Mary MacKillop Care Flora McDonald

RACS ID 6816
206 Sir Donald Bradman Drive
COWANDILLA SA 5033

Approved provider: Mary Mackillop Care SA Ltd

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 09 April 2017.

We made our decision on 18 February 2014.

The audit was conducted on 20 January 2014 to 22 January 2014. 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	Quality 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	Quality 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	Quality 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	Quality 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 MacKillop Care Flora McDonald 6816

Approved provider: Mary Mackillop Care SA Ltd

Introduction

This is the report of a re-accreditation audit from 20 January 2014 to 22 January 2014 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

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 20 January 2014 to 22 January 2014.

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:	Jordan Toomey
Team member:	Kerry Rochow

Approved provider details

Approved provider:	Mary Mackillop Care SA Ltd

Details of home

Name of home:	Mary MacKillop Care Flora McDonald
RACS ID:	6816

Total number of allocated places:	87
Number of residents during audit:	83
Number of high care residents during audit:	79
Special needs catered for:	People with dementia or related disorders

Street:	206 Sir Donald Bradman Drive
City:	COWANDILLA
State:	SA
Postcode:	5033
Phone number:	08 8159 7000
Facsimile:	08 8234 9404
E-mail address:	administration@mmcsa.com.au

Audit trail

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

Interviews

Category	Number
Management/key staff	4
Corporate Management	7
Clinical staff	2
Care staff	5
Lifestyle/activity team	5
Residents/Representatives	15
Allied health services	1
Pastoral support	2
Maintenance/Work place health and safety team	3
Hospitality/domestic services staff	5

Sampled documents

Category	Number
Residents' files, assessments, clinical care plans and progress notes	7
Personnel files	8
Medication charts	9

Other documents reviewed

The team also reviewed:

- Activity evaluation sheets

- Activity guidelines

- Asbestos register

- Audit schedule

- Bowel charts

- Care and lifestyle review schedules

- Catholic church safety manual

- Chemical register

- Cleaning schedules

- Complaints and compliments folder

- Consultation with residents for moving rooms

- Continuous improvement plan

- Contractor orientation checklist

- Contractor performance evaluations

- Critical incident reporting mechanisms

- Diaries and communication books

- Disaster management plan

- Fact sheets

- Fire alarm and safety reports

- Handover folders

- Infection control data and analysis

- Licence to possess S4 and S8 drugs for administration

- Lifestyle calendars

- Medication refrigerator temperature monitoring charts

- Menu and food service improvement report

- Pastoral care contact and roster sheet

- Physiotherapy treatment folders

- Project flow chart

- Referral folders

- Resident and staff incident information

- Resident consent forms

- Resident personal life history books

- Residential care service agreement

- Risk management plan

- Rosters

- S8 count folder

- Special events folder

- Staff training register and evaluations

- Training needs analysis

- Triennial fire safety certification

- Various audits and surveys

- Various meeting minutes and agenda's

- Various memorandum and notifications

- Various policies and procedures

- Various staff education records and competencies

- Volunteers folder

- Wound care folders

Observations

The team observed the following:

- Activities in progress

- Call bell system

- Charter of Residents' Rights and Responsibilities

- Comments, compliments and complaints information displayed

- Equipment and supply storage areas

- Hand washing and gel stations

- Interactions between staff and residents

- Living environment

- Meal service

- Medication round in progress

- Noticeboards

- Personal protective equipment

- Storage of medications

- Suggestion boxes

- Vision and mission statements

- Wound care and medication trolleys

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 MacKillop Care Flora McDonald identifies opportunities for continuous improvement, in particular in management systems, staffing and organisational development using improvement forms, surveys, audits, resident and staff meetings, incident/hazard reports, staff appraisals, comments/complaints mechanisms and one-on-one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff, residents and their representatives verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes in a timely manner.

Examples of recent improvements relating to Standard 1 Management systems, staffing and organisational development include:

- As a result of a staff suggestion the home has created a palliation stores and equipment kit. This kit contains palliation clinical care, music, flowers, essential oils, relaxation items and special bed linen. Management has received positive feedback from staff and representatives for this improvement.

- A corporate initiative has seen the development and introduction of a visitor's code of conduct. All stakeholders were consulted and a visitor's code of conduct has been accepted. The Code is displayed at the homes entrance and in information booklets. Representatives said they are aware of the code of conduct, management and staff said there has been no incidents since the introduction of this initiative

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 current legislation, professional standards, regulatory requirements and guidelines applicable to Standard 1, through the organisation's intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised work schedules, protocols and guidelines.

Residents/representatives are kept informed of legislative changes via meetings and notices. Processes are in place to monitor staff's awareness and compliance with relevant legislation and these include: performance appraisals, competency audits, training questionnaires and education. Key personnel and corporate management monitor relevant staff and volunteers' police checks and registrations. There is a system in place to ensure residents and their representatives are informed of Accreditation audits. Staff feedback demonstrated knowledge of their legislative responsibilities.

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 provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance appraisals. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including elder abuse, fire and manual handling, can be attended in work time or staff are renumerated for attendance outside working hours. Key personnel maintain records and use a program to monitor staff attendance at these sessions; measures are taken to follow-up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

Examples of recent education and staff development relating to Standard 1 Management systems, staffing and organisational development include:

- ARAS and their role, rights and responsibilities

- Accreditation processes and continuous improvement Quest sessions

- Ethos of Mary MacKillop Care Flora McDonald

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

Residents, representatives and other interested parties have access to internal and external complaints mechanisms. The home informs residents and representatives about internal and external complaints mechanisms through orientation processes, resident handbook, residential tenancy agreements and various posters and brochures around the home. Each documented comment and complaint is logged and actioned by management, with monthly trending and analysis used to identify broader opportunities for improvement. Residents and representatives are offered the opportunity to provide verbal comments and complaints through meetings and management's 'open door' policy. The home monitors comments and complaints processes through audits, surveys and staff and resident/representative feedback. Results show documented comments and complaints are followed-up and a variety of opportunities are made available to residents and representatives to provide feedback. Staff are aware of internal and external complaints processes. Residents and representatives are generally satisfied with the home's follow-up of comments and complaints.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented its commitment to quality throughout the service and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents including the resident handbook and displayed throughout the home. Residents and their representatives are aware of the home's ethos, vision, values and objectives.

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

There are processes for the recruitment and selection of appropriately qualified and skilled staff. Staff roles are outlined in position descriptions which are reflected in work schedules; orientation, mentors and buddy processes ensure a shared understanding of the home's ethos and vision, residents' rights and responsibilities and other relevant policies and procedures. Staffing levels and skills mix are monitored using, but not restricted to, an organisational matrix, information from residents, staff and key personnel feedback and the monitoring of residents' care needs. A base roster is maintained with flexibility to increase hours as required. Planned and unplanned leave is covered by internal staff and external agency staff. Staff

performance is monitored and there are annual performance appraisals and agency staff are orientated and monitored for performance. Performance management and mandatory training requirements ensure consistency in the quality of service provision and these are undertaken as per the home's procedures. Residents and their representatives are satisfied with the ability of staff to provide appropriate care and services for residents in a timely manner.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management, maintenance and workplace health and safety personnel ensure that equipment is suitable for its intended use. Minimum stock levels are maintained across all areas of the home in consideration of variations in staff and residents' requirements. A preventive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and key personnel have procedures/authority to repair equipment and goods as necessary and have access to emergency contacts for urgent and after-hours repairs. Residents and staff are satisfied that they have access to a consistent supply of stock and suitable equipment to meet their needs.

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 established processes to ensure information is managed in a secure and confidential way; the information system ensures the home has access to, and use of accurate and appropriate information to assist all levels of staff to perform their roles effectively. A secure archive room is used to store private and confidential information; computers are password protected, with access controlled. Staff sign a privacy and confidentiality statement and are regularly educated in document management procedures to ensure confidentiality and privacy of resident information is maintained. Electronically stored information is backed up daily; archiving processes are according to legislative/regulatory requirements. Staff report they have access to, and timely communication of relevant information through policies and procedures, duty statements, handover procedures, email, memos, meetings and verbal communication. Residents and their representatives express satisfaction with the information they receive and the timeliness of communication.

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 has a list of selected external providers with service agreements to ensure their compliance with the home's quality, workplace health and safety and legislated requirements. Arrangements are in place to ensure alternative and after-hour's availability as needed. Key personnel monitor the activities of external providers; a register of scheduled servicing is used to track and ensure requirements are being met as planned. Service agreements are reviewed as required with input from relevant stakeholders. A list of external providers is accessible to staff who can obtain authority to contact these providers when issues occur. Resident and staff feedback identified external services are maintained to ensure a standard that meets their needs.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff record and analyse residents' clinical information for trends. Information gathered from audits and incident data related to resident falls, skin tears, medications, and behaviours is used to guide staff practice and identify improvements. Residents and their representatives said they are encouraged to contribute to the home's pursuit of continuous improvement.

Examples of recent improvements relating to Standard 2 Health and personal care include:

- Management has accepted an opportunity to introduce a televised education package so their staff can participate in self-learning packages. Staff register their attendance and are encouraged to use the tools available to them to advance their skills. Staff said they can easily access the training and were complimentary about the learning packages.

- In order to streamline individual residents care, management has initiated monthly multi-disciplinary meetings. Residents individual care needs are discussed by the homes clinical care coordinator, registered nurse, physiotherapist and occupational therapist. management said this enables all parties to understand the resident's needs and initiate consistent care. A review of residents care plans confirms consistent information is available for staff.

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.

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard 2. This ensures information on professional clinical guidelines and evidence-based practice is communicated and available to care staff. Staff understand reporting requirements for residents who abscond and are aware

of reporting timelines. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 2 Health and personal care.

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.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to residents' health and personal care. Residents and representatives are satisfied staff understand residents' individual care needs.

Examples of recent education and staff development relating to Standard 2 Health and personal care include:

- Palliative care

- Medication administration and drug calculations

- Cardio pulmonary resuscitation (CPR)

- Tracheostomy care

- Pain management

- Nutrition and hydration

- continence

2.3 Clinical care

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

Team's findings

The home meets this expected outcome

Residents receive clinical and personal care which is appropriate to their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying, monitoring and evaluating residents' clinical and personal care needs. The information gathered from these processes is used to develop and maintain individualised care plans. The home monitors the provision of personal and clinical care through three- monthly care reviews, care consultations, audits, incident reporting and staff and resident/representative feedback. Results show residents' clinical and personal care needs are assessed, care plans developed and monitored through the home's electronic care system. Staff are informed about residents' clinical and personal care needs through care plans, handover, electronic care system alerts and communication books. Residents and representatives are satisfied residents are receiving appropriate clinical and personal care.

2.4 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. Through the home's initial and ongoing assessment and review processes, residents' specialised nursing care needs are identified. Registered nursing staff develop a care plan for each specialised nursing care need. External specialists are consulted and provide care where required. The home monitors the delivery of specialised nursing care through three-monthly care reviews, audits and staff and resident/representative feedback. Results show residents' specialised nursing care needs are identified and individualised care plans developed for each specialised need. Registered nursing staff plan and provide specialised nursing care. Residents and representatives are satisfied residents are receiving specialised nursing care by appropriately qualified nursing staff.

2.5 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 appropriate health specialists in accordance with their assessed needs and preferences. The home has initial and ongoing assessment and review processes which assist in identifying the need or preference for residents to be referred to a range of health specialists. A range of health specialists visit the home regularly and as required, including physiotherapists, occupational therapists, podiatrists, dietitians, speech pathologists, behavioural management specialists, community nurses, palliative specialists and eye specialists. Residents are also assisted to consult with a range of health specialists outside of the home. The home monitors the referral processes through three-monthly care reviews, audits and staff and resident/representative feedback. Results show residents are referred to a range of health specialists and recommendations updated in residents' care plans. Residents and representatives are satisfied residents are referred to appropriate health specialists to meet residents' individual needs and preferences.

2.6 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 generally managed safely and correctly, according to relevant regulatory requirements and professional guidelines. The home has initial and ongoing assessment and review processes for identifying, monitoring and evaluating residents' individual medication requirements. There are also processes for ordering, storing, administering and returning medications. Residents who wish to administer their medications are evaluated for safety through the home's assessment processes. The home monitors

medication management through three-monthly care reviews, incident reporting, audits, the Medication Advisory Committee, staff competencies and staff and resident/representative feedback. Results show residents' medication needs are identified and medications are generally stored and administered as per the home's processes. Staff practices are monitored for compliance with the home's processes through annual competency testing. Residents and representatives are satisfied residents' medications are managed safely and correctly.

2.7 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 management regimes assist them to be as free as possible from pain. The home has initial and ongoing assessment and review processes for identifying, managing and evaluating residents' pain. The home's physiotherapist/occupational therapist assist in the assessment and review processes. The information gathered from these processes is used to develop individualised care plans. The home monitors pain management through three-monthly care reviews, audits and staff and resident/representative feedback. Results show residents' pain is identified and a variety of medication and non-medication interventions are implemented. Designated clinical and care staff and physiotherapist provide non-medication treatments such as massage and wax therapy. Residents and representatives are satisfied residents are provided with pain management regimes which appropriately and effectively manage residents' pain.

2.8 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

Residents who are terminally ill are provided with palliative care which assists in maintaining their comfort and dignity. Through the home's initial and ongoing assessment and review processes, residents' end-of-life wishes are identified and documented. At the appropriate stage, this information is used to develop a palliative care plan, in consultation with palliative specialists as required. Resident and families have access to the home's pastoral support team at all times. The home monitors the provision of palliative care through three-monthly care reviews, audits and staff and resident/representative feedback. Staff have access to specialised goods and equipment to assist in providing appropriate care. A memorial service is held bi-annually for residents and representatives to remember and honour past residents. Residents and representatives are satisfied residents are provided with care which is appropriate to their individual needs and preferences.

2.9 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 for identifying, managing and monitoring residents' nutrition, hydration and associated support needs. The information gathered from these processes is used to develop and maintain individualised care plans. Residents' likes and dislikes are identified to assist in effective meal planning for each resident. The home monitors residents' nutrition and hydration through three-monthly care reviews, monthly weighs, audits and staff and resident/representative feedback. Results show residents identified as having issues associated with nutrition or hydration are referred to the medical officer, dietitian or speech pathologist for review. Staff are aware of residents' dietary requirements and have access to variety of documents to guide them. Residents and representatives are satisfied residents are provided with food and fluid which is appropriate to residents' individual needs and preferences.

2.10 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 skin care which maintains their skin integrity to be consistent with their general health. The home has initial and ongoing assessment and review processes for identifying, monitoring and evaluating residents' skin care needs. The information gathered from these processes is used to develop individualised care plans. A variety of equipment is available to be used to assist in maintaining residents' skin integrity. The home monitors residents' skin integrity through three-monthly care reviews, incident reporting, audits and staff and resident/representative feedback. Results show residents' skin care needs are identified and specific interventions implemented to maintain their skin integrity. Registered nursing staff assess and review wounds on a weekly basis and external specialists are consulted where required. Residents and representatives are satisfied that residents receive care which maintains their skin integrity.

2.11 Continence management

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

Team's findings

The home meets this expected outcome

Residents are provided with care which effectively manages their continence needs, according to their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying, managing and evaluating residents' continence needs. The information gathered from these processes is used to develop and maintain individualised care plans. The home has a continence consultant who assists with assessment processes and the ordering and maintaining of continence aid supplies. The home monitors continence

management through three-monthly care reviews, audits and staff and resident/representative feedback. Results show residents continence needs are identified and continence aids are allocated where required. Appropriately qualified staff manage residents' specialised continence requirements. Residents and representatives are satisfied residents' continence needs are managed effectively and appropriately.

2.12 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 behaviours of concerns are managed according to their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying, managing and evaluating residents' behaviours of concern. The information gathered from these assessments are used to develop individualised care plans. Residents are referred to behavioural specialists and medical officers as required to assist in developing effective care plans. The home monitors behavioural management through three- monthly care reviews, audits, incident reporting and staff and resident/representative feedback. Results show residents' behaviour triggers are identified and behaviour strategies are implemented and generally evaluated. Staff are aware of residents' behaviours of concern and effective strategies to manage these behaviours. Residents and representatives are satisfied with the home's behavioural management processes.

2.13 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 assists them to optimise their levels of mobility and dexterity. The home has initial and ongoing assessment and review processes for identifying, managing and evaluating residents' mobility and dexterity needs. The home's physiotherapist/occupational therapist assist in the assessment process. The information gathered from these processes is used to develop individualised care plans. The home provides a variety of equipment to assist with residents' mobility and dexterity deficits and rehabilitation. The home monitors mobility and dexterity management through three-monthly care reviews, incident reporting, audits and staff and resident/representative feedback.

Results show residents' mobility and dexterity needs are identified and interventions implemented to maintain or optimise mobility. Staff are aware of residents' mobility and dexterity needs and report any changes to senior nursing staff or physiotherapist/occupational therapist. Residents and representatives are satisfied residents are provided with care which assists residents to achieve optimal levels of mobility and dexterity.

2.14 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 for identifying, managing and evaluating residents' oral and dental care needs. The information gathered from these processes is used to develop and maintain individualised care plans. Residents are supported to access dental services and referrals are made where necessary. The home monitors oral and dental care through three-monthly care reviews, audits and staff and resident/representative feedback. Results show residents' oral and dental care needs are identified and strategies implemented to maintain residents' oral and dental health. Staff are aware of residents' oral and dental care needs and maintain seasonal toothbrush changes. Residents and representatives are satisfied residents receive oral and dental care appropriate to their individual needs and preferences.

2.15 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 for identifying, managing and evaluating residents' sensory losses. The information gathered from these processes is used to develop individualised care plans. The home monitors the management of residents' sensory losses through three-monthly care reviews, audits and staff and resident/representative feedback. Results show residents' sensory losses are identified and a variety of strategies are used to assist residents' with sensory deficits. Staff are aware of residents' sensory deficits and can describe relevant strategies. Residents and representatives are satisfied with the home's approach to managing residents' sensory losses.

2.16 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 assisted to achieve natural sleep patterns. The home has initial and ongoing assessment processes for identifying, monitoring and evaluating residents' sleeping habits. The information gathered from these processes is used to develop individualised care plans to address any identified sleep disturbances. The home monitors residents' sleeping patterns through three-monthly care reviews, audits and staff and resident/representative feedback.

Results show residents' sleeping patterns are identified and night-time routines documented to assist residents in achieving natural sleep patterns. Staff are aware of residents' sleeping

habits and report any sleep disturbances. Residents and representatives are satisfied residents are assisted 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, resident meetings, resident surveys and one-on-one meetings are used to gather suggestions. Feedback is recorded and evaluated from lifestyle activities. Residents are satisfied they are encouraged and supported to provide feedback and suggestions for improvements.

Examples of recent improvements relating to Standard 3 Resident lifestyle include:

- As a result of a staffing review, management has initiated a lifestyle project in the home's memory support units. Improvements include:

- Additional lifestyle hours

- Changes to shift times to engage residents who are sun-downing

- Introduced continuity of lifestyle staff

- Lifestyle staff have participated in dementia specific lifestyle training

Management and staff said residents are more engaged in the activities. Residents and their representative said they are "happy with the activities on offer to residents".

- Lifestyle staff were invited to attend a digital imaging in aged care workshop. Four themed digital pictures are now on display at the home. Verbal feedback from five residents was positive and they said it brings back memories and initiates topics of conversation. Management said a digital frame could be used for palliating residents should the resident or their family request it.

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.

There is a system in place to manage mandatory reporting in accordance with regulatory requirements. Staff feedback demonstrates knowledge of their legislative responsibilities and compulsory reporting requirements.

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.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to residents' lifestyle.

Examples of recent education and staff development relating to Standard 3 Resident lifestyle include:

- Digital image training

- Dealing with grief

- Activities for residents with dementia

- Elder abuse

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 emotionally supported in adjusting to life in the home and on an ongoing basis. The home has initial and ongoing assessment and review processes for identifying and managing residents' emotional support needs. The information gathered from these processes is used to develop individualised care and lifestyle plans. The home has an orientation

program which assist residents' to become familiar with residents, staff and the services and processes in the home. Residents have access to pastoral support at all times and representatives are encouraged to visit the home and participate in residents' lives.

Residents are encouraged to personalise their rooms. Residents' emotional wellbeing is monitored through three-monthly lifestyle and care reviews, audits and staff and resident/representative feedback. Results show residents' emotional support needs are identified and interventions implemented to support each resident according to their individual needs and preferences. Staff are aware of ways to provide residents with emotional support and concerns are reported to appropriate senior staff. Residents and representatives are satisfied residents are provided with emotional support in adjusting to life in the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are assisted to maintain their independence, maintain friendships and connections with the community. The home has initial and ongoing assessment and review processes for identifying residents' personal interests, physical abilities and lifestyle preferences. This information is used to develop individualised care plans with strategies designed to assist in maintaining residents' independence. Residents are assisted to continue to maintain personal interests, including attending interests outside of the home. The home monitors residents' independence through three-monthly lifestyle and care reviews, audits, incident reporting and staff and resident/representative feedback. Results show a variety of equipment, exercise and physiotherapy sessions are used to maintain residents' physical independence. Families are invited to actively participate in residents' lives and the community is welcomed in the home. Staff assist residents to attend a variety of community activities and attend to personal business. Residents and representatives are satisfied with the level of support provided to residents to maintain their independence.

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

Residents' right to privacy, dignity and confidentiality is recognised and respected by staff of the home. The home has initial and ongoing assessment and review processes for identifying and managing residents' individual needs and preferences. This information is used to develop individualised care plans which take into account residents' rights to privacy, dignity and confidentiality. Documentation containing residents' personal information is available for staff use and is stored accordingly. The home's environment has personal and quiet spaces for residents to meet with family and friends or to have some quiet reflection time. Monitoring processes include three-monthly lifestyle and care reviews, audits and staff and resident/representative feedback. Staff practice is regularly monitored to comply with residents' right to privacy, dignity and confidentiality. Staff are aware of different strategies to

respect these rights. Residents and representatives are satisfied residents' right to privacy, dignity and confidentiality is respected and upheld.

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. The home has initial and ongoing assessment and review processes to identify interests in group, individual and one-to-one activities. This information is used to develop individual activity plans. A weekly activities calendar is distributed to residents and copies are available in the front foyer area and are displayed around the home. The activities program is based on the expressed interests of residents and includes activities which involve the community, consider cultural and spiritual preferences and outings. The home monitors resident participation and enjoyment in activities through three-monthly lifestyle reviews, resident/representative meetings and feedback, audits and activity evaluation forms. Results show a variety of group activities are provided and one-to-one time is facilitated for residents who do not generally participate in group activities. Staff assist residents to attend activities and support residents' individual interests. Residents and representatives are satisfied residents have opportunities to participate in a wide range of activities.

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 cultural and spiritual needs and preferences are recognised and supported. The home has initial and ongoing assessment and review processes for identifying and supporting cultural and spiritual interests and needs. This information is used to develop individualised care and lifestyle plans. Residents are supported to engage in a variety of spiritual and cultural activities within and outside the home. Pastoral support is available for all residents and the pastoral support team work daily in the home. Support from various denominations is also welcomed in the home. Mass and rosary is provided for six- days per week and residents are supported to attend services related to their faith. The home provides a range of cultural activities for residents and celebrates significant cultural days.

The home monitors residents' cultural and spiritual life through three-monthly care and lifestyle reviews, audits and staff and resident/representative feedback. Results show residents' cultural and spiritual needs are identified and are supported to maintain their beliefs and customs. Staff assist residents to participate in activities of cultural and spiritual significance and communicate changes needs and preferences. Residents and representatives are satisfied with the way individual spiritual and cultural preferences are recognised and fostered.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are encouraged and assisted in making independent choices and decisions in relation to their clinical and personal care, services at the home, living environment and lifestyle. These decisions and preferences are used to develop individualised care and lifestyle plans and in the planning of delivered services. Information is provided to residents to assist them in making decisions regarding their life in the home. The home monitors residents' choice and decision-making through three-monthly care and lifestyle plans, audits, meetings and staff and resident/representative feedback. Results show residents are supported to exercise choice and control over their lives in the home. Staff are aware of residents' rights to make choices and decisions are about the care, lifestyle and other services they receive. Residents and representatives are satisfied with the level of participation residents have in making choices and decisions about their life in the home.

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 feel secure in their tenure and are assisted to understand their rights. An entry agreement is provided and explained to the resident and/or their advocate. This includes the level of care and services available in the home and the requirement to re-locate residents requiring higher care needs to more suitable areas of the home. Information related to alternative sources of advice is accessible, including the Charter of Rights and Responsibilities. Changes to financial arrangements and related legislation are advised through letters, newsletters and resident meetings. Due to renovations required resident transfers to alternative areas of the home are conducted in consultation with the resident and/or their advocate and the clinical management team. Residents and their representatives are satisfied with the tenure arrangements for residents.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of recent improvements relating to Standard 4 Physical environment and safe systems include:

• As a result of a staff suggestion a coffee machine has been placed in the memory support unit. In an attempt to stimulate residents with an enhanced environment that includes sounds and aroma, coffee mornings occur twice a week. Staff said residents actively participate in the coffee mornings and "enjoy" the simulated atmosphere.

• The Approved provider is embarking on an estimated three-year building project at the home. A total rebuild of the existing home and chapel including additional accommodation is going to occur in three stages. Plans of the new home are on display in the activities hall and we observed residents, visitors and staff discussing the merits of the project throughout our visit. Consultation has occurred with residents in regards to moving rooms and their security of tenure and will continue as the need arises. Existing lounge areas are being remodelled into bedrooms to accommodate residents who will need to move. Management said these residents would get first pick of bedrooms in the new facility. A regular fact sheet will be available to inform residents and other stakeholder of progress. Demolition on the chapel and one accommodation block will commence in March 2014.

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.

There is a system to ensure building certification and other environmental requirements are met including a food safety plan, safe work procedures and fire safety certification. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 4 Physical environment and safe systems.

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.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to residents' physical environment. Residents and their representatives said they are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of recent education and staff development relating to Standard 4 Physical environment and safe systems include:

- Fire and emergency training

- Manual handling

- Safe food handling

- Chemical training

- Infection control

- Hazard and risk management

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

Residents have single and shared rooms with shared bathrooms and are able to personalise their space. The home provides a variety of meeting areas available to residents and their families, with seating and amenities that are maintained via preventive/reactive maintenance and cleaning routines. Environmental audits, hazard and risk assessment processes are in place to identify potential risks and support decisions concerning the living environment. Staff store mobility aids and furnishings safely when not in use. Security procedures including a coded access system, staff lock up procedures and enhanced external lighting promote resident and staff safety. Residents, representatives and staff are satisfied with the level of comfort and safety at the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems in place to orientate and train staff in workplace health and safety at induction and re-assess this on an ongoing basis. There are processes to assess the workplace using environmental and process audits. Hazard reporting and risk assessment processes guide appropriate actions, including management and evaluation of residents' and staff incidents/risks. Signage and information posters alert residents, visitors and staff to safety issues. Appointed consultants and safety representatives monitor work practices and provide support as required; staff are updated through staff meetings and mandatory training. Staff demonstrate knowledge and understanding of workplace health and safety obligations and use of incident reporting processes as required.

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 processes in place to ensure management and staff are actively working to provide an environment and safe systems that minimise fire, security and other emergency risks. There are firefighting and evacuation procedures in place; records of maintenance of fire equipment, fire safety inspections, certification inspection reports and education and fire drills are available and current. There is a system to monitor staff attendance at training for fire and other emergencies, and equipment and procedures are in place to guide staff response in the event of an emergency such as power failure, personal threat, chemical spills, plane crash and natural disasters. Staff are aware of security and other emergencies procedures as they relate to their position and have practiced the specific emergency procedures required to be implemented until support from emergency services arrives.

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 and infection control program which is consistent with Australian Government infection control guidelines. A clinical surveillance program is used for identifying, managing and preventing resident infections. Resident infections are identified and managed by the home's clinical staff, in consultation with residents' medical officers. All infections are trended and analysed to monitor staff practice and to identify areas of improvement. The home maintains a food safety program and cleaning schedules throughout the home. The home monitors infection control through the clinical surveillance program, internal and external audits, incident reporting and staff and resident/representative feedback. Results show residents' infections are identified and plans of care developed to manage and resolve them.

Staff participate in annual infection control training and their practice is monitored for compliance with infection control practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering services are provided to meet residents' dietary needs and preferences. The four weekly cycle menu reflects changes made in response to resident feedback; a dietitian ensures that the menu meets residents' nutritional requirements. Meal alternatives are available at residents' request or if changes to their health status require it; staff follow safe food handling practices throughout preparation and meal service. Routines and schedules are in place to guide cleaning of residents' rooms, common areas, high surfaces, windows and external areas. Flat linen is processed off-site and residents' personal clothing are serviced on-site and returned in a timely manner. Hospitality/domestic services staff demonstrate an understanding of the infection control principles related to cleaning processes. Key personnel monitor the effectiveness of services, and skills and knowledge of staff, using audits, competency assessments and observation of practice and provide support as required. Residents and representatives are satisfied with the Hospitality/domestic services provided to residents at the home.