



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Mary Cecelia Hart Court Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Mary Cecelia Hart Court Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Mary Cecelia Hart Court Hostel is three years until 11 November 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

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

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Mary Cecelia Hart Court Hostel		
RACS ID:	6026		
Number of beds:	50	Number of high care residents:	23
Special needs group catered for:	<ul style="list-style-type: none">• People with dementia or related disorders• People with culturally and linguistically diverse backgrounds		

Street:	82 Williams Road				
City:	MILLICENT	State:	SA	Postcode:	5280
Phone:	08 8733 4331		Facsimile:	08 8733 3363	
Email address:	boneham@bigpond.com				

Approved provider

Approved provider:	The Boneham Cottage Homes Inc.
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Assessment team

Team leader:	Jane Anderson
Team member:	Jo Langham
Dates of audit:	24 August 2009 to 26 August 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 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
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
Does comply
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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	Mary Cecelia Hart Court Hostel
RACS ID	6026

Executive summary

This is the report of a site audit of Mary Cecelia Hart Court Hostel 6026 82 Williams Road MILLICENT SA from 24 August 2009 to 26 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Mary Cecelia Hart Court Hostel.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 24 August 2009 to 26 August 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Jane Anderson
Team member:	Jo Langham

Approved provider details

Approved provider:	The Boneham Cottage Homes Inc.
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Details of home

Name of home:	Mary Cecelia Hart Court Hostel
RACS ID:	6026

Total number of allocated places:	50
Number of residents during site audit:	47
Number of high care residents during site audit:	23
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street:	82 Williams Road	State:	SA
City/Town:	MILLICENT	Postcode:	5280
Phone number:	08 8733 4331	Facsimile:	08 8733 3363
E-mail address:	boneham@bigpond.com		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Mary Cecelia Hart Court Hostel.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
General manager / director of nursing	1	Residents/representatives	8
Information technology manager	1	Volunteers	1
Quality coordinator	1	Chefs	2
Registered nurses	2	Cleaning staff	2
Care staff	3	Maintenance supervisor	1
Administration assistant	1	Catering staff	
Lifestyle coordinator	1	Personal care staff/continence advisor	1
Registered nurse / aromatherapist/ infection control officer	1		

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Summary/quick reference care plans	5	Personnel files	5
Lifestyle assessments and plans	6		

Other documents reviewed

The team also reviewed:

- Church and birthday lists, individual visit lists, activity calendar, activity posters, rainfall register
- Cleaning schedules and sign off sheets.
- Comments and complaints information, complimentary cards, comments and complaints register
- Communication books, diary, handover information, various letters of correspondence and facsimiles, various meeting minutes and agendas
- Corrective and preventative maintenance records, electrical tagging register, new equipment trial and training documents, asset register, calibrations and servicing records
- Fire triennial, certification assessment report 2006, essential safety provision maintenance log, log book reports, bushfire procedure, report on emergency exercise, safety audits and analysis, material safety data sheets, safe operating procedures, hazard reports, actions and register, various competency checks
- Infection data and analysis, pandemic plan, infection resources, pest management program, influenza vaccination records
- Job descriptions, work tasks, rosters
- Lifestyle information and activity evaluation and photograph book, social and personal history assessment information, electronic resident lifestyle information, evaluation and goal setting information
- Menus, kitchen comments and complaints log, temperature monitoring records, recipes, resident requirement list, non-conformance log
- Plan for continuous improvement, continuous improvement activity records and progress, corrective action requests and register, audit sheets, external audit results, discrepancy and corrective information and results
- Regulatory and legislative information and lists, copies of legislation and regulations
- Resident admission pack/checklist, newsletters and survey data
- Resident handbook, information kit and surveys,
- Resident, staff, occupational health and safety and quality meeting minutes, meeting schedule, agenda items
- Service agreements, insurance certificates, licences, accreditations, list of approved suppliers and contractors, subcontractor/supplier assessment records
- Staff and resident incident data, analysis, monthly review, summaries, corrective actions and interventions
- Staff handbook
- Wound care documentation, case conferencing information, weighs, clinical and vital sign observations, drugs of dependency register, restraint documentation

Observations

The team observed the following:

- Activities in progress for resident groups and individuals, residents at their own individual pursuits, rummage box
- Cleaners rooms and laundry, with colour coded equipment, spills kit
- Equipment and supply storage areas and supplies, stocktaking/ordering system, sluice rooms
- Fire suppression equipment, emergency procedure manuals, evacuation plans, mimic board, resident mobility list, emergency fire risk signs, call bell system, secure fencing, key pad locks, 'do not use' tags
- General practitioner consulting rooms, 'Diva' room, spa bath and cafe
- Hairdressing and treatment areas
- Interactions between staff, residents, representatives and volunteers
- Internal and external living environments, including personalised residents' rooms, private and communal lounge and dining areas, men's house and garden and hot house, internal courtyards and activity areas
- Kitchen, storage areas, meal preparation and plating system
- Noticeboards with information on display for resident and staff information, including meeting minutes and agenda, front counter with brochures about internal and external comment and complaint mechanisms
- Nurses' station with computers, palm held devices, resources
- Personal protective equipment, hand-washing facilities, alcohol gel, sharps and cytotoxic containers.
- Storage of medications, including drugs of dependency, wound and clinical supplies and equipment, palliative care box
- Therapy room, massage table, aromatherapy equipment, weights, wax bath and purpose built stairs

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Mary Cecelia Hart Court Hostel has a continuous improvement framework for the identification, implementation, review and follow-up of improvement opportunities. The home’s monitoring systems identify and resolve issues and concerns within accepted timeframes. Relevant stakeholders are kept informed of improvement activities and results, including the home’s board. Residents, representatives and staff are aware of and use the continuous improvement processes for making suggestions and confirm various improvements which have occurred in the home. The home demonstrated results of improvements in management systems, staffing and organisational development, including:

- Management attended a seminar which discussed the benefits of reviewing the way aged care homes monitor risks. The home developed and implemented a process to monitor the risks associated with each Accreditation Standard expected outcome, including potential hazards and consequences. This has provided the home with initiatives to minimise some risks. At this stage, further review of the risk ratings and other indicators will continue on an annual basis.
- Following staff consultation and comments from staff and residents, staff shifts have been amended to provide additional hours where residents’ needs are greater. For instance, an afternoon shift was extended by two hours each night to provide additional support for residents to retire at their preferred time and for promoting safe work practices. An amended day shift from 6am to 2pm now ensures residents are supported to rise and prepare for the day earlier as residents have requested. In addition, staff are now available to monitor residents at breakfast and assist them with their mobility and other care needs.
- Following resident and representative survey results (six from 32 results) about not fully understanding the internal and external comments and complaints mechanisms, the home initiated a letter to explain these processes and distributed the home’s comments, complaints and compliment brochure. In addition, the comments and complaints processes of the family forum was formalised and placed as a standing agenda item, to prompt staff, residents and representatives to voice any concerns, issues, ideas or general complaints regarding the care and services provided at the home.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home uses its established processes to identify, review and disseminate information about legislation, regulations and guidelines. Membership of industry groups and associations, regional networks and government updates provide management with details of current changes and at times advice about how to manage revised legislative requirements. The general manager / director of care investigates the impact on the home's processes and actions change where appropriate. This may include policy change, which is discussed with staff and ratified by the board. For instance, new legislation regarding absconding residents and the required notification processes was discussed at meetings, handovers and through the communication books. Relevant stakeholders are informed about the changes through various management and general meetings, communication books, individual discussions and training sessions.

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

Procedures to monitor, action, review and evaluate staff skills and knowledge are established and incorporate ongoing monitoring processes, such as observation, audits, surveys and feedback mechanisms. Training planners are developed at the beginning of each year and added to where requests, staff practice needs and legislative requirements are identified. This includes information required by management, such as financial sessions, computer training and rostering systems and the correct completion of care funding models. Staff are provided with a training booklet to record their own training achievements and specific training is undertaken and recorded as part of the performance assessment program. Staff are provided with information about internal and external training opportunities, including mandatory training, which is routinely documented and monitored.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and representatives are satisfied their comments and complaints are listened to, respected and resolved in consultation with residents and their representatives. Information about the internal and external comments and complaints processes are provided on entry to the home through a formal interview with the general manager / director of care, within the resident handbook and resident agreement, and on an ongoing basis. While all comments and complaints are

reviewed by the general manager / director of care, actions may be delegated to allocated senior staff to investigate and resolve. A formal comments and complaints agenda item is now included in the family forum meeting to prompt staff and residents to advise the home of any concerns, issues, comments and compliments they may wish to share with the home. Additional information, through interest topics at the family forum provides ongoing information. Authorised representatives are identified and consulted about the resident's needs, preferences and choices.

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

Mary Cecelia Hart Court Hostel has documented their vision, mission and values in staff and resident handbooks and policy and procedure documents and displays a copy in the home. The home's commitment to quality is displayed in information manuals, which are accessible to all staff. The Board of Directors have completed governance training and risk management training as a part of their elected term and in commitment to the vision and values of the home.

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 identifies, actions and monitors staffing requirements at the home, though routine recruitment processes, communication, comment and complaint mechanisms and data collection. Processes, such as orientation, induction, the 'buddy' shifts, and performance assessments, guide staff in their roles and responsibilities. Standard rosters, which guide continuity of staffing in each area, are flexible to enable adjustments of staffing hours based on residents' care needs and in consideration of staff skill mix. A registered nurse, generally the general manager / director of care, is 'on-call' seven days a week, over all shifts for advice and confirmation about care and lifestyle needs. There are processes for planned and unplanned leave, including shift extensions. Staff are encouraged through education processes to develop their skills and strive for diverse positions and skills.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home uses a range of processes for identifying and maintaining sufficient quantities of goods and supplies, and equipment required for providing quality care and services. New equipment items, and staff and resident satisfaction with goods and supplies is determined from monitoring changes to resident care needs, information from meeting forums and the home's feedback mechanisms. Staff are consulted and involved in the selection of new equipment, which is risk assessed, trialled and evaluated. Key staff members are responsible for monitoring stock levels and ordering supplies based on their levels of expertise. The standard and safety of equipment is maintained by a program of preventative and scheduled maintenance, and a system of electrical testing and tagging. Staff, residents and their representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide quality care and services.

1.8 Information systems

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

Team's recommendation

Does comply

Stakeholders have access to relevant and current information and data on an ongoing basis, through continuous improvement and communication mechanisms. Policy and procedure documents are reviewed and amended as scheduled and internal and external audits monitor document control compliance. Management information is identified, collected, actioned, reviewed and disseminated at relevant meetings, including board meetings. Electronic and hard copy resident and staff information is maintained securely and resident care information is updated where appropriate and reflected through the hand-held point of service devices. Electronic information, which is protected through individual passwords and authorised access levels, is backed-up five days each week and copies securely stored.

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

Established processes are used for selecting and monitoring the external contractors required for meeting the home's needs and quality expectations. Service agreements are negotiated to outline the quality of service to be delivered. The home has a system for identifying compliance with legislation, including registrations, accreditations, occupational health safety and welfare considerations and police clearances. The approved suppliers list is reviewed every six months to monitor quality, price competitiveness and adequacy of service delivery. The ongoing review of services takes into consideration feedback from staff and residents. Staff, residents and representatives are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Internal and external audits, resident surveys, incident and hazard monitoring and feedback mechanisms are used to identify opportunities for improvement and monitor compliance with the Accreditation Standards. Trained staff conduct routine audits and survey actions are monitored for their effectiveness for individual residents. Data and information are collected, collated and summarised and presented to the Quality Committee for review and action where required. Examples of continuous improvement activities and achievements in the last 12 months in health and personal care include:

- Legible medication administration instructions have been implemented to improve the information available on the front of each medication chart. Electronically written instructions include specific information relating to each resident's needs and preferences. This includes how to encourage a resident to 'take' a medication, how best to section a specific medication or what medium to use for crushed medications and specific responsibilities for registered nurse and enrolled nurse in consideration of specified nursing care needs. The information is updated as required and signed by the appropriate staff member. Staff told us the information is useful as it provides direct instructions that can easily be read.
- To improve individual resident care outcomes following incident summary reports, sensor mats and high/low beds are being used to minimise falls and residents' risks of injury. Staff told us the mats have reduced the number of some residents' falls and the need for hospitalisation as staff are alerted to residents' movement early.
- A hydration round, which was introduced during the hot weather, was implemented due to some residents not receiving enough fluids during the day and targeted residents who remained in their rooms instead of participating in afternoon and morning tea. The additional round was well accepted by residents and was continued into the cooler months, with the addition of hot drinks. Specific residents' hydration outcomes have improved and are maintained.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Established processes are used by the home to identify, action, monitor and disseminate information about changes to legislation, regulations and guidelines. Membership of industry groups and associations, regional networks and government updates provide management with details of current changes. Internal and external audits monitor legislative requirements and guidelines, for instance specialised nursing needs, medication management and levels of services for high and low care residents. Management review the impact of any changes on the staff practice and resident outcomes and amend or develop policy and procedure documents. Staff are provided with information on changes and updates through meetings, notices, communication books and internal and external training sessions.

2.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes to identify, action and monitor staff skills and knowledge and provide additional opportunities for staff development. A flexible training calendar is developed each year and added to as needs arise, such as new resident care needs, changed staff practice or skills updates. Staff competencies are conducted for all nursing staff and senior care staff by a registered nurse, and include theoretical and practical demonstration of skills. Attendances and evaluations are documented and mandatory training is monitored. Resources available for all staff include training discs, workbooks and an electronic interactive training program.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents and their representatives are consulted in response to changing care needs and are satisfied with the clinical care provided by the home. Assessments conducted in consultation with the residents and their representatives on entry to the home, are used for identifying care needs and preferences. A computer generated system is used for recording this information, generating exception reports and care plans, which are reviewed every four months, or on a needs basis. Palm held devices provide staff with the necessary information for providing individualised care and an alert system identifies changes to care needs. Changes to resident care needs are indentified from the ongoing monitoring of handover information, exception reports, incident data analysis and observations recorded on the palm held devices. Senior staff are responsible for monitoring staff work practices and the results of surveys and information from formal and informal feedback mechanisms, and meeting forums are used for monitoring resident satisfaction with the care provided.

2.5 Specialised nursing care needs

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the specialised nursing care provided to residents. The home's ongoing monitoring processes and system of case conferencing is used for identifying the required specialist interventions and clinical practices for meeting residents' specialised care needs. Registered nurses are responsible for assessing and evaluating resident care needs, complex wound and pain management strategies, and monitoring observations and clinical variations, allowing for appropriate referral. Staff can access a registered nurse 24 hours a day through after hours call arrangements. A competency program provides staff with the required skills for providing care relevant to their roles. Enrolled nurses and personal carers are aware of the care they can administer and their responsibility to report any changes in residents' health.

2.6 Other health and related services

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

Team's recommendation

Does comply

Residents and their representatives are satisfied that referrals to appropriate health specialists occur in accordance with identified needs and preferences. When possible, residents' preferred specialists and last known appointments are documented and respected. If required, the home is able to provide residents with alternative options for specialist interventions to meet identified needs and/or preferences. Registered nursing staff are available on call at all times to assess the health needs of residents and initiate referrals to appropriate specialists. Referrals are made in consultation with general practitioners, residents and their representatives. Assistance is provided for arranging the required supports, transport and transfer documentation. Information relating to the outcome of appointments is stored in resident files and is used for revising care plans and medication regimes.

2.7 Medication management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with staff practices relating to medication administration. Multi-dose pharmacy packed medications checked for accuracy, are administered by registered nurses, credentialed enrolled nurses and personal care attendants. Assessed resident medication administration needs and preferences are recorded on medication charts using typed stickers for improved legibility. The use and effectiveness of 'as required' medications is monitored by registered nurses allowing for appropriate review. Incident data and information from a range of internal and external audits is analysed to monitor the safety of administration and staff work practices, and identify opportunities for improvement. Staff are provided with training relating to medication and administration practices, and resources are available for additional information if required.

2.8 Pain management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the home's pain management techniques. The home's assessment process that includes a physiotherapist review, considers non-verbal indicators of pain. This information is used for developing strategies for managing pain, such as pharmacological interventions, care practices, equipment use and complementary therapies. Residents are supported to participate in gentle exercise programs, massage and the use of a spa bath based on preference and need. Staff are trained to recognise the non-verbal indicators of pain and report observations to the appropriate staff members using the palm held devices and established reporting processes. Registered nurses are responsible for assessing and managing the effectiveness of pain management strategies, including the administration of drugs of dependence.

2.9 Palliative care

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

Team's recommendation

Does comply

Representatives are satisfied with the care and support provided to terminally ill residents. On admission the home provides information relating to palliation to assist with discussions relating to residents' cultural and spiritual requirements, special requests and emergency contacts. Family members and significant others are supported to be involved in the care of their loved ones and the home will provide meals, refreshments, and the use of a larger room, if required. Staff who are interested in providing palliative care are supported to receive the required training. The home provides the required equipment and resources for promoting resident dignity and comfort, including a palliative care kit, which is readily available for staff. Ongoing consultation with the resident and/or their representatives allows the home to identify the required strategies for providing specialised care, including general practitioner and/or palliative care specialist consults.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the quality and quantity of food, and fluids provided by the home. The home has processes for assessing, recording and reviewing special dietary requirements, likes and dislikes, and the levels of assistance required for maintaining independence, including residents' with sensory losses. The palm held device provides staff with the relevant information relating to individual preferences and dietary requirements. Staff are responsible for monitoring and reporting alterations to appetite and swallowing capabilities, allowing for appropriate referral when indicated. A schedule of weighs every month allows the

home to implement strategies outlined in clinical pathways, in response to an identified variation in weight. The menu provides residents with a range of choices, and snacks and fluids are freely available, with regular fluid rounds used for maintaining hydration. Satisfaction with the catering services provided is monitored from resident feedback, survey data and information from family forums attended by the home's chefs.

2.11 Skin care

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the skin care provided by the home. The assessment process that incorporates a validated risk assessment tool is used for identifying contributing factors impacting on skin integrity. Strategies for maintaining and/or improving residents' skin integrity such as the use of emollients, limb protectors, massage and equipment use are developed from this information. Incident data is analysed for identifying and implementing the required corrective actions. Complex wound dressings are attended and reviewed by appropriately qualified staff and a competency program is in place to enable care staff to attend to simple dressings and procedures. Nail care is provided to residents with diabetes by a podiatrist and a dedicated staff member is allocated one day each week for providing this care to other residents.

2.12 Contenance management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the management of their continence needs. A continence advisor is allocated one day each week for reviewing, assessing and educating residents about their continence requirements and the available products for promoting dignity. Cognitive, mobility, medical history, medication and health status are considered when developing a continence program. Registered nurses are responsible for the bowel management program and the home considers the importance of exercise, natural aperients and diet in maintaining regularity, in preference to pharmacological interventions. Infection data is monitored to identify residents at risk of urinary tract infections allowing for preventative interventions, including the use of cranberry juice, antibiotics and reminders to staff relating to hygiene practices and maintaining hydration levels.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the home's management of behaviours. A consultative assessment process is used for identifying and monitoring resident behaviours. Behaviour and communication care plans are used for documenting the appropriate interventions, strategies and the underlying causes of the behaviour. An identified change in behaviour results in a clinical review, reassessment and/or referral for external specialist intervention. Incident data is analysed to implement the required strategies for minimising risk of recurrence. The environment supports residents with behaviours providing areas for retreat and a secure unit is available for those identified at risk of wandering. Lifestyle activities are provided based on preference to support and enhance quality of life.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the assistance provided by the home to maintain and/or improve their mobility and dexterity. Registered nurse and a physiotherapy assessments and reviews are conducted to identify resident needs and preferences for promoting and maintaining mobility and dexterity. In addition a physiotherapy aide, under the direction of the physiotherapist is employed to provide residents with massage, and individual and group exercises, including Tai Chi and the use of weights and purpose built steps. Fall related incidents are documented and analysed for identifying changes to care needs and environmental concerns. The palm held device is used for alerting the physiotherapy aide of resident fall incidents allowing for appropriate interventions including the use of the spa bath, if not contraindicated. The home provides a range of equipment and implements strategies to minimise the use of restraint, and reduce the risk of injury to residents.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the oral and dental care provided by the home. The home's assessment process is used for identifying residents' ability and preference for oral care, the presence of natural teeth and oral hygiene requirements. The palm held device identifies the levels of staff assistance, treatments and care practices implemented three times a day for maintaining oral hygiene. Residents are supported to attend appointments to their dentist of choice, and if required a dentist will visit the home to provide care. The home implements the use of alternative care practices in response to identified needs and specialist directions, such as mouth washes and specific toothpastes. Training videos are used for providing staff with the skills and knowledge for providing oral and dental care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the home’s management of their sensory needs. A consultative assessment process is used for identifying and reviewing residents’ sensory losses by qualified allied health professionals, including optometrists, audiologists and general practitioners, when required. The palm held device identifies the staff assistance required, with action alerts every two weeks providing prompts to check and change hearing aid batteries. External specialist interventions are accessed for residents’ with significant visual impairments to identify the required strategies and aids for maintaining independence. The impact of the environment is considered with the ‘Diva’ room designed to provide the appropriate acoustics for residents with a hearing loss and the room is equipped with a large screen television. In addition, night lights have been installed throughout the facility, including those strategically placed over toilets. A range of programs implemented for providing sensory experiences for residents includes aromatherapy, massage and cooking.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with how the home supports them to achieve a natural sleep. The home’s assessment and monitoring processes are used for identifying rising and retiring patterns, any wandering or falling tendencies, and resident preferences for achieving a natural sleep. The home acknowledges and respects individual resident sleep patterns. Staff will implement individualised strategies in response to a sleep disturbance, such as providing emotional support, preferred warm drinks and snacks, aromatherapy, a shower, pain and continence management. In response to ongoing sleep disturbances or general practitioner request to monitor the effectiveness of prescribed medications, a sleep chart is generated for completion on the palm held device.

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

Residents, representatives and staff offer suggestions about the lifestyle activities and other practices on an ongoing basis. Routine audits, surveys, comments and complaints mechanisms, meetings, general feedback and incident reports, identify opportunities for improvement and monitor compliance with the Accreditation Standards. Residents are satisfied their suggestions and comments about activities and other expected outcomes are listened to, respected and actioned. Meetings, surveys and general feedback about lifestyle continuous improvement activities are used by lifestyle staff and management to gauge the effectiveness of the initiatives implemented. Examples of resident lifestyle continuous improvement activities and achievements in the last 12 months include:

- The previous activity calendar included information about the range of activities on each month and was decorated with guiding pictorial aspects of specific activities, such as ‘waving’ flags’ to reflect Australia Day. Some residents found it difficult to read which activities were being offered, as some drawings covered the named activity. The current calendar has a clear view of activity names and dates and is now decorated with drawings in the corners. Residents told us this is easier to read.
- With the purchase of a new eight seater bus, with the capacity to provide for residents in wheelchairs, the scope and frequency of outings has increased. While some outings are scheduled for two times a week, additional short trips can be organised, such as shopping trips, responding to residents’ requests, where appropriate. In addition, more outings are now organised for high care residents. Some of these trips include resident requests on the day, such as fish and chips at a local tourist stop.
- Cultural days are now scheduled once each month and are designed to reflect a particular theme or special event. The days provide an avenue to share cultures with residents who may come from a particular country or participate with staff, residents and representatives in light-hearted activities while celebrating human diversity. For instance, a national Dutch day was celebrated and a resident from Holland baked Dutch biscuits in celebration. Chinese day and a Chinese banquet will be celebrated in August and residents and staff are being asked to dress in red, to represent the Chinese culture.

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

Established processes are used by the home to identify, action, monitor and disseminate information about changes to legislation, regulations and guidelines. Internal and external audits monitor legislative requirements and guidelines, such as privacy and confidentiality of information and the provision of activities for all residents, regardless of their cognitive needs. Specific legal organisations monitor resident agreement information. Staff are provided information through meetings, notices, communication books and internal and external training sessions and policy and procedure changes are disseminated for staff information and understanding.

3.3 Education and staff development

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

Team's recommendation

Does comply

A training planner is developed based on staff and management needs on an ongoing basis. Staff are encouraged to attend external developmental training, such as lifestyle workshops, certificates in leisure and lifestyle, lifestyle conferences and food safety in lifestyle. Lifestyle training information is disseminated to staff through meetings and is used to develop strategies for staff to assist residents with specific needs, such as dementia and some behaviours. Attendances and evaluations are monitored for effectiveness of some sessions and the facilitator.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents and representatives are satisfied their emotional needs and preferences are identified and they are appropriately supported by the home. Residents' emotional needs and preferences are identified through routine assessment and review processes or observation. Strategies are developed to assist staff to support residents' individual needs, such as individual conversations, encouraging residents to activities identified as a specific resident interest and emotional support and referrals to appropriate support networks. Staff are informed about the changing needs for residents through meetings where strategies are discussed, through handover, amended care plans and progress notes entries and the communication book. Staff are provided training and support to assist residents with their emotional needs.

3.5 Independence

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

Team's recommendation

Does comply

Residents and representatives are satisfied their individual independence needs and preferences are identified, respected and supported. Assessments to identify residents' individual independence needs, preferences and support mechanisms are conducted on an ongoing basis. Physiotherapy reviews, exercise groups, individual routines, and physical activities developed encourage residents' mobility and dexterity and integrate resident entertainment, are conducted on a routine basis. Residents are supported and encouraged to maintain community links through memberships, outings and community visits to the home, such as school children assisting residents with computer functions and interactions with kindergarten children and retirement residents. Residents are supported in daily activities including gardening, chicken feeding and washing dishes, which reflect their previous tasks. Physical and environmental aids and supports are provided and reviewed for resident use, to assist them in their daily routines, such as plate guards, two-handled cups, walking aids, scooter charging areas and appropriate furniture.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents and representatives are satisfied their individual privacy, dignity and confidentiality needs are recognised and respected. Care and lifestyle assessments and on going observation and reviews identify, record and amend residents' individual privacy needs, which are highlighted in care and lifestyle plans, progress notes, during handover and in the communication book. Strategies for individuals are routinely conducted and staff practices monitored by senior staff, such as planning how meals and activities are provided for residents with cognitive and sensory needs, providing meaningful tasks and activities, conversation tone and discrete toileting strategies in the home and on outings. Private treatment areas are provided and individual hygiene and grooming routines and customs are maintained. Resident information is in locked areas and within password protected electronic equipment and staff handovers are conducted in secure areas.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents and representatives are satisfied their interests and preferences are identified, and activities are provided to encourage and support their active participation. Care and lifestyle information about residents' interests, past history and current needs are identified and used to develop and evaluate residents' individual lifestyle plans and the activity calendar each month. Residents and representatives are informed about the activities available and encouraged to make suggestions for additional activities or changes to current activities. Residents are encouraged and individually supported to participate in activities, regardless of their mobility, sensory, cultural, cognitive or emotional needs. While the activity calendar is developed to encompass regularly enjoyed activities, activities are provided for the current interests and needs of residents and may therefore change on the day, if residents prefer a different activity or none at all.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents and representatives are satisfied their individual interests, customs and beliefs are valued and respected. Care and lifestyle processes identified the needs and preferences of each resident when they enter the home and on an ongoing basis. Various religious services and cultural events are offered to residents and their representatives, to maintain their beliefs and customs and provide other residents with opportunities to participate in various events. Residents and representatives are actively involved in cultural events. For instance participating in fetes, open days and show preparations and contributing to trading tables and being individually involved and supporting others in 'culture days' each month. Specific activities on the monthly calendar, such as men's group, knitting club and resident choice bus trips, are offered to support residents' cultural needs, interests and preferences.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and representatives are satisfied they are encouraged and supported to make decisions and exercise choice and control over their lifestyle. Residents' interests, needs, preferences and habits are identified and recorded to maintain residents' preferred way of life. Information about the home and the various way residents and representatives can exercise their choices and decisions, are provided to residents when they enter the home and on an ongoing basis. A family forum is conducted each month to provide one avenue to voice resident and representatives' opinions and provide the home with a mechanism to disseminate relevant information. All residents, regardless of their sensory, communication, mobility and cognitive needs are encouraged and supported to make their own decisions, without infringing on other residents' rights. Authorised representatives are identified, consulted and information documented about the needs and preferences of residents.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents and their representatives feel secure in their tenure at the home and understand their rights and responsibilities. Information about security of tenure, the level of services the home provides and their rights and responsibilities are discussed when they enter the home. A resident agreement and resident handbook provides written information about the comment and complaint mechanisms, the allocated fees and charges and social and hospital leave. Residents and representatives are consulted and information recorded in progress notes and care plans, about changes to their care needs, which may include room moves within the home and to appropriate alternative accommodation.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home uses established processes to identify opportunities for improvement and monitor compliance with the expected outcomes. Routine internal and external audits, monitoring processes, such as staff and resident incident reporting, hazard reports, resident surveys and various meetings provide management and staff with information about the effectiveness of the home’s systems and processes. Suggestion and comment and complaint mechanisms identify qualitative information, which the home investigates, actions and resolves. Examples of activities and achievements in the physical environment and safe systems in the last 12 months include:

- Residents commented that the air conditioning system was not adequate for their needs. Individual air conditioners, with individual controls for each unit have now been installed, allowing residents to control the temperature of their unit and maintain the comfort of their own rooms. Residents expressed satisfaction with the units at the family forum.
- The home identified several staff safety issues which have been actioned in the last few months and monitored by the Occupational Health and Safety Committee. These include the instillation of safety mirrors in corridors following a near miss; the adjustment of a fence to minimise intruder use following a risk review; the instillation of key pad locks at the laundry entrance and the development of safe operating procedures for all equipment used in the home.
- A coffee shop has been built in the ‘Atrium’ to facilitate a café area environment and atmosphere. The shop has been built to compliment the outdoor French style of a sidewalk café, which is decorated by colourful flowers, provincial lamps and clock and an old bike. Volunteers run the shop and cater for residents, representatives and visitors five days of each week, including weekends, when families are able to visit the home more often. Feedback indicates residents, representatives and staff are very appreciative of the café and the time spent by volunteers.

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

Established processes are used by the home to identify, action, monitor and disseminate information about changes to legislation, regulations and guidelines. Membership of industry groups and associations, regional networks and government updates provide management with details of current changes and at times advice about how to manage revised legislative requirements. Management review the impact of any changes on the staff practice and resident outcomes and amend or develop policy and procedure documents. External auditors monitor compliance with specific outcomes, such as fire and food safety systems and internal auditors monitor occupational health and safety processes and outcomes. Changes to policy and procedure documents are documented and relevant stakeholders are informed about the changes through various management and general meetings, communication books, individual discussions and training sessions.

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

Management identifies and monitors staff training and development needs through various continuous improvement and communication mechanisms. Training planners are developed and added to when required and education resources, including training pamphlets and journals are accessible to all staff. Mandatory training attendances, which are identified and scheduled, such as food safety and manual handling are recorded to monitor staff attendance. The home's orientation process includes staff training, such as manual handling and fire and emergency and includes self directed learning packages, such infection control and occupational health and safety. Staff development is encouraged through support with rosters and course payments, scholarship applications and grants.

4.4 Living environment

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the level of comfort and security of their living environment. Information from a range of internal and external audits, maintenance requests, and incident and hazard data is monitored for ensuring the home is safe and comfortable, consistent with resident care needs. The environment supports residents to socialise independently and a range of facilities for entertaining guests includes communal and private lounge and dining areas, courtyards and the coffee shop. The 'Diva' room, which caters for special events, incorporates a chapel, and is equipped with a large screen television and sound equipment. Residents are encouraged to personalise their single rooms to reflect their individual tastes and double rooms are available for couples. Strategies are implemented for reducing the use of restraint and if required there is a process of assessment, consultation and monitoring. The monitoring of survey, comments and complaints data, and information from family forums provides the home with the opportunity for identifying satisfaction with the living environment provided.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The Occupational Health, Safety and Welfare Committee is scheduled to meet every month to review occupational health and safety issues, including the analysis of incident and hazard data, internal and external audit results and legislative requirements. Occupational health and safety is an agenda item at all relevant meeting forums. Staff have access to policies and procedures, that are reviewed annually, safe operating procedures, material safety data sheets and risk assessments to guide work practices. The quality assurance officer is in the process of reviewing the safe operating procedures that incorporates a risk assessment to reflect specific staff roles, in a user friendly format. Training relevant to staff roles is provided during orientation, annually and in response to identified needs, and competency checks for all areas, including maintenance are used for monitoring staff knowledge. An internal and external auditing system is used for monitoring the safety of the environment allowing the home to implement the required corrective actions.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to provide a safe environment and work systems to minimise fire, security and emergency risks. Contracted external services and internal maintenance processes maintain the security, fire and emergency systems. Emergency procedures and evacuation plans are on display throughout the home and this information is reinforced through staff training and fire drills. A resident mobility list identifies individual residents' sensory losses, levels of mobility, aids and supports required in the event of an evacuation. The home has a bushfire plan and is in the process of developing signs to alert staff and visitors to home of extreme fire risk days. The home meets the safety requirements of the certification assessment report and has a current fire triennial certificate. The security of the home is maintained by external door locks/alarms, appropriate lighting, a secure fence line and a lock up procedure.

4.7 Infection control

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

Team's recommendation

Does comply

The infection control officer is responsible for monitoring the home's infection control program. Resident infections are identified, treated and contained. The collation and analysis of resident infections is used for identifying trends and implementing corrective actions. The home provides training, guidelines and the appropriate equipment to facilitate staff work practices. Information in the resident newsletter is used for providing information relating to infection control strategies and alcohol gel and flyers on display are used for encouraging residents and visitors to wash their hands on entering the home. A range of preventative strategies implemented by the home includes an influenza immunisation program for residents and staff, environmental temperature monitoring and a range of audits. Staff are satisfied with the quality and quantity of the equipment supplied by the home and practice standard precautions using the protective equipment and hand-washing facilities available to them.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the catering, cleaning and laundry services provided, and staff are satisfied with their work environment. Meals are prepared freshly each day in the kitchen to meet residents' individual needs, special requirements and preferences. The home's chefs monitor resident satisfaction with the menu by attending the family forum and reviewing the log of verbal comments allowing for special requests to be catered for. The home has developed a food safety plan with a recent audit identifying only minor actions. Scheduled cleaning services are provided four days a week with a system for maintaining the cleanliness of the home at other times. Residents' personal clothing is laundered on-site with an external contractor responsible for linen. Audits, inspections and resident feedback processes monitor the efficiency and satisfaction with hospitality services.