diary, shower lists, nursing bulletin sheets, care review schedule, continence communication book, staff allocation sheets, wound management folder, correspondence from department of health and ageing regarding complaint and home's response, register of residents' dental status
- Activities survey results, activities program, attendance records, volunteer daily participation records, photographic records, Belalie Lodge history albums, resident lifetime memories booklet, grief and loss program folder, meeting minutes for care manager, lifestyle staff and therapist

- Hazard register, hazard report forms and risk analysis, staff incident forms and follow-up details, daily security checklists folder and signed checklists, fire monitoring service records, fire drill records and fire services attendance records, hazardous substances register, and master material safety data sheets, fire systems operation and maintenance manual, building certification report, SA Fire Services Fire Safety Department triennial fire service safety report and response from the home
- Annual audit and data collection schedule – Housekeeping 2008, including site inspection results, cleaning and laundry audits, annual audit and data collection schedule - environmental, including fire and emergency, maintenance, chemicals, unit and environmental audits results
- Communication book for catering services and care and nursing staff, various temperature monitoring records, including delivered and cooked foods, dishwasher, oven and bain maire, local council kitchen inspection report 2008, food safety education package, corporate food safety management plan, catering cleaning schedules and sign off sheets, resident nutrition and hydration assessments folder, menu planning and review, dietitian report May 2008, meal recommendation templates, menus for weeks one to four, standard recipes folder
- Catering annual audit and data collection schedule and audit results
- Electrical testing and tagging register, preventative maintenance schedule and sign off sheets, reactive maintenance request slips
- Infection data, staff and resident influenza vaccination records 2008.

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

Belalie Lodge has developed systems and processes to identify and action opportunities for improvement across the four Accreditation Standards and is able to demonstrate measurable results for stakeholders. A variety of methods are being used to gather data and monitor and evaluate continuous improvement, including benchmarking, planned audits and staff and resident feedback. Issues identified are added to the quality improvement action plan and addressed according to the allocated timeframes. Progress is monitored at a corporate level by the divisional Quality Improvement / Safety and Wellness Committee and at a site level by the clinical care and hotel services team. Continuous improvement is a standing agenda item at all meetings, including resident meetings. The divisional care services manager and the site care manager encourage suggestions for improvement. These are used to make changes to resident care, change staff work practices or purchase goods or equipment for residents according to their changing needs. Residents and staff are aware of the home's quality management systems and how they can contribute to continuous improvement, and are satisfied with the feedback they receive on initiatives undertaken. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- Continuous improvement awareness has been raised following a review of the quality improvement system. Suggestions for improvement are identified as proactive or reactive, and the audit system has been improved to include summary analysis and trending. Staff have been educated in the use of the new quality system resulting in an increase in staff involvement in auditing and an increase in the number of suggestions for improvement.
- Management identified that the remoteness of the home was a factor in providing education for staff. Options to increase staff access to education were explored and the Aged Care Channel was introduced. This has resulted in an increase in the range of topics available to staff.
- The home has reviewed the staffing structure in response to staff survey results. A care manager has been appointed with designated responsibility for the site. Staffing hours across all areas have been increased by a total of 173 hours per fortnight. Staff interviewed confirmed that the increase in hours assists them in providing quality care and services for residents.
- The home identified that hospitality staff were not signing the memos folder located in the nurses station due to the distance from their work stations. A separate memos folder has been introduced and placed in a convenient location for hospitality staff. This has resulted in an increase in compliance with signing memos. Hospitality staff interviewed expressed satisfaction with the improved location of the memos folder.

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

Team's recommendation
Does comply

The home has established systems to identify and manage regulatory compliance, including identifying changes to legislation, regulations and guidelines that affect the operation of the home, and initiating any changes that are necessary. These include monitoring and recording police clearances for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframes, and maintaining an updated asset register. Relevant legislative changes are made available to staff through the staff noticeboard, staff meetings, memos and education sessions as required. The home maintains a legislative changes index, and legislation is a standing agenda item at the Quality Improvement / Safety and Wellness Committee meetings and at all staff meetings. Staff at the home understand and use the system.

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 combines staff and resident feedback with planned audits and regular   performance appraisals to develop the annual training calendar, and monitor staff knowledge and skills for performing their roles effectively. A staff recruitment program is used to identify prospective staff who meet resident preferences, and the philosophy of the home. The staff continual professional development program encourages and assists staff to access the wide range of training and development available to them. Education and development in management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last 12 months in a range of topics, including Accreditation, information technology, and legislation.

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

The resident handbook, resident agreement and the resident rights and responsibilities poster displayed in the home provide residents with information about their rights and the internal and external complaints mechanisms available to them. Comments and complaints are reviewed and trended every three months. Results are reported at the organisation's divisional management meetings and at the site resident and staff meetings. Staff assist

residents to use the system when this is required. The home has a low incidence of complaints, and while residents have been provided with information about formal internal and external complaints mechanisms they prefer to use informal discussions with management and staff. Residents are aware of the internal and external complaints processes and are satisfied with the home's response to the issues raised.

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 documented its mission statement, objectives and code of conduct. These statements are clearly displayed in the home, and included in the resident handbook and staff and volunteer orientation packs.

1.6 Human resource management

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

Team's recommendation
Does comply

The care manager and the hotel services manager combine resident care needs with benchmarking, audit results and staff and resident feedback to determine the number of appropriately qualified and skilled staff required for direct care needs and service delivery. Additional hours are accessed as needed to meet residents' changing needs. The home maintains a casual relief nursing and personal care staff pool, and uses this to meet residents' short term changing needs and as a back-up as needed. Staff at the home's regional sister sites are available for back-up in an emergency. Registered nurses are rostered on all shifts where possible. Where this is not possible a registered nurse is on call. Management is responsive to staff feedback and staffing hours have been increased across all areas in the last twelve months. Recruitment processes identify prospective staff who are resident focused and have the necessary skills to provide care and services in line with the home's philosophy. A system of 'championship' mentoring, training and staff education is ongoing. Staff generally have sufficient time for their duties. Residents are satisfied with staff responses to their care needs.

1.7 Inventory and equipment

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

Team's recommendation
Does comply

The home has a system to facilitate the availability of an adequate supply of goods and equipment for care and services. The home considers the increasing needs of residents and staff feedback. New equipment is generally purchased through corporate processes and is generally trialled at other sites in the metropolitan area. Occupational health, safety and welfare requirements are considered when purchasing new and additional equipment. Designated staff take responsibility for specific stock control and ordering. The home has a preventative and corrective maintenance program, site processes for testing and tagging electrical equipment and resources external contractors. Staff and residents are satisfied there is adequate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's recommendation
Does comply

The home has and consistently uses information management systems to facilitate staff access to the necessary information required to carry out their role in the provision of care and services. Policies, procedures and legislation guide and direct the home in records management, care and lifestyle assessment, planning and evaluation and information technology. While divisional procedures are current, corporate policies have not been reviewed according to the scheduled timeframes. Adequate and appropriate information is given to residents and representatives to enable them to make informed decisions about care and lifestyle. While regular audits, staff, resident and representative feedback is used to review and evaluate information management systems, the clinical care resident survey questions are misunderstood by residents. Staff and residents are generally satisfied they have access to appropriate and timely information.

1.9 External services

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

Team's recommendation
Does comply

The home has processes to ensure external services are provided to an agreed standard and quality. The home uses formal and informal agreement, feedback and evaluation processes. The care manager and hotel services manager in consultation with relevant staff evaluates the effectiveness of the service provided and liaises with them to address identified deficiencies. Services contracted externally include laundry, and allied health. Staff and residents are satisfied with the external services 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 recommendation

Does comply

Summary analysis and trending is undertaken of each clinical audit conducted, and results are used in combination with incidents and survey processes to demonstrate measurable results for residents in health and personal care. Information systems, feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement in this Standard. The home demonstrated results of improvements relating to health and personal care including:

- The home has reviewed the incidence of resident falls and introduced a variety of monitoring aids, including sensor mats and hi lo electric beds. A review of falls data since the introduction of the aids showed a reduction in falls for 'at risk' residents.
- Residents' access to medical care has been improved. The home identified the need for residents to have access to medical services that was convenient and easily accessible. Staff negotiated with local doctors resulting in the introduction of a medical clinic on site for one day per week. This has improved access for residents who experience difficulty in accessing services outside the home.
- The organisation has recently created the position of clinical education coordinator. The site is using this person to increase clinical education and to assist with annual staff competency assessments. Staff report that this has increased the amount of clinical education available to staff and has reduced the workload on senior staff in relation to annual competencies.
- The home has introduced 'champions' where allocated staff are resource persons and mentor other staff in specific areas, including wound, infection control and continence.

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

Established systems and processes identify and manage regulatory compliance relating to residents' health and personal care, including the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. The care manager identifies changes to legislation that affect the operation of the home, and passes information to relevant staff who are required to sign that they have read and understood the information. Staff at the home understand and use the system.

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

Annual performance appraisals are combined with a system of mentoring, orientation, feedback and review to provide staff with access to ongoing training and development relevant to their roles. Regular audits and surveys are used to monitor staff knowledge and skills. The organisation has recently created the position of clinical education coordinator who assists with clinical education and annual competencies. Education and development in health and personal care has been provided to nursing and personal care staff over the last twelve months in a range of topics, including asthma, emergency response, diabetes and dementia care.

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

Team's recommendation
Does comply

The home has processes to assess, identify, plan, action, evaluate and monitor appropriate clinical care for residents. Staff are guided and directed by policy and procedures. Information is collected from various sources at the time of entry and an interim care plan implemented. The care and nursing team complete assessments across all care domains over a 21 day timeframe. Registered nurses develop and implement a two page summary care plan along with in-depth care plans from this data. The summary care plans refer care and nursing staff to in-depth care plans where relevant. Care evaluations are scheduled and completed every three months in consultation with residents, representatives and staff. The home uses a modified assessment, care planning and evaluation process for residents who enter the home for respite. Regular clinical care and clinical documentation audits, observation and supervision of staff and formal and informal feedback from staff, residents and representatives are used to monitor the home's care systems and staff practices. Handover, progress notes, nursing bulletin sheets, appointment diary, whiteboard and communication book are used to monitor and communicate information about residents' changing needs and preferences. Residents are satisfied with the clinical care provided.

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

Team's recommendation
Does comply

Registered nurses complete assessments, develop care plans and evaluate effectiveness of care interventions. Enrolled nurses under the supervision of registered nurses attend specific aspects of specialist nursing care, including simple wound management, clinical observations and medication administration. Allied health professional recommendations for treatment and care interventions are incorporated into care plans. The home resources specialist nursing services advice and education as required, either through corporate specialists or external specialist services. Regular audits, staff qualification and competency checks, and registered and enrolled nurse meetings are used to monitor staff practices. Handover, progress notes, whiteboard and nursing bulletin sheets are used to monitor and communicate information about residents' changing needs and preferences. Staff confirm they have appropriate and adequate equipment and supplies to provide specialised nursing care. Residents are satisfied with the specialised nursing care provided.

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

The home has processes to identify residents' needs and preferences and referrals are made to appropriate allied health specialists. Registered and enrolled nurses complete assessments and generate referrals to general practitioners and allied health professionals, including dietitian, speech pathologist, physiotherapist and podiatrist. These services are provided in the home with the external providers completing assessments, and developing and evaluating management plan strategies. Processes are consistently used to monitor staff practices and communicate residents' changing needs and preferences, including referral folders and forms. Residents are satisfied with the home's referral processes.

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

Team's recommendation
Does comply

The home has processes to facilitate the provision of safe and correct medication management, including storage, supply, administration, and legislative requirements. Medications are supplied in pre-packaged blister packs. Assessments are completed to identify individual resident's administration needs, which are included on the medication chart to guide and direct staff. Residents who wish to self administer medications are assessed and supported to do so as appropriate. Registered and enrolled nurses and credentialled care staff administer medications. General practitioners review residents' medications at least every six months. Processes are consistently used to monitor staff practices and communicate residents' changing needs and preferences. Medication incidents are reported and monitored with actions being implemented to improve staff practices and resident outcomes. Residents are satisfied with the home's medication management.

2.8 Pain management

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

Team's recommendation
Does comply

Residents who experience pain indicated their pain is managed effectively and that they are kept as pain free as possible. The home has processes to assess, identify, action, evaluate and monitor residents' pain care needs, including for those with cognitive and communication difficulties. The home has reviewed their systems and is implementing robust pain management processes. This includes new flow charts, pain assessment tools and pain management plans, which are currently being trialled. The home promotes, uses and evaluates alternative pain management therapies, including heat packs, massage, repositioning, and pressure relieving devices. The home regularly evaluates 'as required' pain medication in consultation with residents, representatives and general practitioners. Processes are used to monitor staff practices and communicate residents' changing needs and preferences.

2.9 Palliative care

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

Team's recommendation
Does comply

The home has processes to facilitate the provision of residents' terminal care wishes and preferences. On entry to the home staff consult with residents and or representatives about their end of life wishes and complete a palliative care requirements form. Staff are sensitive to residents and representatives comfort in discussing end of life wishes and will follow this up at a later date should it not be identified in the initial entry and assessment stage. A specific palliative care plan, which covers all care domains, replaces the existing care plan when residents enter that part of their life. The home resources local palliative care and specialised nursing care services as required. Staff are satisfied they have access to appropriate goods and equipment necessary to provide palliative care. Representatives are satisfied with the palliative care provided.

2.10 Nutrition and hydration

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

Team's recommendation
Does comply

Entry assessment, care evaluation and monitoring processes are consistently used to identify, plan, action and monitor residents' nutritional and hydration requirements. Registered and enrolled nurses complete assessments, develop care plans and evaluate the effectiveness of care interventions. Registered nurses make referrals to speech pathologists and the dietitian as required, in consultation with the resident, representative and general practitioner. Registered nurses monitor residents' weight, and nutritional supplements, including fortified milk is implemented on identified needs. Residents' hydration

needs are met with the provision of jugs of fluid in their rooms, as well as morning, afternoon tea, supper and drinks with each meal. Residents' individual needs and preferences are documented on the dietary forms and a copy provided to the catering service. Registered and enrolled nurses advise the catering service of any changes in residents' dietary requirements through a dietary change form. Residents are satisfied with the home's response to nutritional and hydration needs.

2.11 Skin care

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

Team's recommendation
Does comply

Entry assessment, care planning, evaluation and monitoring processes are consistently used to maintain residents' skin integrity consistent with their general wellbeing. Skin assessments, including a pressure risk assessment are completed and individualised skin care plans developed and implemented. Registered and enrolled nurses develop and evaluate wound management care plans with registered nurses being responsible for complex wounds. Pressure relieving devices and practices are available and used. Processes are used to monitor staff practices and communicate residents' changing needs and preferences, including analysing and trending skin tear data. Residents are satisfied with the skin care provided.

2.12 Continence management

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

Team's recommendation
Does comply

The home has a continence management system that identifies individual resident needs, plans appropriate care and evaluates the effectiveness of care interventions. Registered and enrolled nurses complete assessments, develop care plans and evaluate the effectiveness of care. Continence assessments identify residents' individual needs and preferences, including assistance and continence aids required, frequency of assistance and toileting. Individualised care plans are developed and implemented from this information. The home has a continence nurse or 'champion' and resources the corporate continence advisor for support and staff education. A continence communication book has been implemented to improve communication between care staff and the continence nurse. Processes are used to monitor staff practices and communicate residents' changing needs and preferences. Residents are satisfied with the home's continence management.

2.13 Behavioural management

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

Team's recommendation
Does comply

The home has processes to identify, plan, action and monitor behaviours of concern. Behaviour assessments are completed to identify the behaviour of concern, triggers or causes and effective strategies. Individualised care plans are developed and implemented from this information. Mental health specialist and behavioural advisory services are resourced. The home uses minimal restraint, which includes bed rails, lap sash and positional chairs. While staff are guided and directed by documented restraint policies, procedures, and detailed restraint assessment and management plans, the two page summary care plans do not consistently include relevant information. Adverse events, including physical aggression incidents are monitored, reported and trends identified with action plans being implemented. Processes are used to monitor staff practices and communicate residents' changing needs and preferences. Residents are satisfied with the home's approach to behaviour management.

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

The home has processes to assess, identify, plan and evaluate residents' mobility, dexterity and rehabilitation needs. A registered nurse assesses residents' abilities on entry to the home and includes relevant strategies on the interim care plan. The physiotherapist assesses all residents soon after entry, develops care strategies and individualised exercise programs, which are included with care plans. Assistive devices are resourced and provided to assist residents to be as independent as possible, including walkers, walking sticks and wheelchairs. Care staff provide and or support residents with their exercise programs. Processes are used to monitor staff practices and communicate residents' changing needs and preferences, including trending falls and skin tear data with improved outcomes for individual residents. Residents are satisfied with the home's approach to optimising mobility, dexterity and rehabilitation.

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

Team's recommendation
Does comply

The home has processes to identify concerns and monitor residents' oral and dental health. Oral and dental health assessments are completed to identify residents' individualised needs and preferences. Care plans are implemented based on assessment information. While the home has difficulty resourcing external dental services to visit the home, process are being implemented to source such services. Residents are supported to attend external dental appointments. Processes are used to monitor staff practices and communicate residents' changing needs and preferences. Residents are satisfied with the oral and dental care provided.

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

Team's recommendation
Does comply

The home assesses, identifies, plans and evaluates care for sensory loss, including all five senses. Assessments are completed to identify residents' individualised needs and preferences. The home recently identified that not all existing residents have had an assessment for taste, touch and smell and progressive plans are in place to reassess those residents who do not have a current assessment. Care plans are implemented based on the assessment information. Care plans include specific strategies to address identified losses, preferences and needs, including assistive devices. A designated staff member monitors and replaces hearing aid batteries regularly. External specialist services are resourced. Processes are used to monitor staff practices and communicate residents' changing needs and preferences. Residents are satisfied with the home's management of sensory loss.

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

Team's recommendation
Does comply

The home has systems and processes to promote natural sleep patterns for residents. Individualised needs and preferences are identified during assessment processes and included in care plans. This includes environmental needs and preferences to assist residents to sleep or rest during the day. Non-pharmacological strategies are promoted, which include warm drinks, repositioning and general comfort. Residents are satisfied with the home's approach to promoting natural sleep patterns.

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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 uses its quality improvement system to identify and action opportunities for improvement in resident lifestyle. Processes such as surveys and audits are used to demonstrate measurable results for residents. Progress is monitored by the Quality Improvement / Safety and Wellness Committee. Residents are satisfied with the home's quality management systems and how they can contribute to continuous improvement. The home demonstrated results of improvements relating to resident lifestyle including:

- As a result of survey results, the home has reintroduced resident meetings and educated residents in how to use the comments and complaints system. Resident use of the comments and complaints system has increased following the explanatory sessions, and comments and complaints has been added as a standing agenda item at resident meetings. Residents interviewed expressed satisfaction with the system.
- The home has researched and introduced reflexology for selected residents. This has resulted in measurable benefits for twelve residents. There has been a reduction in reported pain and anxiety in these residents and an increase in their involvement in activities.
- Resident access to spiritual care has been improved with the development of a care support group. The group was introduced following staff suggestion and has been aligned with the newly created organisational spirituality advisory group. A mission statement, objectives and aims have been developed for the site group. Spiritual care pathways are being developed progressively for each resident.

3.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has established systems to identify and manage regulatory compliance, including identifying changes to legislation, regulations and guidelines that affect the operation of the home and initiating any changes that are necessary. Processes monitor regulatory compliance relating to resident lifestyle, including the provision of lifestyle and activity programs consistent with the *Quality of Care and User rights Principles 1997*, protecting residents' privacy, maintaining confidentiality of resident information, and providing

resident agreements that assist them to understand their rights and responsibilities. Relevant legislative changes are made available to staff through a variety of sources, and staff are required to sign that they have read and understood the information. Staff at the home understand and use the system.

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

A system of orientation and peer review is combined with the aged care channel to provide staff with ongoing training and development relevant to their roles. The staff continual professional development program encourages and assists staff to access the wide range of training and development available to them. Specialised education is accessed as needed. Education and development in resident lifestyle has been provided to care and lifestyle staff over the last twelve months in a range of topics, including privacy and dignity, networking, documentation and lifestyle assessment and care planning.

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

Team's recommendation
Does comply

Initial assessments and ongoing care and lifestyle review processes are used to identify, document and plan strategies to manage residents' emotional support needs. Residents and their families are provided with relevant and comprehensive information prior to entry to assist them in preparing for life in residential care. Activities that maintain residents' links with their past, including hosting friends from the community for regular card games in the home, are encouraged. Feedback processes including thank you letters and resident surveys are used to evaluate the emotional support provided. Residents are satisfied with the level of emotional support given on entry and on an ongoing basis.

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

Assessment processes and care and lifestyle plans are used to identify residents' individual interests, preferences and family and community associations. The home is located close to the main street of the town, and residents are encouraged to maintain contact with their local community, including doing their own personal shopping in the main street and attending

the local market. Volunteer support and family involvement assists residents to maintain membership of their local clubs and continue long standing friendships and associations. Residents are satisfied with the way staff assist them to retain their independence and maintain their local connections and meaningful relationships.

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

Team's recommendation
Does comply

The home's policy and procedure documents support residents' right to privacy, dignity and confidentiality. Information contained in the staff induction handbook and in resident files guide staff in respecting residents' rights to privacy, dignity and confidentiality. Planned surveys and peer review monitor compliance with policies and procedures. Residents are satisfied with strategies staff use when providing care including, referring to them with their preferred name.

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

The home has processes to identify, plan and respond to each residents' lifestyle interests and preferred activities. Individual preferences are respected with programs in place to support residents with special needs. Monitoring processes, including resident surveys and lifestyle program evaluations are used to determine the ongoing suitability of the activities provided, and the extent to which they meet residents' individual needs and interests. Residents are actively encouraged and supported to participate in individual and group activities in the home and in the town. The home has an extensive range of volunteers who assist residents to participate in activities of their choice, including knitting items for refuge groups, participating in the men's shed and ladies craft days. Residents are satisfied with the wide range of activities available to them.

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' cultural and spiritual needs and preferences are identified on entry and recorded in the care plans. Processes, including the internal care support group and weekly services provided by representatives from four religious orders, provide for residents' spiritual support needs. Residents are supported

to celebrate cultural events of significance to them, such as saying grace before each meal and attending the Anzac Day dawn service. Residents are satisfied with the level of spiritual and cultural support offered.

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

Surveys and other feedback mechanisms provide residents with the opportunity to participate in decisions about their care and the services provided for them. Care plans and resident files include information on residents' capacity to make informed choices and representatives who can assist with care and lifestyle decisions when the resident is unable to do so. Information on residents' rights and responsibilities is included in all resident information, including the resident handbook and the resident agreement. Residents are satisfied with the choice they have around issues that affect their daily life.

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

Team's recommendation
Does comply

The home's policies and procedures support residents' right to safe and secure tenure and staff's responsibilities to protect these rights. The resident agreement and resident handbook provide information about residents' rights and responsibilities, fees and charges, security of tenure and resident decision making forums. The divisional admissions officer is available to meet with each resident and/or their representative prior to entry to assist them in understanding the issues that affect their tenure in the home. Processes enable residents to remain in the home as their care needs change. Residents and/or their representatives are advised of any changes relating to residents' low care status in writing, including any changes in resident's entitlements. Residents are satisfied that the information provided assists them to understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

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

Team's recommendation
Does comply

The home's quality system is used to identify and action opportunities for improvement related to the physical environment and safe systems. Outcomes are recorded, evaluated and reported, and the home is able to demonstrate measurable results for all stakeholders. Feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement relating to this Standard. The home demonstrated results of improvements relating to the physical environment and safe systems including:

- Security in the home has been improved following a security review in May 2008, where risks were identified. Management reviewed the risks and undertook extensive consultation with staff and residents. A security procedure and sign off sheet has been introduced with improved outcomes.
- The home reviewed furnishings in the home and identified the curtains as a possible fire hazard. Residents were consulted and were involved in the selection of a fire retardant fabric. This resulted in the purchase and installation of fire retardant curtains, and the reduction of a possible fire hazard due to flammable material.
- Infection control measures have been improved in the laundry in response to audit results. The on site laundry is small and congested at times. Management consulted with staff and improved the flow of dirty and clean laundry. Demarcation lines have been installed and the risk of cross infection has been reduced.
- Following staff suggestion a suitable trolley has been sourced and provided to personal care staff to enable efficient and effective use of rubbish bags and other products used on a daily basis by care staff. Staff indicated this trolley has made their jobs much easier.

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

There are established systems to identify and manage regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations, monitoring and maintaining fire safety systems and mandatory staff training sessions. Relevant legislative changes are made available to staff through the memos folder at staff meetings and education sessions as required. Staff at the home understand and use the system.

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

Annual performance appraisals are combined with a system of mentoring, feedback, orientation and review to provide staff with access to ongoing training and development relevant to their roles. Regular audits and surveys are used to monitor staff knowledge and skills. These are generally effective. Education and development in physical environment and safe systems has been provided to all work groups over the last twelve months in a range of topics, fire drills, infection control and food safety.

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

Team's recommendation
Does comply

The home has systems to facilitate, monitor and maintain a safe and comfortable living environment for residents and staff. Residents' have single rooms with en-suites with some personalising their rooms. There are rooms that accommodate couples and rooms with connecting doors which can be adapted for couples if required. Environmental temperatures are controlled with split system air-conditioning units with controls readily available in resident rooms. Temperature control in en-suites has been reviewed with plans to install heat lamps in the larger en-suites and other strategies being implemented for the smaller en-suites. There are lounge areas and a large central open dining room. A large activity room is available and provides access to a kitchenette. There are quiet areas and facility for private dining. Corridors have handrails and are uncluttered. The home is secure but can also provide a secure area for residents who may wander. There is a large courtyard that is undercover with outdoor furniture. The home uses a wooden stand with arrows that have staff designations on them pointing residents, staff and visitors to their location. These are changed accordingly. The home uses minimal restraint and has appropriate processes in place to facilitate resident safety. There are routine and preventative maintenance programs. The home monitors, identifies and rectifies hazards and plans improvements through reporting mechanisms, internal and external audits. Residents are satisfied with the level of comfort and security of the living environment.

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

Team's recommendation
Does comply

The home's management is actively working to maintain a safe working environment for staff that meets regulatory requirements. Corporate policies, divisional procedures, duty statements and work schedules guide and direct staff. The home has hazard identification, risk management, injury prevention and reporting processes. The care manager has designated responsibility for coordinating occupational health safety and welfare; however, the chief executive officer maintains overall responsibility. The home has a health and safety representative. Staff injury prevention is promoted through training and education with positive outcomes for staff. The home has monitoring systems, including, environmental audits, workplace inspections, supervision and monitoring staff practices and external audits. Staff are aware of their obligations under occupational health safety and welfare legislation.

4.6 Fire, security and other emergencies

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

Team's recommendation
Does comply

The home has systems to monitor, detect and respond to risks associated with fire, security and other emergencies. Emergency procedures manuals and flip charts, evacuation plans and appropriate fire fighting equipment are readily available to staff. While the home provides regular fire drills for staff annual mandatory fire and emergency procedures training is overdue. The home has a resident evacuation list readily available at the fire panel. Staff confirm they are aware of their responsibilities with fire, security and other emergencies. The home meets the safety requirements of the Commonwealth 1999 certification instrument and has a current SA Country Fire Services Triennial Certificate. The home has monitoring systems, including, internal and external audits. Residents are generally aware of their role in the event of fire.

4.7 Infection control

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

Team's recommendation
Does comply

The care manager has overall responsibility for the home's infection control program. Procedures, plans, practices and equipment are available to monitor, identify and control infection. Staff are provided with education on infection control, including safe food handling. The home has a monitoring system, including, identifying, recording, collating and trending resident infections with preventative measures for improvements. Resident infections rates are generally low. Staff have personal protective equipment readily available and confirm they understand their responsibilities in their use. The home has an influenza vaccination program for staff and residents. The care manager monitors this program and maintains records.

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

The home has systems and processes to provide and monitor quality hospitality services, including catering, cleaning and laundry for residents, and safe work environment for staff. Resident's food preferences and needs are identified on entry to the home and on an ongoing basis. Meals are prepared and cooked fresh on site and menus developed in consultation with residents taking into consideration special dietary requirements. The menu has been reviewed by a dietitian with recommendations being implemented. Residents are offered alternatives at each meal.
Cleaning services are provided five days per week by the home's staff, following scheduled routines, which are monitored on a regular basis. Care staff provide some cleaning services to residents' rooms as required. Cleaning staff hours have been increased with improved outcomes.

Laundry services are outsourced to external service providers. Residents' personal laundry is laundered by care staff on site or by residents who may wish to and are safely able to do their own. Chemical spills management training is provided to relevant staff by the hotel services team leader cleaning. Staff and residents are generally satisfied with the hospitality services provided.