



Aged Care
Standards and Accreditation Agency Ltd

Hoffman Nursing Home

RACS ID 7785

119 Cresswell Road

DIANELLA WA 6059

Approved provider: Maurice Zeffert Home (Inc)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 April 2015.

We made our decision on 19 March 2012.

The audit was conducted on 21 February 2012 to 23 February 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Hoffman Nursing Home 7785

Approved provider: Maurice Zeffert Home (Inc)

Introduction

This is the report of a re-accreditation audit from 21 February 2012 to 23 February 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44/44 expected outcomes.

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 21 February 2012 to 23 February 2012.

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

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

Assessment team

Team leader:	Alison James
Team member:	Ann-Marie Phegley

Approved provider details

Approved provider:	Maurice Zeffert Home (Inc)
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Details of home

Name of home:	Hoffman Nursing Home
RACS ID:	7785

Total number of allocated places:	35
Number of residents during audit:	34
Number of high care residents during audit:	34
Special needs catered for:	Nil identified

Street:	119 Cresswell Road	State:	WA
Town:	DIANELLA	Postcode:	6059
Phone number:	08 9375 4600	Facsimile:	08 9276 1250

Audit trail

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

Interviews

	Number		Number
Executive care manager	1	Physiotherapist	1
Quality services manager	1	Therapy assistants	4
Quality services assistants	2	Finance administration manager	1
Information support officer	1	Support services manager	1
Registered nurses	2	Kitchen staff	3
Care coordinators	2	Laundry staff	2
Enrolled nurse	1	Cleaning staff	3
Care staff	7	Building services manager	1
Social worker	1	Volunteer coordinator	1
Occupational therapist	1	Residents/representatives	4

Sampled documents

	Number		Number
Residents' assessments, progress notes and care plans	4	Medication charts	10
External contractors information	4	Personnel files	7

Other documents reviewed

The team also reviewed:

- Accidents and incidents
- Activities program
- Audit file
- Cleaning rosters
- Clinical audits, and clinical incidents and summaries
- Comments and complaints file
- Communication books
- Continuous improvement plan
- Cultural needs list
- Modified diet list, dietary preferences and drinks files
- Emergency procedures
- Food safety plans
- Food temperature charts
- Fridge and freezer temperature charts
- Handover sheets
- Heat pack file
- Housemother monthly duties and signing sheets
- Job descriptions
- Kitchen cleaning rosters and signing sheets
- Material safety data sheets and hazardous substance register
- Meeting minutes

- Memoranda
- Menus
- Newsletters
- Physiotherapy program and timetable
- Policies and procedures
- Professional registrations
- Residents' information package and surveys
- Scheduled maintenance and maintenance records
- Scheduled toileting list
- Spark of life files
- Staff accidents and incidents
- Staff competencies
- Staff handbook
- Staff training matrix and attendance records
- Therapy statistics
- Transfers list
- Unresolved wounds list
- Volunteers register and police checks
- Volunteers' handbook
- Weights and vital signs list.

Observations

The team observed the following:

- Access to internal and external complaints and advocacy information
- Activities in progress
- Care summaries pasted to residents' doors
- Charter of residents' rights and responsibilities displayed
- Chemical store
- Cleaning in progress
- Dry stores
- Equipment and supply storage areas
- Evacuation boxes
- Interactions between staff and residents
- Living environment
- Meal service
- Mission and values statements displayed
- Outbreak kit
- Storage of medications
- Suggestions box
- Use of modified cutlery and crockery.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a framework in place to actively pursue continuous improvement. The home uses a variety of methods to identify areas for improvement including audits, incidents and accidents, and clinical indicators. Staff, residents and representatives contribute to the home's continuous improvement by participating in surveys, the use of the compliments and complaints, resident/representative meetings and care conferences. This information is tabled at senior management meetings, actioned and evaluated. Staff interviewed reported they are encouraged to participate in the continuous improvement system. Residents and representatives interviewed reported they are satisfied that the home actively pursues continuous improvement over all standards.

Examples of recent or current improvements related to Standard 1 are described below.

- The clinical care coordinator identified that staff notices boards were cluttered and contained old information. In response to this, a carer's corner has been set up in each nursing station and displays up-to-date and relevant information. Staff interviewed reported positive feedback.
- Following feedback from a representative, it was identified that staff were unaware of which residents wore glasses or hearing aids to assist with their sensory losses. In response to this, the handover sheet was modified to include information identifying residents wearing glasses and/or hearing aids. Feedback provided by residents and representatives was positive, and staff interviewed stated they are more aware of each resident's sensory requirements.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information of changes in legislation to aged care from peak industry bodies, local councils and government departments. Staff are informed of changes through memoranda, noticeboards, meetings and in-house training sessions. The home monitors professional registrations and ongoing police checks for new and existing staff. The home has a mandatory reporting register, and staff training has been conducted.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Mandatory training is provided to staff on commencement at the home and on an annual basis. A range of elective training is available to staff across all designations. Training needs are identified by staff surveys, performance appraisals, meetings, clinical indicators and an analysis of residents' needs. Staff are encouraged to participate in both internal and external training. Orientation of new staff includes specific information on complaints, continuous improvements and other task specific information. There is a mechanism in place to monitor and review attendance at education sessions to ensure knowledge and skills remain current. Residents and representatives reported they are generally satisfied that staff have the appropriate skills to perform their roles effectively.

Examples of education and training related to Standard 1 are listed below.

- Audit suite
- Bullying and harassment
- Electronic care planning
- Incident reporting
- Time management.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

A system is in place to ensure each resident, or his or her representative has access to internal and external complaints information. Feedback forms, a suggestions box, and information regarding external complaints and advocacy information are readily available. Complaints are followed up in a timely manner, and feedback is given to the originator. Residents and representatives receive information on the comments and complaints system at resident/representative meetings, in the residents' information pack, and via information posted around the home. The effectiveness of the comments and complaints system is monitored via audits and surveys. Residents and representatives interviewed reported they have access to the complaints processes without fear of retribution.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission, vision and core values are documented in the staff handbook, and resident information pack. The statements are consistently documented and include a commitment to quality. In addition, the organisation has an operational plan that is displayed

at various locations around the home, and contains the home's vision, mission and organisational objectives. The home's mission, vision and core values are covered at corporate orientation, and staff interviewed reported that they had received information regarding these.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with residents' needs, and there are processes in place to respond to changing needs in staffing levels or skill mix. Staff have position statements and professional registrations where applicable. All staff have an up-to-date police check and renewal dates are monitored. New staff are orientated to the home and 'buddied' for their first few shifts. Absenteeism is covered by the home's staff working extra shifts, or by utilising agency staff. Staff performance is monitored via feedback mechanisms such as complaints, surveys, audits and clinical indicators, and performance appraisals are conducted yearly. Staff reported that they have adequate time to complete their duties, and that staff skills are adequate. Residents and representatives reported that residents are generally satisfied with the responsiveness and care of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are processes to ensure there are adequate stocks of goods and equipment available to ensure quality service delivery. Designated staff are responsible for the ordering of stock, rotation of stock and purchasing of goods and equipment. Preventative and corrective maintenance systems ensure that equipment is maintained, repaired or replaced as needed. Equipment is stored appropriately to ensure accessibility and prevent damage. The appropriateness of goods and equipment is monitored via regular assessments of resident care needs, feedback and monitoring mechanisms. Staff, residents and representatives reported that the home provides and maintains appropriate stock and equipment, and that maintenance issues are dealt with in a timely manner.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Information provided for staff includes position descriptions, staff handbook, policies and procedures, handovers, meetings, communication books and diaries. Staff sign an oath of confidentiality, and confidential information was observed by the team to be stored securely. Retrieval of archived resident care information is via a register. However, financial and other

relevant information is ad-hoc. Electronic information is backed up daily in a separate area of the building, and management reported that the hard drive containing this information is encrypted and kept off-site. There are systems for the collection and analysis of information, and audits are conducted in accordance with the schedule to monitor the effectiveness of the home's systems. Staff interviewed reported they have access to relevant information to assist them in the roles. Residents and representatives reported they have access to information via the resident information pack, meetings, care conferences, newsletters and information on noticeboards.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are processes to ensure that externally sourced services are provided in a way that meets the home's quality needs and requirements. The home facilitates the use of external contractors and agreements. Processes are in place to ensure that liability insurance and professional registrations are monitored and maintained, and management is able to provide feedback on services as required. Residents and representatives interviewed reported they are satisfied with 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 findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears, medications, behaviours and unexplained absences, and this information is collated and analysed for trends. Residents and staff are satisfied that the home actively promotes and improves residents' physical and mental health.

Examples of recent or current improvements related to Standard 2 are described below.

- It was identified by the executive care manager and quality services manager that abnormalities for residents' blood pressure, weight and blood sugar levels were not being monitored or followed up. In response to this, and in consultation with the residents' general practitioners, parameters for individual residents were recorded. Staff interviewed reported that measurements outside of these parameters is now highlighted on the electronic care system, and that these are now reported to the registered nurse for follow-up. Management reported that they will evaluate this process formally at a later date.
- The care coordinator identified that as required (PRN) medications were not being evaluated for their effectiveness. In response to this, a PRN form was developed to ensure compliance by the staff. Staff interviewed reported positive feedback, and the management team reported that this had improved the process. A formal evaluation will be completed within three months.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home monitors changes in legislation and alerts staff using a variety of communication tools. A process is in place to monitor that professional staff are registered as required. Residents receive specified care and services appropriate to their care assessments and requirements of quality care. Staff receive training, and reported knowledge on the mandatory reporting requirements. Residents and representatives reported that they are generally satisfied with care and services supplied, and are advised of any changes to care including room transfers.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

See expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development system.

Examples of mandatory and elective training in relation to Standard 2 are listed below.

- Care of hearing aids
- Heat packs
- Medication management
- Oral and dental care
- Pain management
- Pressure care
- Sensory loss
- Simple wound management
- Soft and vitamised diets
- Vital signs.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. The multidisciplinary team assesses residents’ clinical needs when they move into the home, using their medical histories and a range of clinical tools. Care plans are developed and reviewed four monthly and as the need arises. Care conferences are conducted in accordance with the wishes of residents and their families. Processes are in place to monitor and communicate residents’ changing needs and preferences, including regular review of residents by their medical officers, four-monthly care plan reviews, and shift handovers. Clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Residents and representatives reported satisfaction 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 findings

The home meets this expected outcome

The home has processes to ensure residents’ specialised nursing care needs are identified and reviewed by registered nurses. Residents’ specialised nursing care needs are assessed when they move into the home, and these are documented in a nursing care plan and reviewed four-monthly or as required. The home has registered nurses rostered on duty over 24 hours to provide care and direction for staff. Medical officers and other health professionals are consulted as required. Examples of specialised nursing care include wound care, oxygen therapy, management of diabetes, and behaviour management. Residents and representatives reported that residents’ specialised nursing care needs are 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 findings

The home meets this expected outcome

Residents are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. A social worker supports residents as they settle into their new home and provides ongoing emotional and social support for residents and their families. A physiotherapist and an occupational therapist assess all residents when they move into the home, and four monthly or as required thereafter. A podiatrist visits the home regularly and attends to the needs of residents. Referrals are made to other health specialists as identified, including a speech therapist, optometrist, dentist, and the mental health team. Residents and representatives reported satisfaction with residents’ ongoing access to a variety of health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Processes are established for ordering, storing, administering, documenting, and disposing of medications safely and correctly. Registered nurses and competent care staff administer medications via a pre-packed system, as per medical officers’ instructions. Specific instructions concerning the administration of residents’ medications and topical treatments are documented in medication profiles and care plans. Medication audits and recorded medication incidents are used to monitor the system. A registered pharmacist conducts reviews of residents’ medications and communicates findings to the medical officers and the home. Residents and representatives reported being satisfied that residents’ medications are managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

There are systems to identify, implement, and evaluate each resident’s pain management strategies to ensure they remain as free as possible from pain. Residents with identified pain are assessed and care plans implemented that detail interventions including alternative therapies and use of pain and pressure-relieving equipment. Ongoing pain is reported, the effectiveness of ‘as required’ pain relief medication is evaluated, and where required, residents are referred to their medical officers for review. Staff described their role in pain management, including identification and reporting of pain. Residents and representatives reported that staff are responsive to complaints of pain and residents’ pain is managed appropriately.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

There are systems to ensure that the comfort and dignity of terminally ill residents is maintained. Residents and their representatives have the opportunity to complete an advance care directive when they move into the home or at any time throughout their residency. Support during residents’ palliation is provided by medical officers, the social worker, the Rabbi, volunteers, and the home’s clinical and allied health personnel. Residents and representatives expressed confidence that, when required, staff would manage palliative care competently, including the maintenance of residents’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents’ nutritional status is assessed when they move into the home, and their individual dietary requirements and preferences are conveyed to relevant personnel. Residents’ care plans outline dietary requirements, including the level of assistance required. Registered nurses monitor residents’ recorded monthly weights and, where weight loss is identified, residents are placed on supplementary nutritional drinks and referred to their medical practitioner. Swallowing assessments are conducted, and residents identified as being at risk are referred to a speech pathologist for further assessment. Registered nurses direct residents’ nutritional management. Residents and representatives reported that residents are satisfied with the menu and associated support provided to residents.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Registered nurses conduct regular assessments of residents’ skin integrity. Care plans that state preventative skin care interventions are formulated, and residents identified as high risk have specific interventions documented. Registered nurses and competent care staff attend to residents’ wound care, and wound evaluations are regularly recorded. The home employs a number of preventative strategies including pressure-relieving mattresses, re-positioning, and moisturising lotions. Residents’ skin integrity is monitored daily by care staff who report abnormalities to the registered nurse. The home documents and analyses skin-related incidents and trends are identified. Residents and representatives reported satisfaction with the home’s management of residents skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There is a system to identify, assess, monitor, and evaluate residents’ continence care needs when they move into the home, and on an ongoing basis. Residents’ urinary and bowel continence needs are assessed and an individualised care plan reflective of the assessed needs is developed. Staff utilise bowel charts to track bowel patterns and enable the development of appropriate bowel management programs, and registered nurses monitor the effect of aperients. Staff reported having sufficient continence aids and appropriate skills to manage the continence needs of residents. Residents and representatives reported being satisfied with the management of the residents’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents’ behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for a resident’s behaviours are identified and appropriate interventions are developed and documented in a care plan. Effectiveness of behaviour management strategies are monitored via clinical indicators, and observations. Residents are referred to therapy and a mental health service as the need arises. Residents and representatives reported that residents’ challenging behaviours are well managed, and that the impact of the behaviours on other residents is minimised.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

When residents move into the home, a physiotherapist, an occupational therapist, and registered nurses assess their mobility, dexterity, and associated falls risks. Therapy staff conduct mobility and exercise programs with individual residents in accordance with their physiotherapy care plans. Residents are also encouraged to maintain their mobility and dexterity by participating in the home’s activity program that includes a range of group exercises and physical activities to improve independent movement. Residents’ daily attendance at physiotherapy sessions is monitored. A range of seating and mobility aids are available to assist residents to maintain mobility and independence. Incidents related to mobility and dexterity are analysed for trends. Residents and representatives reported satisfaction with the home’s management of residents’ mobility and dexterity needs.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

When a resident moves into the home, an oral and dental assessment is conducted to identify oral function, hygiene, and dental care needs, and any potential impact on swallowing and eating. Oral and dental care interventions are recorded in residents’ care plans. Residents identified with swallowing deficits are referred to a speech pathologist for further assessment. An annual dental examination is offered to residents, and follow-up treatment is arranged with family consultation. Staff are aware of residents’ individual oral hygiene requirements. Residents and representatives reported satisfaction with the support provided to residents to maintain oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

An occupational therapist assesses residents’ sensory abilities and needs when they move to the home. Interventions for managing sensory losses are documented in residents’ care plans and regularly reviewed by the occupational therapist in accordance with the home’s procedure. An optometrist visits the home annually, and residents are encouraged to access this service. Residents are assisted to access external specialist appointments, and information following the appointment is communicated to registered staff. Residents and representatives reported satisfaction with the home’s management of residents’ sensory losses and needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Processes are in place to assist residents to achieve natural sleep patterns. Sleep assessments are conducted for all residents to identify sleep patterns and disturbances. Interventions to assist residents to establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks, repositioning, and night sedation. Staff described factors that can impact on residents’ sleep including noise, confusion, pain, and continence issues. Residents and representatives reported residents are satisfied with the support provided to achieve restful sleep at night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff contribute to improvements to resident lifestyle through surveys and training. Staff reported that they advocate and support residents and their representatives to provide feedback and suggestions.

Examples of recent or current improvements related to Standard 3 are described below.

- It was identified by an occupational therapist that a small television was no longer suitable for residents. In response to this, a new large screen television was purchased and installed. The management team reported that resident feedback on this improvement would be sought at the next resident/representative meeting in March 2012.
- Following a suggestion from the manager of community development, four computers were sourced and installed for resident use. Residents who showed an interest in learning to use the computers were assisted to attend education. As a result of this project, three residents now have their own computers. Residents interviewed provided positive feedback on this initiative.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Residents are informed about their rights and responsibilities in information provided to them prior to moving to the home, and the Charter of residents’ rights and responsibilities is displayed in the home. Registered allied health staff provide assessment and care planning for high care residents. Residents and/or their representatives are offered a resident agreement. Staff interviewed reported appropriate actions for mandatory reporting in accordance with the home’s policies and procedures.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

See expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system.

Examples of mandatory and elective training in relation to Standard 3 are listed below.

- Creating enabling environments
- Elder abuse and mandatory reporting
- Judaism/Kosher law
- Spark of life.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

There are processes to assist residents to adjust to life in their new environment that include the provision of information regarding the home's services by the social worker, orientation to the home, introductions to other residents and staff, and encouraging family and friends to visit. After a settling-in period, assessments are conducted to identify residents' emotional needs and care plans to guide staff practices are developed and regularly reviewed. The social worker is available to support and counsel residents and their families as required. Staff reported that they inform the registered nurse if there is any change in the resident's emotional status. Residents and representatives are satisfied that residents' emotional needs are met.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

The home has processes to ensure regular assessment of residents' needs in achieving maximum independence. An occupational therapist and a physiotherapist assess residents' functional abilities when they move into the home, and review residents' progress four-monthly or as required. Functional assessments identify changes in residents' physical abilities and direct the development of care plans to guide staff in the level of assistance required. Residents are encouraged to maintain their mobility and dexterity by participating in the home's physiotherapy and activity programs, and devices for mobility, meals, communication, and toileting are provided. Staff described strategies to maintain residents' independence in all aspects of their lives within residents' abilities. Residents and representatives stated they are satisfied with the independence afforded to residents.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Processes are in place to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents' cultural and spiritual preferences are taken into account in the planning of care. The team observed staff interactions with residents to be respectful and that privacy screens and closed doors maximise residents' privacy during care activities in shared rooms. Resident information, including clinical files and financial information, is securely stored. On commencement of employment, personnel sign an oath of confidentiality, and staff described practices to maximise the privacy of residents and their confidential information. Residents and representatives confirmed they are satisfied that residents' privacy, dignity and confidentiality is maintained and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are processes to encourage and support residents to participate in a wide range of interests and activities. On moving into the home, residents and their family members are invited to document residents' social histories. The occupational therapist conducts assessments to determine each new resident's interests, needs and preferences. The home's activity program includes exercises, church services, bingo, bus trips, entertainment, happy hour, and celebrations of Jewish holidays and other special days. Feedback obtained informally and via surveys, resident meetings, and monitoring residents' attendance at activities is used to evaluate the effectiveness of the program. Residents and representatives advised that residents are supported to participate in activities and interests appropriate to their needs and preferences.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' individual interests, customs, beliefs, cultural and ethnic backgrounds are identified on moving to the home and communicated to staff via care plans and handovers. Therapy staff ensure that days of significance to the Jewish community, other community events and residents' cultural background and significant personal events are integrated into the activities program. For example, Jewish holidays, national days and remembrance days are observed and/or celebrated. Residents' birthdays are celebrated at a monthly birthday party, which all residents are invited to attend. Twice weekly Jewish religion services are conducted at the home and representatives from other religious denominations visit the home on request. Residents and representatives stated they are satisfied with the support residents receive to maintain their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

There are processes to ensure residents and representatives participate in decisions regarding the services they receive and can exercise choice and control over their lifestyles within their capabilities. Residents and representatives are consulted regarding care planning and residents are encouraged to choose their daily routines. Residents may address issues directly with management using feedback forms, at residents' meetings, or via external advocacy or complaints departments. Authorised representatives are identified to make decisions on behalf of residents who are unable to act for themselves. Staff reported that a resident's choice not to participate in activities is respected. Residents and representatives reported their satisfaction with the opportunities residents have to make choices and decisions regarding their lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure that each resident has secure tenure within the home. On moving to the home, the resident and/or their representative are offered a resident agreement outlining the resident's rights and responsibilities and security of tenure. Consultation with the resident or their representative is undertaken prior to room transfers within the home. External advocacy and guardianship services are used if required. Staff are informed of residents' rights and responsibilities. Residents and representatives interviewed stated they are satisfied that residents have secure tenure within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives implemented by the home over the last twelve months are described below.

- It was suggested via an external gap analysis audit that different staff members be allocated to complete the environmental audit. The management team reported, and documentation confirmed that this process has been in place for three months. Documentation showed that results of audits have improved and been actioned. The management team reported that they would do a formal evaluation of this in June 2012.
- It was identified at an occupational safety and health meeting that there was no formal process for recording lost and found items. In response to this, a register was developed and is maintained by staff at the reception desk. The management team reported this had recently been implemented and would be evaluated at a later date.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. The workplace, buildings, and fire emergency preparedness are inspected and audited. Material safety data sheets are stored with chemicals, and infection control guidelines are available. The home has a food safety program to provide guidance to catering staff. The program has been sighted and approved by the local council.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

See expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development system.

Examples of mandatory and elective training in relation to Standard 4 are listed below.

- Chemical training
- Fire and evacuation
- Food safety training

- Infection control
- Manual handling
- Occupational health and 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 findings

The home meets this expected outcome

Environmental audits, hazard reporting and a maintenance schedule assist the home to maintain a safe and comfortable environment and meets residents' needs. Residents are encouraged to personalise their rooms with furniture, mementos, and pictures from their family home. Call bells are installed in the residents' room and bathroom, and handrails are available in corridors and in resident's bathrooms to promote safety. Residents interviewed reported that they feel safe and comfortable living in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home provides occupational health and safety education to staff at orientation and on an annual basis. The home uses incident and accident reporting mechanisms, environmental audits, maintenance schedules and hazards to identify and action any potential hazards. Information on occupational health and safety is communicated to all staff via meetings, communication books and noticeboards. A monthly occupational health and safety committee meeting is held, and actions followed up to ensure preventative measures are in place to minimize potential risks. Chemicals are stored securely, and material safety data sheets available. Staff interviewed reported that they have yearly OHS training and report hazards to the registered nurse.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There are systems and processes for identifying and acting on fire, security and other emergency risks and incidents. The home's emergency procedures and plans are accessible to staff. Emergency evacuation maps and fire fighting equipment are appropriately located around the home. Staff attend mandatory fire and evacuation training, including the use of fire fighting equipment, and in accordance with the home's emergency procedures. An up-to-date resident list is maintained and an emergency evacuation box is kept in each nursing station in case of evacuation. External doors and external gates are operated by a fob key. Residents and representatives reported an awareness of what to do in case of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems and process for identifying and controlling infection control risks. An external consultant is available to provide support and guidance for specific issues, and two key personnel are responsible for the infection control program. Management of infections is undertaken by competent staff in accordance with the general practitioners' prescribed treatments, and progress notes and bowel charts are regularly monitored for infections. Infection control data is collected monthly and analysed three monthly to identify any trends, and actions taken to reduce infections. Staff described strategies to minimise infections including the use of personal protective equipment, hand washing, and vaccination. Residents and representatives reported satisfaction with the home's infection control program and the cleanliness of the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering, cleaning, and laundry services are provided according to residents' needs and preferences and in a manner that enhances their quality of life. The cooks use a dietician-approved menu that gives residents a choice of meals, and caters for special dietary requirements. Cleaning is completed on a daily basis, and hospitality and maintenance staff follow a schedule. All laundry is washed on site and a system for labelling and returning lost clothing is in place. Residents and representatives give feedback in relation to hospitality services through regular meetings and surveys. Environmental audits are conducted to ensure a consistent standard is maintained. Residents and representatives reported they are satisfied with the catering, cleaning, and laundry services provided.