



Aged Care
Standards and Accreditation Agency Ltd

Mary Cecelia Hart Court Hostel

RACS ID 6026
82 Williams Road
MILLICENT SA 5280

Approved provider: The Boneham Cottage Homes 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 11 November 2015.

We made our decision on 15 October 2012.

The audit was conducted on 10 September 2012 to 12 September 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

Mary Cecelia Hart Court Hostel 6026

Approved provider: The Boneham Cottage Homes Inc

Introduction

This is the report of a re-accreditation audit from 10 September 2012 to 12 September 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 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 September 2012 to 12 September 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:	Kerry Rochow
Team member:	Sandra Lloyd-Davies

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 audit:	45
Number of high care residents during audit:	34
Special needs catered for:	People with dementia or related disorders

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

Audit trail

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

Interviews

	Number		Number
Management	3	Residents/representatives	9
Clinical/care/lifestyle staff	7	Hospitality and environment/safety staff	4
Medical and allied health	2		

Sampled documents

	Number		Number
Residents' files and care plans	5	Medication charts	5
Lifestyle care plans	5	Personnel files	5

Other documents reviewed

The team also reviewed:

- 'How can we improve our services to you?' forms
- Activities program
- Communication books
- Continence aid folder
- Continuous improvement register
- Contractor risk assessments
- Doctors' list
- Electrical testing and tagging records
- Emergency procedure manual
- External service provider contracts
- Food safety program and audit
- Incident, hazard and infection data and reports
- Menu
- Newsletters
- Pest control records
- Police clearance certificates/records
- Position specifications
- Residential services agreement
- Residents' handbook
- Roster
- Safety data sheets
- Staff education records
- Staff handbook
- Temperature monitoring charts
- Various audits and surveys
- Various meeting minutes
- Various policies and procedures
- Visitor sign in/out register

Observations

The team observed the following:

- Activities in progress

- Café
- Call bells
- Chemical storage
- Cleaning in progress
- Emergency evacuation kits
- Emergency evacuation maps
- Equipment and supply storage areas
- Fire safety equipment and exit lights
- Handover
- Infection control resources
- Interactions between staff and residents
- Internal and external living environment
- Key pad security
- Meal service
- Medication round and storage
- Noticeboards
- Personal protective equipment
- Sensory assessment kit
- Suggestion boxes
- Wound care trolley

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

Mary Cecelia Hart Court Hostel is owned and operated by the Boneham Cottage Homes Incorporated. The home identifies improvement opportunities from 'How can we improve our services to you?' forms, corrective action request forms and family forum meetings. Audits, surveys, staff meetings and verbal feedback contribute to this process. Identified improvements are recorded on an improvement log and improvement reports track actions and progress. The home's quality assurance co-ordinator monitors actions and timelines generated from continuous improvement activities. Residents, representatives and staff are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented by the home over the last 12 months in relation to management systems, staffing and organisational development include:

- In response to a staff suggestion, a resident movement folder was created. The folder is used to record residents' whereabouts. This has assisted staff to locate residents easily when family and friends visit the home.
- The home identified an opportunity to improve residents' knowledge of continuous improvement activities. A flower painted on an artist's canvas has been displayed in a communal living area. Improvements relevant to the residents are posted on the petals. Residents state they acknowledge and understand the continuous improvements posted.

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 and processes to identify and monitor relevant legislation, regulations, professional standards and guidelines. The home is informed of relevant legislation through membership of peak bodies and correspondence with the Department of Health and Ageing. Policies, procedures, guidelines and documentation are updated to comply with regulatory requirements. There are processes to record and monitor police clearances for staff, allied health professionals and volunteers. Legislative compliance is monitored through various meetings and scheduled audits. Information is disseminated to relevant staff through meetings, training sessions and memoranda.

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 processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. Education needs are identified through performance appraisals, observation of staff practice and requests from staff. Commencing employees undertake mandatory training as part of the induction process. Staff have access to self-directed learning packages. Management and staff monitor attendance at training sessions and there are processes for following-up non-attendance at mandatory training. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

The home has processes to inform residents and representatives of internal and external complaints mechanisms, including information in the residents' handbook and residential services agreement. The home uses 'How can we improve our services to you?' forms, resident and staff meetings and verbal feedback to gather comments, suggestions and complaints. Complaints are logged on a register. The home monitors resident satisfaction through surveys, comments and complaints, family forum meetings and consultation with residents and representatives. Staff are aware of the comments and complaints system and feel supported in raising concerns with management. Residents and representatives are satisfied that concerns they raise are managed effectively and resolved.

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 organisation's vision, mission and values are documented and visible throughout the home. Information describing the home's philosophy and values is available in resident and staff handbooks. Documentation containing the home's values has consistent content. The home is guided by a strategic plan. Staff are familiar with the home's values and commitment to quality care and services.

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 processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. Staff, allied health professionals and volunteers are required to provide a police clearance certificate prior to commencing employment. Management and staff monitor police certificates and nurses' registrations. The home provides an induction program and 'buddy' shifts for commencing staff. The home's management monitors staffing levels and skill mix through staff feedback and resident care needs on an ongoing basis. Training needs are identified at staff meetings, performance appraisals and through observation of work practices. Vacant shifts are filled by casual, part-time or permanent staff. Staff are guided in their roles by position specifications, various policies and procedures and a staff handbook. Staff have sufficient time to complete their tasks. Residents and representatives are satisfied that staff have the appropriate skills to deliver care and services.

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

The home has systems and processes to maintain equipment and stocks of appropriate goods for quality service delivery. The director of care/general manager, in consultation with senior department staff, orders and monitors supplies of goods to maintain optimal levels of stock. Each department area uses a process of stock rotation. Staff are given the opportunity to trial and assess new equipment for safety and quality. Monitoring processes include preventative and corrective maintenance programs and audits. Standard operating procedures are available for equipment and staff are trained in the use of new equipment. Staff have access to sufficient goods and equipment to perform their roles effectively. Residents and representatives are satisfied appropriate goods and equipment are available in the home to meet their service delivery requirements.

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

The home has information management systems which provide management and staff with appropriate information to help them perform their roles. The home communicates relevant information to staff, residents and representatives through newsletters, activities calendars, noticeboards, staff and resident meetings. Memoranda, shift handover, communication books, policies and procedures and education sessions, support communication processes. Residents are assessed on entry to the home and care plans are developed from this information. Monitoring processes include comments and complaints forms, resident and staff meetings, audits, surveys and incident and hazard reporting. The home has processes for the effective storage, archiving, disposal and management of information. Resident

information is stored electronically on computers and hand-held point of care devices. Hardcopy files are kept in administration areas with access restricted to appropriate staff, general practitioners and allied health professionals. Computers are password protected with various levels of access. Staff are satisfied they have access to information relevant to their role. Residents and representatives are satisfied they have access to appropriate information to assist them to make decisions about resident care and lifestyle preferences.

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

The home uses external contract services to assist in meeting the residential care service's needs and service quality goals. The home has individual contracts with each service provider which outlines the home's service quality expectations. An approved suppliers list is available to identify preferred suppliers for regular and ad-hoc service requirements. Monitoring processes include audits, six-monthly reviews of services rendered by external service providers, observations and staff and resident feedback. Results show external contractor services are assessed, evaluated and changes to contracts made where required. Contracted staff are provided with an induction to the home if working on-site, including risk assessments, before commencing work at the home. Staff, residents and representatives are satisfied with the quality of 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, the home identifies improvements from resident and staff feedback, complaints, audits, incidents, ongoing care reviews and observation of staff practice. Continuous improvement activities are monitored by management and senior staff and discussed at various meetings. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to health and personal care include:

- Management identified an opportunity to improve physiotherapy services and manual handling for residents including those with bariatric needs. Residents' care plans have been reviewed and falls data analysed. Manual handling training has been provided for staff. The assessments are more comprehensive resulting in improved physiotherapy plans and treatment for residents.
- In response to feedback from clinical staff, the home reviewed their processes for managing urinary tract infections. Staff were provided with education and residents given medication to manage symptoms. Where antibiotics are required a urinalysis is taken one week after the antibiotics have ceased to ensure the infection is resolved. Management report a reduction in urinary tract infections as a result of this initiative.

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

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 2 through various meetings, audits, observation of staff practice, pharmacy reviews and staff and resident feedback. Nurses' registrations are obtained prior to commencing employment and up-dated annually. Staff are aware of regulatory requirements relating to residents' health and personal care, including the safe storage of medications.

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

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Training undertaken by clinical staff includes skin care, mental health, continence management, wound management and medication competencies. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care which is appropriate to their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying and managing residents’ health and personal care needs. Each resident, in consultation with clinical staff, general practitioners, allied health professionals and representatives, has a range of clinical assessments completed on entry to the home. This information is used to develop individualised care plans using the home’s electronic care program. The home monitors residents’ clinical outcomes through daily observation, care plan reviews, incident and care reporting processes and progress note reviews. Results show residents’ care needs are documented, reviewed and changes to care implemented where required. Staff are supplied with an electronic hand-held device for each shift which provides them with immediate access to residents’ care plans. Staff document care provided to residents through this electronic device. Residents and representatives are satisfied with the health and personal care provided to residents.

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

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses assess residents’ specialised nursing care needs on entry to the home and as residents’ health status changes. This information is used to develop individualised care plans in consultation with residents’ general practitioners and specialists. The home has access to external specialists to assist in meeting residents’ individual needs. Monitoring processes include care plan reviews, care reporting processes and daily observations. Staff are provided with education to provide them with the skills and knowledge to meet residents’ individual specialised nursing care needs. Residents and representatives are satisfied residents are provided with specialised nursing care by appropriately qualified and skilled nursing staff.

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 health specialists according to their assessed needs and preferences. Residents’ requirement for specialist health referral is identified through the home’s clinical assessment, review and monitoring processes. Residents are referred to a range of health specialists regularly and as required, including physiotherapists, podiatrists, dietitians, speech pathologists, mental health specialists, audiologists, optometrists and wound care specialists. Specialist recommendations are evaluated by residents’ general practitioners and clinical staff update care plans as required. Staff are alerted to residents’ referrals and appointments through the home’s diary and electronic care program. Residents and representatives are satisfied residents are referred to health specialists according to their individual needs and preferences.

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

Residents’ medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. The home has processes for assessing, ordering, monitoring, administering, storing and evaluating residents’ medication. Each resident has an individual medication chart with photographic identification, personal details and administration instructions. Medications are pre-packaged in blister packs to assist with medication administration. Monitoring processes include medication incident reporting, audits, medication chart reviews and staff competencies. Identified medication issues are discussed at relevant staff and quality meetings. Staff participate in annual medication competencies and have participated in external medication education. Residents and representatives are satisfied with the level of consultation and management of residents’ medication.

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

Residents’ pain is managed according to their individual needs and preferences and residents are as free as possible from pain. The home has initial and ongoing assessment and review processes for identifying and managing residents’ pain. This information is used to develop individualised care plans in consultation with residents, their general practitioners and the physiotherapist. Medication and a range of non-medication interventions are used to assist in managing residents’ pain. Monitoring processes include care plan reviews, observations, progress note review, audits, and pain intervention evaluation. Results show residents’ pain issues are identified, assessed and evaluated with changes made to care plans where appropriate. Staff have participated in pain management education and are aware of their roles in relation to pain management. Residents and representatives are satisfied residents’ pain is managed according to their individual needs and preferences.

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

The home has processes to maintain the comfort and dignity of terminally ill residents. Clinical staff in consultation with residents and their representatives identify and document residents’ end-of-life wishes. This information is used to develop individualised care plans. The home has access to palliation specialists and specialised equipment and supplies. Monitoring processes include observation, clinical review, progress note review and feedback. Staff have participated in palliative care education. Pastoral support is available for residents and representatives. Residents are accommodated in single rooms and family may stay overnight at the home. Representatives are satisfied the home provides care to terminally ill residents which maintains their 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 receive adequate nutrition and hydration according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage residents’ nutrition and hydration requirements. This information is used to develop individualised care plans. Residents’ are provided with assistance and aids to help them maintain independence and dignity during meal times and when drinking. Monitoring processes include monthly resident weighs, weight trending and analysis, audits, feedback, care plan reviews, progress note review and observations. Results show residents’ weight losses are identified and interventions implemented. Senior staff are responsible for updating residents’ nutrition and hydration care plans and informing relevant staff of any changes. Residents and representatives are satisfied residents’ nutrition and hydration needs and preferences are met.

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

Residents are provided with care which maintains their skin integrity consistent with their general health. The home has initial and ongoing assessment and review processes to identify and manage residents’ skin care needs. This information is used to develop individualised care plans. A variety of interventions are used, including creams and emollients, air mattresses, sheep skin products, limb protectors and pressure bandaging. Wounds are assessed, managed and reviewed by registered nurses and nutritional supplements are used to aid in wound healing. Monitoring processes include care plan reviews, observations, audits, progress note review and incident reporting. Results show residents’ skin care needs are documented, reviewed and interventions implemented where necessary. Staff have participated in wound management and skin care training. Residents and representatives are satisfied residents receive care which maintains their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive care which manages their continence needs according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage residents’ continence needs. This information is used to develop individualised care plans in consultation with residents and the home’s continence coordinator. Monitoring processes include care plan reviews, observations, progress note review, audits and continence aid inventory. Results show residents’ continence needs and preferences are documented, reviewed and evaluated with appropriate changes made to care plans. The continence coordinator assists staff in managing residents’ continence needs and staff have participated in continence management training. Residents and representatives are satisfied residents’ continence needs are managed effectively and appropriately.

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 with challenging behaviours are managed according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage residents’ challenging behaviours. This information is used to develop individualised care plans, in consultation with residents and the diversional therapist. The home has a minimal restraint policy and staff trial different interventions before considering restraint. Monitoring processes include incident reporting, progress note review, care plan reviews, audits and observations. Results show residents’ behaviour triggers and interventions are documented and evaluated. Staff have participated in dementia and behaviour management training and were observed to be effectively engaging and managing residents with challenging behaviours. Residents and representatives are satisfied with the home’s approach in managing residents’ challenging behaviours.

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

Residents receive care which optimises residents’ mobility and dexterity. The home has initial and ongoing assessment and review processes to identify and manage residents’ mobility and dexterity needs. Each resident has a mobility, dexterity and pain assessment completed by the physiotherapist on entry to the home. This information is used to develop individualised care plans, including exercise and therapy plans. The home supplies equipment to aid in the independence of residents’ mobility, eating and drinking. Monitoring processes include incident reporting, care plan reviews, progress note review, observations and physiotherapy review. Results show residents’ mobility and dexterity needs are identified, documented, reviewed and any issues are assessed and interventions implemented. Designated staff provide residents with regular therapy and assistance with

exercises. Residents and representatives are satisfied residents are provided with care which optimises their mobility and dexterity.

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

Residents’ oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage residents’ oral and dental needs. This information is used to develop individualised care plans. Residents with identified dental issues are referred to dental specialists. Monitoring processes include care plan reviews, progress note review, observations and reporting processes. Results show residents’ oral and dental care needs are identified, documented, reviewed and dental referrals made where necessary. Selected staff have participated in oral hygiene training and provide education to other staff members. Residents and representatives are satisfied residents are provided with care which maintains their 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

Residents’ sensory losses are identified and managed according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage residents’ sensory losses. This information is used to develop individualised care plans. Strategies are implemented to assist residents with sensory losses and the home provides equipment and an environment to facilitate sensory stimulation and safety. Monitoring processes include care plan reviews, observations, progress note review and audits. Staff are aware of different strategies used to assist residents with sensory loss. Residents and representatives are satisfied residents’ sensory losses are identified and effectively managed.

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

Residents are provided with care to assist them to achieve natural sleep patterns. The home has initial and ongoing assessment and review processes to identify and manage residents’ sleep habits. This information is used to develop individualised care plans which identify residents’ sleep preferences and effective interventions to assist sleep. Monitoring processes include care plan reviews, observations, progress note review and audits. Results show residents’ sleep preferences and strategies are identified, documented and reviewed. Staff are aware of residents’ individual sleep preferences. Residents and representatives are satisfied residents are provided with care which assists them to achieve natural sleep patterns.

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, the home identifies improvements from activity evaluations, resident and staff feedback, surveys, audits and complaints mechanisms. Continuous improvement activities are monitored by management and staff and discussed at various meetings. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to resident lifestyle include:

- In response to feedback from residents’ families, the home introduced a computerised web based visual communication program. Residents are able to maintain contact with family members overseas or interstate. Staff assist residents to use the program. Feedback from residents and families has been positive.
- The lifestyle coordinator identified an opportunity to utilise the expertise of a resident with public speaking experience. The resident presents newspaper readings to other residents. Feedback from residents has been positive and the newspaper readings have been incorporated into the lifestyle program.

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

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 3 through various meetings, complaints processes, audits, surveys and resident feedback. Residential services agreements, including residents’ rights and responsibilities are discussed with residents and representatives on entry to the home. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident information.

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

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Training undertaken by staff in relation to Standard 3 includes elder abuse reporting and dementia awareness. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

Residents are supported emotionally in adjusting to life in the home and on an ongoing basis. The home assesses residents' emotional needs on entry to the home. This information is incorporated into the resident's care plan. The home provides new residents with a handbook and introduction to staff and other residents. The home monitors and evaluates the effectiveness of emotional support delivered to residents through various meetings and one-to-one discussions. Residents have access to pastoral and mental health services as required. Visits from family, friends and community groups are encouraged. Staff provide one-to-one support to help residents settle into their new environment. Residents are satisfied with the level of emotional support provided.

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 assists residents to achieve maximum independence and to maintain friendships and connections within the community. Residents' lifestyle preferences, interests and abilities are identified on entry to the home. The home monitors resident satisfaction through family forum meetings, surveys and verbal feedback. A voting booth is set up on-site and residents are assisted to vote during elections. Residents have access to their own money through a trust account. Staff and volunteers assist residents to participate in leisure activities and to maintain links with family, friends and community groups. Residents are satisfied the home assists them to maintain their independence and participate in community activities according to their needs and preferences.

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

The home maintains processes to protect residents' privacy and dignity, including a staff handbook, code of conduct and confidentiality agreement. Residents are provided with information about their rights and responsibilities on entry to the home. Advanced directives and palliative care requests are recorded and respected. Residents' clinical assessments and care plans are stored electronically with access limited to authorised staff and visiting health professionals. The home monitors resident satisfaction through family forum meetings, surveys and verbal feedback. Staff are aware of appropriate practices, such as knocking on residents' doors prior to entering. Residents are satisfied staff are courteous and respectful of their privacy.

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

Residents are encouraged and supported to participate in a range of activities according to their individual needs and preferences. Residents' interests are identified on entry to the home and a lifestyle care plan is developed. An activities calendar is posted in residents' rooms. Group and individual sessions include activities suiting the needs and preferences of residents with sensory deficits and limited mobility. Staff monitor resident participation through activity evaluations, family forum meetings and resident feedback. Staff support residents to attend activities and engage in individual interests. Residents are satisfied they have the opportunity to participate in a range of activities 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 spiritual needs are recognised and supported. The home identifies the cultural background, spiritual beliefs and social history of residents on entry to the home and implements strategies to meet their needs on an ongoing basis. Residents are supported to engage in events and activities of spiritual significance to them within and outside the home. Pastoral services are available to residents on a regular basis. Management and staff monitor and evaluate residents' spiritual and cultural needs through family forum meetings, surveys and individual discussions. The home recognises significant cultural and spiritual days, such as Easter, Australia Day and St. Patrick's Day. Staff are aware of residents' cultural and spiritual preferences and needs. Residents are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds.

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

Residents are encouraged and assisted to exercise choice and control over their lifestyle. Residents' information in relation to personal choice is gathered on entry to the home and integrated into care plans, including advanced directives. Residents are encouraged to personalise and decorate their rooms to reflect individual preferences. Management and staff monitor resident satisfaction through surveys, family forum meetings and complaints mechanisms. Staff assist residents to exercise choice and control over their lifestyle. Residents are satisfied they are able to exercise choice and control regarding their needs and preferences.

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

Residents are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. Resident and representative satisfaction is monitored through family forum meetings, complaints processes and verbal feedback to staff and management. Brochures regarding independent sources of advice and advocacy are available within the home. Room changes are carried out in consultation with residents and representatives. Staff are aware of residents' rights and responsibilities. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

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.

In relation to Standard 4 Physical environment and safe systems, the home identifies improvements from resident and staff meetings, incident and hazard data, workplace inspections, complaints and audits. Continuous improvement activities are monitored by management and actions are delegated to relevant staff. Residents, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to the physical environment and safe systems include:

- Management identified an opportunity to improve the transfer of resident information in the event of an evacuation. Kits have been developed that include a photograph of the resident, next of kin details and resident care needs. A list of what items need to be packed in the kits has been developed to assist staff and volunteers. The kits have been approved by a visiting fire officer. This initiative is yet to be fully evaluated.
- In response to an audit, the home identified an opportunity to improve resident safety. A lockable cage has been fitted to the extra duties cleaning trolley. Residents are unable to access chemicals while the cleaner is working across the site. The trolley is safe to use in the secure unit. Staff feedback has been positive.

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

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Management monitors regulatory compliance in relation to Standard 4 through various meetings, audits and staff and resident feedback. Audit processes include a triennial fire safety inspection and food safety audit. Policies and procedures relating to occupational health, safety and welfare, fire safety and infection control are in-line with professional standards and guidelines. Relevant information is available to staff through meetings, training sessions, policy and procedure folders and memoranda. Staff are aware of regulatory requirements relating to the physical environment and safe systems, including their responsibilities in the event of an emergency.

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

Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Training undertaken by staff in relation to Standard 4 includes senior first aid, manual handling, fire and emergency, food safety and infection control. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

Management actively works towards providing a safe, clean and comfortable environment which is consistent with residents' care needs. Residents are accommodated in single rooms with en-suites and have access to communal living and dining areas. Residents are encouraged to personalise their rooms with their own belongings. The home has a café on-site and lounge areas where residents can meet with family and friends in a private and comfortable environment. The living environment is monitored through workplace inspections, incident and hazard reporting, audits, preventative and corrective maintenance programs and observations. Results show environmental safety issues are identified and interventions implemented. Staff are aware of their roles in assisting to maintain a safe and comfortable environment. Residents and representatives are satisfied the home is safe, clean and comfortable.

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 has systems and processes to provide a safe working environment which meets regulatory requirements. Staff are guided in their work through occupational, health and safety (OH&S) policies and procedures and safe operating procedures. Resident and staff incidents, accidents and hazards are reported; investigated and preventative measures implemented. The home monitors OH&S compliance through incident and hazard reporting and analysis, OH&S committee meetings, workplace inspections, preventative and corrective maintenance programs and observations. Staff participate in OH&S training and have access to safety data sheets. The home has a rehabilitation and return to work coordinator to assist staff who have had an injury at work. OH&S is a standard agenda item at all meetings and staff feel safe working in the home.

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

The home has systems and process to provide a safe environment through the minimisation of fire, safety and security risks. Emergency procedure manuals and evacuation maps are located and displayed around the home. Internal staff and external fire services regularly monitor and maintain emergency fire systems and equipment. The home has been issued a Triennial Fire Safety Certificate. The home is secured after-hours and the dementia specific unit can only be exited by pin-code access. Monitoring of fire, security and emergency management includes fire and evacuation drills, external and internal audits, incident reporting and analysis and observation. Staff participate in annual fire and emergency training and regular fire drills.

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 maintains an infection control program which meets Australian government infection control guidelines. Resident infections are identified by clinical staff and appropriate interventions implemented. The home uses a clinical surveillance program to collect and analyse infection data. The home has a food safety program and has processes to manage potential and actual infectious outbreaks. Regular pest control treatments are conducted throughout the home. The infection control program is monitored through the clinical surveillance program, temperature testing, audits and workplace inspections. Staff have access to personal protective equipment and have participated in infection control and hand hygiene training.

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

The home provides catering, cleaning and laundry services in a manner which enhances residents' quality of life and the staff's working environment. Catering staff use a four-weekly rotating menu which is reviewed by a dietitian to ensure it is meeting residents' nutritional requirements. Main meals are prepared and cooked on-site and catering staff are guided by residents' dietary care plans. Cleaning is provided through a schedule routine and each resident's room is thoroughly cleaned each week. Laundry services are available on-site for residents' personal clothing and linen is outsourced to an external service provider. The home provides labelling and ironing for residents' clothing. Monitoring of hospitality services includes resident and representative feedback, audits, surveys, resident meetings and observations. Residents and representatives are satisfied hospitality services are provided in a manner which meets individual residents' needs and preferences.