



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredit Hillgrove House

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

The Agency has decided that the period of accreditation of Hillgrove House is 3 years until 6 May 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 assessment team recommended that the home did not comply with expected outcome 1.2 Regulatory compliance. The Agency considered additional information including a submission from the approved provider and actions taken by the home since the site audit and found that the home does comply with this expected outcome.

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

The Agency will undertake support contacts to monitor 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:	Hillgrove House				
RACS ID:	2657				
Number of beds:	64	Number of high care residents:	62		
Special needs group catered for:	Nil				
Street/PO Box:	24 Hill St				
City:	BEGA	State:	NSW	Postcode:	2550
Phone:	02 6492 7777		Facsimile:	02 6492 7728	
Email address:	admin@begadnh.com.au				

Approved provider

Approved provider:	Bega & District Nursing Home Ltd
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Assessment team

Team leader:	Deborah Williams
Team member/s:	Jose Rigor
Date/s of audit:	17 February 2009 to 18 February 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does not comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

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

Accreditation decision

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

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Hillgrove House
RACS ID	2657

Executive summary

This is the report of a site audit of Hillgrove House 2657 24 Hill St BEGA NSW from 17 February 2009 to 18 February 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:

- 43 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcome:

- 1.2 Regulatory compliance

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 17 February 2009 to 18 February 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:	Deborah Williams
Team member/s:	Jose Rigor

Approved provider details

Approved provider:	Bega & District Nursing Home Ltd
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Details of home

Name of home:	Hillgrove House
RACS ID:	2657

Total number of allocated places:	64
Number of residents during site audit:	62
Number of high care residents during site audit:	62
Special need catered for:	

Street/PO Box:	24 Hill St	State:	NSW
City/Town:	BEGA	Postcode:	2550
Phone number:	02 6492 7777	Facsimile:	02 6492 7728
E-mail address:	admin@begadnh.com.au		

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be 3 years.

Assessment team's recommendations regarding support contacts

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

The assessment team recommends there should be 3 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 the reasons for its recommendations are outlined below.

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents	10
Registered nurses	3	Relatives	5
Physiotherapist	1	Educator RN	1
Care staff	9	Laundry staff	1
Medical officers	3	Cleaning staff	1
Catering staff	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	10
Summary/quick reference care plans	8	Personnel files	5
Resident agreements	6		
Resident incident and accident reports (challenging behaviours)	3		
Registered nurse and care service employee education and training record	7		
External services agreements	5		

Other documents reviewed

The team also reviewed:

- Accident/incident forms
- Activities planning folder
- Activity attendance records
- Activity evaluation
- Activity instructions
- Activity program
- Admission checklist
- Aged Care Channel program for 2008 and 2009 (the educator has identified specific programs that address staff's knowledge requirements)
- Annual Fire Safety statement
- Annual staff appraisals
- Assessments
- Audits and audit tools – environmental safety, employee incident and accidents, clinical management, medications, resident incident and accident, hazard reporting, infection control, equipment maintenance and emergency procedures
- Behaviour charts
- Board meeting Agenda
- Brochures – External complaints mechanisms and residents' advocacy services
- Bus outings folder
- Communication books – care staff to kitchen, staff to maintenance, management to staff
- Continuous improvement log (January 2008 to February 2009)
- Daily activity sheet
- Doctors lists
- Education and in-service attendance records
- Education calendar for 2008 and 2009
- Freezer and fridge temperature records
- General management register – document control
- Holistic care days records
- Infection data collection tool and monthly statistical compilation for reporting and trend analysis
- Integrated activity monthly records
- Medical officers communication diaries
- Medication incident forms
- Medication management report
- Meeting minutes for: Registered nurses, care service employees, residents and management committee
- Menu assessment January 2009
- Newsletter "Residents, relatives and friends" (December 2008)
- NSW Food Authority License
- Observation charts
- Outings assessments
- Physiotherapy assessments & care plans
- Police clearance certificate register (including copy of applications by staff)
- Policies and procedures for – Infection control, fire plan and emergency procedures, maintenance, laundry, cleaning and catering services
- Position specifications and descriptions register (different positions within the home)
- Recruitment policies and procedures
- Registered nurse work diary
- Resident birthday list
- Resident data base

- Resident survey 2008
- Residents lists
- Residents' food and beverage preferences (likes and dislikes)
- Residents' information package and surveys
- Self-directed learning packages – Medication management and administration
- Staff Handbook
- Staff work diaries
- Stock control communication book
- Toileting program
- Weekly weight charts
- Weekly wound dressing chart
- Wound management charts

Observations

The team observed the following:

- Activities in progress
- Automatic movement activated entry doors to encourage resident mobility
- Electronic keypad access control to nurses station and front office and closed-circuit television monitoring of public perimeter areas
- Electronic lifting equipment, weighing chair, electronic shower chair
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Meals being served and prepared
- Medication trolley
- Palliative room
- Payphone
- Personal protective equipment
- Pets – birds and rabbit
- Physiotherapy room
- Proactive management, supportive of staff and timely actioning on areas of concern
- Raised vegetable garden
- Resident call bell system interfaced with an in-house paging service
- Robust resident and carer relationship (observations and interviews)
- Sharps receptacles, alginate bags, secured contaminated waste bin
- Spills kit
- Staff celebrating a resident's birthday with family and friends
- Storage of medications
- Treatment room
- Wound care trolley

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home follows a teamwork and collaborative approach to continuous improvement. The continuous improvement quality system is driven mainly by the management committee who identify, implement and review continuous improvement items in response to various clinical and performance indicators. Action plans are developed in direct response to issues raised and staff and residents are consistently encouraged to contribute and participate in the home’s continuous improvement system through a variety of mechanisms which include regular meetings, orientation programs and documentation through the use of the continuous improvement form. Improvements are evaluated after implementation and results; feedback is given to all relevant stakeholders using staff and resident meetings, newsletters and flyers for notice boards. Residents and staff interviewed indicated that management is responsive to suggestions for improvement and they receive appropriate and timely feedback.

Recent improvements in relation to Standard One include:

- Management recently engaged the services of a personnel risk management company to process, manage and maintain police clearance certificates for new and existing staff, volunteers and contractors. Management states that the reduced turnaround times in the processing of applications will facilitate timely employment commencement dates for prospective staff while ensuring full compliance with legislative requirements.
- The external contractors’ agreement was revised to incorporate a statement ensuring that appropriate insurance requirements are held and maintained by the contractor.
- Management has appointed a registered nurse educator to identify education opportunities, improve staff knowledge and practice and to research external resources to enhance the home’s performance across the Accreditation Standards.

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 not comply

The home does not have processes in place to ensure full compliance with all relevant legislation. The approved provider has not fully implemented the compulsory reporting and protection requirements relating to the approved provider’s obligation to keep records as specified under section 19.5AA of the Records Principles. In addition, the home’s policies and procedures regarding compulsory reporting have not been formally

updated and therefore not fully consistent with the guidelines that specify an approved provider's responsibilities under the Act. Although management indicated that the home is able to identify relevant legislation through its industry peak body resources it could not demonstrate that it was able to implement the legislative requirements and therefore unable to ensure full compliance.

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 demonstrates that staff have the knowledge and skills that are required for effective performance across all four Accreditation standards. The home follows an education calendar that incorporates a variety of in-services, self-directed learning packages, orientation session for new employees, mandatory education and satellite television programmes. The home uses a buddy system for new staff starting shifts and this occurs until the new staff member is able to demonstrate the required skills and confidence. Staff are offered internal and external education and are encouraged to take personal responsibility for their professional development. The education program is developed by the educator based on input from staff, performance appraisals, skills audits, identified needs and current issues in aged care. Management respond to the educational needs of staff when the needs of residents change. Staff interviewed are satisfied with the support and education provided by the home.

Some recent examples of education conducted by the home relevant to Standard One are:

- teamwork and communication for the staff
- the Accreditation process to familiarise staff with the assessor's role and questions likely to be asked

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 home demonstrates that information about internal and external complaints' mechanisms is accessible to each resident/representative. Information about complaints' mechanisms is included in the resident handbook and on brochures available around the home. A suggestion box is available at the home in which residents and staff can place comment, complaint and compliment forms. Residents and staff are encouraged to make comments and complaints through these methods, through regular meetings and the manager's open door policy. Management receive comments and complaints verbally and in writing, are actioned as necessary and in a timely manner. Residents/representatives interviewed are familiar with the complaints' mechanisms at the home and residents are satisfied with the complaints' mechanisms available to them

1.5 Planning and leadership

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

Team's recommendation

Does comply

The organisation's vision, values, philosophy, objectives and commitment to quality are documented and communicated to all stakeholders. These statements are published in the home's key documentation including policy and procedures manuals and the resident handbooks, which are given to all residents/representatives and staff on entry to the home or commencement of employment respectively. In addition, staff are made aware of the organisation's vision, values, philosophy, objectives and commitment to quality through the home's staff recruitment, orientation and education processes. The team observed that the organisation's commitment to quality is strongly evidenced by staff commitment to established work practices with a supportive leadership structure.

1.6 Human resource management

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

Team's recommendation

Does comply

The home demonstrates that there is sufficient staff with the appropriate knowledge and skills to perform their roles effectively. There is a system to ensure that identified numbers and types of staff are maintained. Staffing levels and rosters are determined by resident needs and preferences and a pool of casual, existing part-time staff replace staff that are on leave or absent. Recruitment and training of care staff is managed by the management team, educator and senior staff members. Performance of new and existing staff is evaluated through observation, performance appraisals and skills audits. Residents interviewed by the team indicated satisfaction with the responsiveness of staff and the adequacy of care

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Management demonstrates it has suitable goods and equipment appropriate for the delivery of quality services. The home has processes in place to check on the quality of goods and processes to receive and review its stocks to ensure they are appropriate and sufficient. Documents reviewed indicate that staff and management collaborate to ensure that specialised clinical stock items are always on hand. Residents/representatives confirm that they are satisfied with the goods provided by the home to meet their needs. Staff confirm that they have adequate supplies to perform their roles effectively.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation uses a wide range of methods to ensure that all stakeholders have access to current information on the processes and general activities and events of the home; these include newsletters, regularly scheduled management committee meetings and minutes of meetings. Management and staff have access to accurate and appropriate information to help them perform their roles including in relation to management systems, health and personal care, resident lifestyle and their maintenance of a safe environment. Information is stored appropriately and securely for its purpose and is retrievable in a timely manner suitable for its use. Residents interviewed by the team stated they are kept well informed in matters relevant and of interest to them.

1.9 External services

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

Team's recommendation

Does comply

Management demonstrates external services are provided at a standard that meets the home's needs and services quality goals. Agreements with key services are in writing and specify the level of quality to be provided. Processes are in place to ensure that all relevant individuals from external companies have current police checks and that the appropriate insurance requirements are maintained. The performance of external services is evaluated by seeking feedback from residents/representatives staff and any other relevant stakeholders. Changes are made if the review of the external services is unsatisfactory or in response to the changing needs of residents. Residents/representatives and staff confirm that they are satisfied with the externally sourced services.

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

For general information relating to this outcome, please refer to Expected outcome 1.1 Continuous Improvement. The home recently implemented the following improvement relating to Accreditation Standard Two:

- New wound care products and practices have been introduced using evidenced-based practice sourced by the registered nurse educator. The wound policy has been updated during the process and practices are now implemented and are in place.
- The home has purchased five new electric beds and these have been allocated to residents identified with the requirement.

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisations system to ensure that the home complies with legislation and regulations relevant to residents' health and personal care. The organisation has a system to ensure that registered nurses, allied-health and medical personnel registrations are valid and current.

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

For general information relating to education and training provided, please refer to expected outcome 1.3 Education and staff development. Education presented relating to Standard Two includes the following:

- Mental Health: Dementia, Depression and Delirium. The education is designed for registered nurses and delivered through the satellite television service.
- Catheter care training
- Pain management product education (pharmaceutical company conducted)
- Multiple Sclerosis and depression in the elderly

2.4 Clinical care

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

Team’s recommendation

Does comply

A system is in place at Hillgrove House to ensure that residents receive appropriate clinical care. The system includes a comprehensive assessment of residents’ physical, psychological, emotional and lifestyle needs. The residents’ care needs are identified at assessment, and strategies to meet those needs form the basis of individualised care plans that are reviewed every two months, or more often as required. Consultation with residents and their families, the residents’ medical officer of choice and other relevant health care professionals ensures that ongoing needs are met. Clinical care delivered by care staff is consistent with the care plan. Residents/representatives confirm that they receive appropriate care and are satisfied with the care provided at the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home has an effective system to identify residents’ with specialised nursing care needs and also ensures their needs are met by appropriate qualified nursing staff. Staff identify each resident’s specialised nursing care needs through initial and ongoing assessments and appropriate care delivery that is regularly evaluated with input from other health professionals as required. Specialised training is undertaken by Hillgrove House staff and provided by clinical nurse specialists who work at the home and also from local hospitals who support the care staff providing residents with specialised care. Clinical equipment is available through the home and/or accessible through external services. Observations revealed that there is sufficient equipment and supplies to provide specialised nursing care. Residents/representatives and staff report that specialised nursing care needs are consistently met.

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 systems in place to ensure referral to appropriate health specialists occurs in accordance with residents’ needs and preferences. Referral occurs, as the need requires with transport provided by resident representatives or other transport as arranged by the home. The home also organises health and related service visits to the home, and advises residents and their representatives of their availability. Several examples of residents’ referral to health specialists are documented, and care staff implement instructions resulting from these referrals. Resident/representatives are satisfied with the way Hillgrove House assists them to access other health and related services of their choice.

2.7 Medication management

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

Team’s recommendation

Does comply

A documented system ensures that residents’ medication is managed safely and correctly. The system is functioning, as per the home’s policy, with a medication advisory committee in place that meets regularly. Medication is stored securely and correctly. Individual resident medication reviews are undertaken and medication charts are audited for errors including correct staff signature. On entry to Hillgrove House individual residents’ needs regarding medication are assessed and are regularly reviewed and updated by the resident’s doctors. These individual needs are documented in residents’ clinical information and medication charts include the prescribed medication, known allergies and sensitivities, and any special requirements regarding the safe and effective administration of medication to individual residents. Staff administer medication safely and correctly. Medication incidents are documented, reported and appropriately addressed. Residents/representatives report medication is consistently administered to their satisfaction.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has an effective system to assess and manage residents’ pain to keep residents as free from pain and as comfortable as possible. Clinical documentation confirms that a pain assessment is carried out when residents move into Hillgrove House and when there is an observed need. Pain management strategies are implemented, documented and regularly reviewed and further reviews are undertaken as required when the level of pain changes or strategies are no longer effective. Pain-relieving strategies include medication, passive/active physiotherapy, postural interventions (as assessed by the physiotherapist), rest and other non pharmacological interventions. Residents/representatives confirm that staff and other health professionals consistently support them in pain management.

2.9 Palliative care

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

Team’s recommendation

Does comply

A system is in place to provide and maintain the comfort and dignity of terminally ill residents. The system includes the consultative assessment and documentation of individual resident preferences including the residents’ spiritual, cultural, physical and emotional needs. Management ensure that strategies are in place to meet those needs. Staff demonstrate an understanding of the needs of the terminally ill residents and their families including religious, spiritual and end stages of care requirements. Strategies to ensure the comfort and dignity of terminally ill residents are noted to include access to, spiritual care referral, external palliative care experts, and promoting inclusion of significant others during the process and providing them with comfortable accommodation at Hillgrove House. The palliative care team from a local hospital is available for advice and support when needed.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

A documented process ensures that residents’ receive adequate nutrition and that those residents who require dietary supplementation or with food allergies are closely monitored including being weighed monthly or more often based on the resident’s doctors instructions. Residents who are at risk of dehydration or malnutrition are quickly identified and appropriate referrals made. The home has applied the system effectively and includes assessment of residents’ nutrition and hydration needs by a dietician, the implementation of a dietary supplement management plan and close monitoring of outcome of the interventions. Communication with catering staff about, special diets and nutritional drinks is effective in ensuring that these dietary supplements are supplied correctly. Assistive devices are available to facilitate taking of meals and fluids. Residents/representatives speak positively of the choice, quality and quantity of food and drink available to them at Hillgrove House.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems in place to maintain residents’ skin integrity including initial and ongoing assessment, care planning and evaluation. All residents are assessed for potential risk and a range of strategies are provided accordingly to prevent skin breakdown. Residents who have a breakdown of skin integrity are commenced on a wound care management chart, which documents the dressings, frequency of treatment, wound condition and regular review of the wound. Forms are used to record accidents and incidents, and strategies implemented, such as, reassessment by the physiotherapy staff, to reduce the risk of a recurrence. Pressure relieving equipment, skin protection devices and dietary supplements are available and used at Hillgrove House. All residents/representatives are satisfied with the support they receive in promoting good skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has a comprehensive system to ensure that residents’ continence is managed effectively. Clinical documentation shows that the system includes individual continence assessment when the resident moves into the home and development of a care plan and toileting regime, which is regularly reviewed and evaluated. Hillgrove House has an external supplier for all continence products, who provides support and ongoing training and education for staff. An adequate supply of continence aids is maintained at all times. Staff confirm that there are supplies of disposable incontinence pads of varying sizes available for residents, and are very knowledgeable about individual resident toileting regimes. All resident/representatives are satisfied with the management of continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Systems are in place to effectively manage the needs of residents with challenging behaviours. The systems include a pre-admission assessment, initial and ongoing assessment of residents’ behavioural needs and the development of a care plan that includes strategies to address residents’ specific behavioural needs. The residents’ clinical documentation clearly identifies the triggers, including pain management, to challenging behaviour with corresponding interventions to assist staff with management of these behaviours. Behavioural management practices are evaluated and regularly reviewed to determine their effectiveness in meeting the needs of the residents. Restraint at Hillgrove House is used only as a last resort to prevent harm to the individual resident or other residents and staff and to optimise the resident’s health status. Care staff are trained in and adhere to the safe, appropriate, minimal and least restrictive use of restraint. Residents/representatives confirm that they are consulted and kept informed by staff and confirm that identified strategies are implemented and reviewed 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

There is an effective system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. Through assessment and care planning processes the residents’ mobility, dexterity and rehabilitation needs are identified, assessed and strategies are developed to achieve optimum levels. The physiotherapist and care staff are all involved in the delivery and evaluation of residents’ mobility programs. The physiotherapist, care staff and activities officers supervise exercise programs including walking residents to and from the dining room, shower cubicles, the secure outdoor area. The physiotherapist has developed a group exercise program that is undertaken by the residents once a week. Residents use mobility aids and handrails which are suitably placed throughout the home. Residents/representatives speak highly of their involvement in the mobility programs offered by the home.

2.15 Oral and dental care

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

Team’s Recommendation

Does comply

The home has strategies in place to ensure that residents’ oral and dental health is maintained. Review of residents’ clinical care information shows that each resident’s needs are assessed on entry to the home and on an ongoing basis. Staff regularly monitor residents’ oral and dental health, and residents are referred as required to specialist dental services. Staff demonstrate knowledge of oral care and residents’ dentures. Residents/representatives are assisted with oral and dental hygiene as required and are satisfied with the oral and dental care provided at Hillgrove House.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home has a system in place to identify and effectively manage residents’ sensory losses. Assessments of resident’s sensory needs are undertaken when moving into Hillgrove House and when there is a change in the resident’s condition, and an individualised care plan relevant to their needs is developed, implemented and reviewed as required. Observation and review of care documentation shows that all staff assist residents to manage aids and equipment such as hearing aids and glasses. Diversional therapy staff demonstrate that the activity program includes programs to enhance residents’ sensory experience. Residents/representatives state that staff assist them with the maintenance of sensory aids as required.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has implemented strategies to assist residents to achieve natural sleep patterns through initial and ongoing identification of sleep requirements and sleep assessments, the implementation and evaluation of strategies and the provision of a quiet environment. Residents/representatives confirm that the environment at Hillgrove House is quiet at night and that staff use a range of strategies to assist them if they have difficulty sleeping.

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

For general information relating to this outcome, please refer to Expected outcome 1.1 Continuous Improvement. Improvements relating to Accreditation Standard Three include the following:

- A new raised vegetable garden for residents has been built and is currently producing fresh produce.
- The home has adopted two native canaries and a rabbit as pets for the residents.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure that the home complies with legislation and regulations relevant to residents’ lifestyle. This includes ensuring residential agreements comply with current legislation and staff and management sign confidentiality agreements.

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

For general information relating to education and training provided, please refer to expected outcome 1.3 Education and staff development. An example of education received relating to Standard Three include:

- An introductory level program featuring “The New Resident” and psychosocial factors affecting new residents as they initially enter the home. The satellite television program facilitates staff’s understanding of the stresses affecting the new resident.

3.4 Emotional Support

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

Team's recommendation

Does comply

Systems are in place to identify and address residents' emotional needs when adjusting into the home and assessing the ongoing emotional needs of all residents. Prior to entering Hillgrove House information is provided to the resident and their family about the environment and the services available to them, and residents' rights and responsibilities. Residents are supported in the adjustment process by recreation staff, care staff and management. There is a regular residents meeting that offers a venue for residents/representatives to participate in free discussion, problem solving, sharing of ideas and improvements. Care plans and progress notes demonstrate that staff have insight into the residents' emotional needs and demonstrate a caring manner when interacting with residents' and relatives. Residents/representatives indicate satisfaction with the provision of initial and ongoing emotional support.

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

The home supports residents to achieve optimal independence in maintaining relationships and community participation. The home's admission and care planning processes identify residents' family and social support networks and their limitations and barriers to community participation. Residents' communication is supported through various techniques that are employed to help with sight, mobility and memory loss. The home also provides community access through its recreation program. The in house program encourages residents to participate in activities similar to the community setting that give confidence and independence. Resident/representatives indicate satisfaction with access to individual community affiliations, and family involvement in Hillgrove House.

3.6 Privacy and Dignity

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

Team's recommendation

Does comply

The home has established comprehensive systems to maintain residents' privacy, dignity, and confidentiality. On entry to Hillgrove House residents are informed of their rights and responsibilities, and their individual preferences are identified. Staff and volunteers are informed of the home's privacy policy at orientation. Signage and garments for privacy are used. Physical environmental aspects of the home provide a private area for resident and relative use and secure private areas for the storage of resident information. Consents are obtained for release of resident information. Staff practices demonstrate their ability to maintain confidentiality of resident information, and display respect for residents' privacy. Residents/representatives are satisfied that privacy, dignity and confidentiality is maintained.

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 are encouraged and supported to participate in a wide range of interests and activities that appeal to them. The activities program is reviewed on a regular basis and is responsive to residents' individual needs. A history of the resident's past interests is gathered on entering the home and the possibility of continuing those activities is explored. A social and recreational plan is devised after a period of assessment for every resident. The plan helps the recreational activity staff and the care staff to be aware of the activities residents' who wish to attend. The weekly activities program is displayed in large print throughout the home. Activities are available for residents with differing levels of cognitive and physical disability and individual activities are provided to residents as needed. One on one session may include reading mail, music, massage and beauty therapy. The home has access to the local library that provides large print books. The activity program includes: regular entertainers, and group exercise program, pet therapy, music therapy, craft, school concerts, movies, bus outings, celebrations and memory/sensory games. Residents/representatives express a high level of satisfaction with the range of activities offered at Hillgrove House.

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 are fostered through the identification and communication of residents' individual interests, customs, religions and cultural backgrounds during the home's assessment processes. Culturally specific days such as Australia Day, ANZAC Day, Christmas and Easter are celebrated. Residents from non-English-speaking and non-Christian backgrounds are respected and their cultural beliefs are catered for. Community visitors from different denominations visit the home and provide services. Residents/representatives report that their cultural and spiritual needs are valued and fostered.

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 are enabled to exercise choice and control over their lifestyle. After a resident has entered Hillgrove House, they or their representative participate in a formal conference to discuss needs and choices. They are made aware of their right to take informed risks and their rights are respected. The home supports resident choices with regard to diet, mealtime, clothing and participation in the homes programmed activities. Consultation with residents/representatives is undertaken during care planning, resident meetings, and family conferences. The home liaises with relevant advocacy services where it is necessary to ascertain just and independent choice and

decision-making. Resident/representative are encouraged to provide feedback and express views about care and service provision.

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 has systems in place to ensure residents understand their rights and have secure tenure within Hillgrove House. An information and admission package is provided for all residents and the residents' agreement contains information about rights, responsibilities, and terms of tenure, schedule of services, disclosure and costs. Consultation is made prior to moving rooms, or if a change of accommodation is required for clinical and/or physical security. Residents/representatives are satisfied with the manner in which the home manages security of tenure and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

For general information relating to this outcome, please refer to Expected outcome 1.1 Continuous Improvement. Improvements relating to Accreditation Standard Four include the following:

- The home has purchased two new electronic shower chairs which are height and tilt adjustable allowing staff to shower and toilet residents safely, comfortably and with ease.
- Two new voice recorders were purchased for staff to record information about residents to care staff commencing the next shift.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure that the home complies with legislation and regulations relevant to the physical environment and safe systems. This includes ensuring the routine checking and testing of fire fighting equipment and fire alarm systems. The home has also demonstrated compliance with licensing requirements by the NSW Food Authority and current building certification requirements.

4.3 Education and staff development

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

Team’s recommendation

Does comply

For general information relating to education and training provided, please refer to expected outcome 1.3 Education and staff development. Education presented relating to Standard Four include the following:

- infection control, hand washing and management of outbreaks
- food safety handling and the service of food to vulnerable persons
- fire and emergency training

4.4 Living environment

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

Team's recommendation

Does comply

Residents confirm they are satisfied that the home provides a safe and comfortable environment to live in and is consistent with their needs. The home is clean and well maintained with a number of communal areas for residents/representatives to use. There are a variety of processes in place to ensure the environment is clean and safe, for example a maintenance prevention program, cleaning schedule and access to call bells. The home regularly monitors the environment to ensure it is consistent with residents' care needs.

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

Management demonstrates it is working to provide a safe environment that meets regulatory requirements. The home has systems in place to regularly monitor and improve health and safety, for example, risk assessments and the use of incident and hazard forms which are acted on accordingly. Training and information is provided to all staff to ensure that safe practices are conducted. Staff interviewed confirm they are satisfied with the way the home provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has procedures in place for detecting and acting on fire, security and other emergency risks. Staff understand these procedures and are required to attend training regularly. Professional companies are used by the home to carry out the necessary equipment and environmental checks e.g. fire extinguisher checks. The home minimises the risk of fire, security and other emergency risks by a variety of methods such as the management of electrical equipment and an emergency disaster plan.

4.7 Infection control

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

Team's recommendation

Does comply

Management demonstrates that there is an effective infection control program in place. The home has a central point of responsibility for the program and an infection control policy manual to guide staff in all areas of infection control. Training is provided for all

staff on a regular basis and there is adequate equipment in place e.g. hand washing and spill kit facilities on all floors, sharps and contaminated waste bins to assist staff to maintain appropriate measures to reduce the chance of infections. The home has a food safety program in place and staff practice is consistent with the Australian government guidelines. The home regularly monitors and reviews its program through audits, trend analysis and a review of staff practices.

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 policies and procedures in place to ensure that hospitality services are provided in a way that enhances the quality of life of residents and the staff's working environment. The home offers a choice in menus and takes into account resident preferences and needs. Laundry of personal items of clothing is conducted on site by laundry staff on an 'as needs' basis and linen is routinely collected and washed on site. There is a regular cleaning schedule in place that ensures all areas of the home are routinely cleaned which includes the spring-cleaning of rooms. Infection control systems ensure that all hospitality services are of good standard. Residents interviewed expressed satisfaction with the hospitality services provided to them.