Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Mirrambeena

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

The Agency has decided that the period of accreditation of Mirrambeena is two years until 16 June 2013.

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

The period of accreditation will allow the home to demonstrate that improvements in care standards are sustainable, and will mean that the home is subject to another full audit within a reasonable period of time.

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

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

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Mirrambeena
RACS ID:	7296

Number of beds:	46	Number of high care residents:	30

Special needs group catered for:	• Nil specified

Street:	21 Farrelly Street

City:	MARGARET RIVER	State:	WA	Postcode:	6285

Phone:	9758 9600	Facsimile:	9242 0268

Approved provider

Approved provider:	Western Australian Baptist Hospital & Homes Trust Inc

Assessment team

Team leader:	Jennifer Bailey
Team members:	Julia Horton
Dates of audit:	5 April 2011 to 6 April 2011

Executive summary of assessment team's report		**Accreditation decision**

Standard 1: Management systems, staffing and organisational development		
Expected outcome	**Assessment team recommendations**	**Agency findings**
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care		
Expected outcome	**Assessment team recommendations**	**Agency findings**
2.1 Continuous improvement	Does comply	Does comply
2.2 Regulatory compliance	Does comply	Does comply
2.3 Education and staff development	Does comply	Does comply
2.4 Clinical care	Does comply	Does comply
2.5 Specialised nursing care needs	Does comply	Does comply
2.6 Other health and related services	Does comply	Does comply
2.7 Medication management	Does comply	Does comply
2.8 Pain management	Does comply	Does comply
2.9 Palliative care	Does comply	Does comply
2.10 Nutrition and hydration	Does comply	Does comply
2.11 Skin care	Does comply	Does comply
2.12 Continence management	Does comply	Does comply
2.13 Behavioural management	Does comply	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply	Does comply
2.15 Oral and dental care	Does comply	Does comply
2.16 Sensory loss	Does comply	Does comply
2.17 Sleep	Does comply	Does comply

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Mirrambeena
RACS ID	7296

Executive summary

This is the report of a site audit of Mirrambeena 7296 21 Farrelly Street MARGARET RIVER WA from 5 April 2011 to 6 April 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44/44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 5 April 2011 to 6 April 2011.

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

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

Assessment team

Team leader:	Jennifer Bailey
Team member:	Julia Horton

Approved provider details

Approved provider:	Western Australian Baptist Hospital & Homes Trust Inc

Details of home

Name of home:	Mirrambeena
RACS ID:	7296

Total number of allocated places:	46
Number of residents during site audit:	45
Number of high care residents during site audit:	30
Special needs catered for:	Nil specified

Street:	21 Farrelly Street	State:	WA
Town:	MARGARET RIVER	Postcode:	6285
Phone number:	9758 9600	Facsimile:	9242 0268

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Mirrambeena.

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

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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

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

Interviews

	Number		Number
Manager	1	Residents/representatives	9
Clinical care coordinator	1	Agency carer	1
Clinical support coordinator	1	Therapy staff	2
Regional manager	1	Administration assistant	1
Enrolled nurses	1	Catering staff	2
Chaplain	1	Laundry staff	1
Physiotherapist	1	Cleaning staff	2
Occupational therapist	1	Maintenance staff	1
Care staff	6		

Sampled documents

	Number		Number
Residents' files	7	Medication charts	5
Care plans	7	Personnel files	7
Resident agreements	3	Restraint authorisations	3
Deceased resident's file	1	Staff medication competencies	5

Other documents reviewed

- Admission planner
- Annual case conference schedule
- Approved contractors' list
- Audit schedule, and audits
- Authorisation to self medicate
- Breakfast and drinks list
- Care plan review schedule
- Chaplaincy report
- Cleaning schedules
- Clinical alert form
- Clinical file
- Clinical indicator analyses
- Communication book
- Computerised stock ordering system
- Conditions of occupancy
- Continuous improvement logs, and plan
- Contractors/visitors sign in/out book
- Daily hygiene record file
- Diary
- Dietary preference sheets
- Doctors book
- Duty lists
- Electrical testing and tagging records
- Employee resource manual
- Exit and emergency lighting test records
- Fire procedures manual, and other emergency procedure flip charts
- Fire services records
- Food safety program
- Hazard report forms
- Hot pack procedure
- Induction record
- Infection statistics, and analyses
- Interim care plan
- Maintenance log file
- Material safety data sheets
- Medication incident reports
- Meeting minutes
- Memoranda
- Menus
- Monthly activity program
- Newsletters
- Occupational therapy file
- Order forms and invoices
- Orientation of agency personnel
- Palliative care plan
- Percutaneous endoscopic gastrostomy (PEG) administration record
- Physiotherapy file
- Police check monitoring matrix
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule and records
- Professional registrations

- Regulatory compliance file
- Resident evacuation list
- Resident handbook
- Resident incident reports
- Resident welcome package
- Resource file for multicultural needs
- Rosters, and daily roster change sheets
- Service agreements, insurance and police checks
- Staff handbook
- Staff incident forms
- Staff performance reviews planner
- Supplement signing sheet
- Temperature monitoring records- food, refrigerator, freezer
- Training calendar 2011, education records, and feedback forms
- Wound care management file.

Observations
- Activity planner
- Activities in progress
- Allocation board
- Charter of residents' rights and responsibilities displayed
- Chemical storage
- Computerised stock ordering system
- Designated smoking area
- Emergency exit signage
- Equipment and supply storage areas
- Fire evacuation procedures and maps displayed
- Hand washing facilities
- Handover
- Infectious outbreak kit
- Interactions between staff and residents
- Internal and external complaints service and advocacy brochures
- Internal and external living environment
- Kitchen
- Laundry
- Lilac basket
- Meal service
- Notice boards
- Personal protective equipment
- Resident access to call bells and mobility aids
- Sign in/out books
- Storage of medications
- Suggestion box
- Tagged electrical equipment
- Tagged fire equipment
- Vision, mission, and values displayed.

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Team's recommendation
Does comply

The home has a framework in place that assists management to actively pursue continuous improvement. Opportunities for improvement are identified via multiple mechanisms such as 'your feedback' forms, continuous improvement logs, accident/incident data, hazard reports, maintenance requests, audits and surveys, meetings, and case conferences. Information from these sources is added to the plan for continuous improvement, and is acted upon. Information regarding continuous improvement is provided to residents and staff through orientation, information handbooks, noticeboards, and meetings. Staff, residents and representatives reported that they are encouraged to contribute to the home's pursuit of continuous improvement, and they are satisfied with management's responsiveness to feedback.

Examples of continuous improvement relevant to Standard One are described below.
- In response to staff feedback requesting a mobile shower trolley, the occupational therapist is currently sourcing a product, with the expectation that care of bed-fast residents will improve and residents will experience enhanced comfort and satisfaction during the hygiene process.
- A therapy assistant has requested that the bus step be made wider to enable residents to access the bus more easily. Management has liaised with maintenance staff and reported that a new step is in the process of being made.

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

Team's recommendation
Does comply

There are processes in place to ensure the organisation complies with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various industry groups, and policies are updated accordingly. The home's management are notified of any changes and these are disseminated to staff, as required, via memoranda, meetings, and training. The home has processes for monitoring professional registrations and police checks on new and existing staff. Residents, representatives and staff have access to brochures regarding the external complaints investigation scheme. Residents and representatives reported being informed of the accreditation audit via notices.

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

Team's recommendation
Does comply

There are processes in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Staff are selected using a set of criteria for each role and then undertake a corporate induction, orientation to the home, and are supervised on initial shifts to ensure they are competent to perform the required tasks. Mandatory, optional and competency-based training is provided, records kept of staff attendance, and the effectiveness of training is monitored via evaluation forms. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, and verbal and written feedback. Staff interviewed reported that they receive appropriate education to enable them to perform their roles effectively. Residents and representatives reported that staff have adequate skills and knowledge to meet residents' needs.

Examples of education and training related to Standard One are listed below.
- Communicating appropriately with clients
- Electronic care planning system
- Orientation.

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

Team's recommendation
Does comply

A system is in place to ensure each resident has access to internal and external complaints mechanisms. Feedback forms are available around the home, along with a suggestion box and leaflets regarding external complaints mechanisms and advocacy services. Residents and representatives receive information regarding comments and complaints mechanisms via the resident handbook, conditions of occupancy form, and meetings. Comments and complaints are followed up by management and added to the home's plan for continuous improvement when appropriate. Staff interviewed reported they would assist residents to access and complete forms if asked, and that management is approachable and responsive to feedback. Residents and representatives interviewed advised that they have access to complaints mechanisms without fear of retribution.

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

Team's recommendation
Does comply

The home's vision, mission and values include a commitment to quality, and a copy is on display in the home. It is discussed at staff induction and is consistently documented in the employee resource manual and resident handbook. Staff, residents and representatives interviewed confirmed that they have received information regarding the home's vision, mission and values.

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

Team's recommendation
Does comply

The home has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with residents' needs. There are processes in place to review staffing levels and skill mix in relation to changes in residents' needs. New staff are oriented to the home and are 'buddied' with experienced staff for the first few shifts. New staff are provided with contracts and position descriptions, and must provide police certificates and professional registrations where applicable, for which renewal dates are monitored. The home monitors the sufficiency of staffing via assessments of residents' care needs, feedback from staff, residents and representatives, and through clinical observation. Absenteeism is covered by staff doing extra shifts or by utilising agency staff. Staff performance is monitored via annual reviews and observation, verbal and written feedback, audits, and incident reports. Staff reported that they have sufficient time to carry out their roles and that staff skills are adequate. Residents and representatives reported satisfaction with the responsiveness of staff and the adequacy of care they receive.

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

Team's recommendation
Does comply

There are processes in place to ensure there are adequate stocks of appropriate goods and equipment for quality service delivery. Designated staff are responsible for stock control and rotation processes, and an electronic ordering system is in use. Preventative and corrective maintenance systems ensure that equipment is maintained, repaired and replaced as needed. Equipment is stored appropriately to ensure accessibility and prevent damage, and staff are provided with training on the use of new equipment. The appropriateness of goods and equipment is monitored via assessments, and various feedback mechanisms. Staff, residents and representatives reported that appropriate goods and equipment are provided by the home, and that maintenance issues are dealt with in a timely manner.

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

Team's recommendation
Does comply

Staff are provided with information via policies and procedures, the employee resource manual, care plans, handovers, meetings, memoranda, the communication book, and noticeboards. New staff sign for receipt of the employee resource manual, which contains information regarding the confidential nature of certain information. Confidential information was observed to be stored securely, and electronic information is password protected and backed-up daily. Incident data is analysed and trends are identified. There are guidelines in place to ensure legislative reporting requirements are met. Staff interviewed reported that they have access to appropriate information to help them perform their roles. Residents and representatives are provided with information via the conditions of occupancy, resident handbook, meetings, case conferences, newsletters and noticeboards, and those interviewed confirmed that they have access to information appropriate to their needs to assist them to make decisions about residents' care and lifestyle.

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

Team's recommendation
Does comply

Processes are in place to ensure that externally sourced services are provided in a way that meets the needs and goals of the home. There is an approved supplier list, and service agreements are provided that specify the level of quality expected by the home. There are processes in place to monitor police certificates where necessary, indemnity insurance, and professional certification. The quality of services is monitored via various feedback mechanisms. Staff, residents and representatives reported satisfaction with the standard 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 recommendation
Does comply

See Continuous improvement in Standard 1: Management systems, staffing organisation development for an overview of the continuous improvement system.

An example of a recent or current improvement activity related to Standard Two is described below.
- In response to a staff suggestion to reduce interruptions during medication rounds, new fluorescent-coloured vests are being used to show that a medication round is in progress. Management reported, and staff interviewed by the team confirmed, that staff are not interrupted as much when wearing the vests.

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

Team's recommendation
Does comply

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Professional registrations for nursing staff are monitored. Initial and ongoing assessment of high care residents is carried out by registered nurses. Medication is administered and stored safely and correctly.

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

Team's recommendation
Does comply

See Education and staff development in Standard 1: Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training in the last 12 months related to Standard Two are listed below.
- Oral health
- Medication competencies
- Percutaneous endoscopic gastrostomy (PEG) competencies
- Stoma care for nursing assistants
- Provide support to people living with dementia
- Provide support to meet care needs
- Support individual health and emotional wellbeing
- Assist clients with medication
- Wound care
- Safety procedures in direct care.

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

Team's recommendation
Does comply

The home has processes in place to identify and assess the clinical care needs of residents after they move into the home and annually thereafter. Care plans are developed to guide staff in the provision of residents' individual care requirements reflective of their assessed need, and they are reviewed three monthly or as required. Residents are regularly reviewed by their general practitioners and relevant allied health providers. Clinical audits are conducted and analysed to ensure clinical care needs are being met, and staff attend relevant clinical education. Residents and representatives interviewed stated they are consulted about residents' clinical care and expressed satisfaction with the care they receive.

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

Team's recommendation
Does comply

Specialised nursing care needs of residents are planned and implemented under the direction of a registered nurse. Registered nurses assess, implement strategies, and monitor residents with specialised care needs, including PEG care, complex wound care, continence issues, and pain management. Specialised nursing care plans are developed and evaluated on a three monthly basis and as required. Registered nursing staff are on-site, or on call, to provide care and supervision. Registered nursing staff undertake education to enhance their knowledge and skills. Residents and representatives stated that residents receive specialised nursing care according to their needs and preferences.

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

Team's recommendation
Does comply

Residents are referred to appropriate health specialists in accordance with their needs and preferences. A multidisciplinary team with involvement of the general practitioner contributes to residents' assessments, and identifies the need for input from other health specialists. The home accesses a number of specialist services, including speech pathology, podiatry, dietician, and mental health services. In consultation with residents and their representatives, residents are referred to appropriate health specialists and allied health practitioners. Information and recommendations resulting from specialists' reviews are provided to the home's clinical staff, and any adjustments to care or medication are implemented. Residents and representatives stated they are satisfied with their access to specialist health services.

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

Team's recommendation
Does comply

There are systems and processes in place to ensure that medications are ordered, stored, administered, documented, and disposed of safely and correctly. Registered and enrolled nurses and medication competent care staff administer residents' medications via a pre-packed multi-dose medication administration system. Residents' medication care plans contain information relevant to the administration of their medication. Residents who wish to manage their own medications are assessed by their general practitioner as being competent to self-medicate. Staff report and record medication incidents, which a registered nurse investigates and then implements strategies to control any adverse outcome for the resident. The clinical care coordinator trends and analyses the incident reports monthly. Residents and representatives reported that they are satisfied that residents' medications are administered and managed safely and correctly.

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

Team's recommendation
Does comply

Processes are in place to ensure all residents are as free as possible from pain. On entry to the home, and as required, residents' pain management needs are assessed and evaluated. Assessment tools include identifying non-verbal cues to determine pain in residents with cognitive or communication deficits. Strategies that alleviate individual residents' pain are documented in their care plans. In addition to pain relieving medication, alternative methods are used to manage residents' pain, including repositioning, warm and cold therapy, emotional support, massage, and physiotherapy. Staff assess and review the effectiveness of pain management interventions including the monitoring of 'as required' analgesia. Residents and representatives stated residents' pain is managed effectively by staff at the home.

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

Team's recommendation
Does comply

The home's approach to palliative care ensures the comfort and dignity of terminally ill residents is maintained in accordance with their needs and preferences. Terminal care wishes and any special end-of-life requests are discussed with the resident and their family on entry to the home, or thereafter if preferred. When necessary, specific palliative care plans are developed to identify strategies to manage residents' care needs and to guide staff in maintaining the comfort and dignity of terminally ill residents. The registered nurse monitors the effectiveness of care interventions, including review of pain management or care needs. Staff and the chaplain provide residents and their families with physical and emotional support during the palliative period. If necessary, an external palliative care service provides specialist advice on complex care issues. Review of deceased residents' records identified that the comfort and dignity of terminally ill residents was maintained.

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

Team's recommendation
Does comply

Residents' needs in relation to nutrition and hydration are assessed on entry to the home, and monitored on an ongoing basis. Residents' personal preferences, special needs, allergies, and cultural requirements are recorded and communicated to relevant staff. Residents are weighed on entry and monitored three monthly or more frequently as required. The registered nurse reviews the results to monitor for unwanted weight loss or gain. Residents who are identified as underweight, or who lose weight, are placed on nutritional supplements and referred to the dietician. Residents with swallowing difficulties are referred to their general practitioner and the speech pathologist for review and, if necessary, altered textured meals and fluids are ordered as required. A range of modified eating utensils are available. Residents and representatives interviewed stated they are satisfied with the meals and drinks provided by the home.

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

Team's recommendation
Does comply

There are processes in place to ensure that residents' skin integrity and associated health risks are assessed on entry. Individualised care plans detail preventative strategies to maintain residents' skin integrity, and reviews are conducted three monthly or as required. Where a risk of compromised skin integrity is identified, treatments and nursing interventions are implemented. Care staff report any residents' incidents such as skin tears, bruises, and wounds, and the clinical care coordinator implements follow-up actions as appropriate. A range of aids and equipment to maintain and promote skin integrity and reduce the risk of skin injury are available for use including pressure-relieving mattresses and cushions, limb protectors, and specialised manual handling equipment. Staff interviewed reported that specialist wound treatment services are utilised if required. Residents and representatives interviewed stated they are satisfied with the skin care provided by the staff.

2.12 Continence management

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

Team's recommendation
Does comply

The home has processes in place to ensure that residents' continence is managed effectively. On entry to the home, residents' continence needs are assessed and care plans are developed and reviewed three monthly or as required. If necessary, residents are assisted to manage their continence through a range of measures, including scheduled toileting and the use of suitable continence aids. Bowel elimination is monitored and interventions are documented. Urinary tract infections are monitored through the infection control surveillance process, and strategies are implemented as necessary. Staff reported that they have sufficient supplies and training to enable them to manage the continence needs of residents. Residents and representatives interviewed, stated that the home is effective in meeting residents' continence needs.

2.13 Behavioural management

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

Team's recommendation
Does comply

There are processes in place to ensure that the needs of residents with challenging behaviours are managed effectively. Residents' behaviours are assessed on entry to the home, and care plans are developed outlining the triggers and interventions required to minimise and manage challenging behaviours. Referrals to specialist services, including a psycho-geriatrician are made in consultation with general practitioners. Recommended behaviour management strategies are implemented, monitored for effectiveness, and documented in residents' progress notes. Staff reported that if restraint is identified as necessary to ensure the safety of the resident, it is assessed, appropriate authorisation and review is completed, and ongoing monitoring occurs. Residents and representatives reported that they are not adversely affected by the behaviour of other residents.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation
Does comply

The home has processes in place to support residents in achieving and maintaining their optimum levels of mobility and dexterity. On entry to the home, the physiotherapist assesses residents' mobility, dexterity and transferring requirements, care plans and visual mobility transfer plans are developed, and these are reviewed three monthly. Falls risk assessments are conducted and measures to reduce the risk of falls are documented in residents' care plans. Individual exercise programs are implemented by the therapy assistants, who monitor residents' progress. Appropriate seating and other aids are available to assist mobility and maintain residents' independence. An incident reporting system includes analysis of incidents to identify trends, and implementation of strategies to reduce residents' falls. Residents and representatives interviewed are satisfied with the way the home encourages and supports the residents to maintain their mobility.

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

Team's recommendation
Does comply

There are processes in place to ensure residents' oral and dental health is maintained. On entry to the home, residents' oral and dental health and their ability to manage their oral hygiene is assessed. Residents' care plans detail strategies and the assistance residents require to maintain their oral and dental hygiene. Residents have access to the local dental service and family or staff arrange for transport to and from appointments. Staff reported that they routinely undertake oral care for residents and ensure they have the appropriate oral health equipment and products. Residents and representatives interviewed expressed satisfaction with the oral and dental care provided by the home.

2.16 Sensory loss
This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation
Does comply

Residents' care needs related to sensory loss are assessed on entry to the home by the registered nurse and occupational therapist, and strategies are implemented to manage these effectively. Care plans alert staff to residents' sensory losses, their care needs, and the relevant interventions required. Assistive devices are available to assist residents to minimise the effects of sensory deficits, and maximise each resident's independence and interaction in activities of daily living. Residents have access to allied health professionals, including audiologists and optometrists. The activities program provides opportunities for the residents' sensory enrichment, and staff interviewed described how they assist residents to manage their sensory devices. Residents and representatives stated they are satisfied with the assistance they receive from staff to manage their sensory losses.

2.17 Sleep
This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's recommendation
Does comply

There are processes in place to assist residents to achieve natural sleep patterns. On entry to the home, the registered nurse identifies residents' settling routines, aids used to promote sleep, and their retiring and rising preferences. Sleep assessments are conducted for all residents to identify those with sleep disturbances, and care plans are developed. Strategies to promote a natural sleep pattern include staff encouraging residents to be involved in the activity program during the day. Staff reported they assist residents to settle at night by the dimming of lights, ensuring a quiet environment, providing pain management, and offering a snack or warm drink. Night sedation medication is administered as prescribed, and is regularly reviewed by residents' general practitioners. Residents and representatives interviewed reported that they are satisfied with the way staff help residents to achieve a restful sleep at night.

Standard 3 – Resident lifestyle

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

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

Team's recommendation
Does comply

See Continuous improvement in Standard 1: Management systems, staffing organisation development for an overview of the continuous improvement system.

Examples of recent or current improvement activities related to Standard Three are described below.

- Management and the occupational therapist identified that therapy assistants would benefit from more education in relation to residents with dementia. Management reported, and therapy staff confirmed, that the occupational therapist and the therapy assistants watched a DVD on meaningful activities, and the occupational therapist provided further examples to the therapy assistants. Management reported that this initiative has not yet been evaluated.
- In response to a suggestion from a resident's relative, garden plants have been labelled in order to provide a talking point for residents during walking activities. Staff confirmed that the labels were made by residents and a volunteer. Management reported that this initiative has yet to be evaluated.

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

Team's recommendation
Does comply

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to residents' lifestyle. The charter of residents' rights and responsibilities is displayed in the home, and each resident is provided with a resident agreement that outlines fee and tenure arrangements. Residents are informed via letter if any changes arise. Policies and procedures have been implemented for the compulsory reporting of allegations of resident assaults and of any residents who go missing unexpectedly.

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

Team's recommendation
Does comply

See Education and staff development in Standard 1: Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training in the last 12 months related to Standard Three are listed below.
- Meaningful activities for residents with dementia
- Person-centred care – it's my choice
- Support older person to maintain independence
- Working effectively with culturally diverse clients
- Working effectively with the older person.

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

Team's recommendation
Does comply

There are processes in place at the home to ensure that residents receive support when they first move into the home, and on an ongoing basis. Staff and management welcome and orientate residents and their families to the home. In consultation with residents and their families, information is gathered about their social and life history, personal routines, preferences, and specific emotional needs. Care plans are developed that contain strategies to guide staff in assisting residents adjust to living in a new environment. Residents are encouraged to personalise their rooms and to join in activities at the home and in the community.

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

Team's recommendation
Does comply

The home has processes in place to assist residents to achieve maximum independence, maintain friendships, and participate in the community. Residents' abilities and wishes in relation to independence and lifestyle needs are assessed on entry to the home. Care plans are developed to reflect individuality and to ensure residents are enabled to make choices that promote independence. The occupational therapist and physiotherapist provide specific equipment to maintain residents' independence. Residents are assisted to achieve independence through social and therapy activities, and friendships within the home and community. Relatives, friends, volunteers, and community groups visit the home, and a number of residents undertake independent outings with staff and families to local community events. Residents and representatives reported that they are satisfied with the assistance provided by staff at the home to maintain residents' 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 recommendation
Does comply

Residents' right to privacy, dignity and confidentiality in the home is recognised and respected. Facilities within the home promote privacy and confidentiality, including single and double bedrooms with en suite bathrooms, and lounges throughout the home. The team observed staff interacting with residents in a respectful manner, and using privacy screens when providing care and treatments for residents in shared bedrooms. Staff interviewed

reported that they sign confidentiality agreements on commencing employment and receive a copy of the charter of residents' rights and responsibilities. Residents' confidential documentation is stored securely and accessed only by authorised personnel. Residents and representatives described how staff respect residents' personal space, dignity, and confidentiality.

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

Team's recommendation
Does comply

Processes are in place to ensure that residents are encouraged and supported to maintain interests and participate in activities. Residents' social histories and current interests are assessed by the occupational therapist, and individual therapy care plans are developed. Residents' interests are used to develop individual therapy plans and the home's monthly activity program. The activity planner is displayed throughout the home, and residents have access to a range of internal and external activities, including those suitable for residents with sensory, cognitive or mobility impairment. To ensure residents' needs and preferences are met, the occupational therapist evaluates residents' participation in activities. Residents and representatives interviewed stated that residents are supported to participate in activities and interests appropriate to their needs and preferences.

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

Team's recommendation
Does comply

After moving into the home, residents' individual interests, customs, beliefs, and cultural and linguistic needs are identified and documented in their care plans. This information is used in the development of the activities program, and there are processes in place to assist residents who do not have English as a first language. Residents have access to the home's chaplain, a number of other religious personnel visit the home, and regular church services are held. Events of cultural or spiritual significance are celebrated with community involvement including Australia Day, Easter and Christmas. Residents and representatives interviewed reported that they are satisfied with the support they receive to meet their spiritual and cultural needs and preferences.

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

Team's recommendation
Does comply

Residents and representatives are assisted to participate in decision making about care and service delivery through the comments and complaints process and an open door policy for access to management. Residents' meetings and case conferences provide a forum for residents and representatives to express views and participate in decisions about the services and care provided. Resident and representative input is sought during care planning to meet individual resident's preferences, including activities of daily living, choice of general practitioner, the menu, and the activity program. External advocacy services, complaint

forms, suggestion boxes, and brochures for accessing the external complaints scheme are displayed throughout the home. Staff interviewed stated that residents' choice not to participate in activities and events is respected. Residents and representatives interviewed reported satisfaction with the opportunities residents have to make choices and decisions over lifestyle 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 recommendation
Does comply

The home has processes in place to ensure residents have secure tenure within the home, and understand their rights and responsibilities. On entry to the home, residents and representatives are offered a resident agreement that outlines security of tenure and residents' rights and responsibilities. External advocacy and guardianship/administration services are used as required. Consultation is undertaken with residents and representatives prior to room transfers within the home and changes in the services provided. Residents and representatives reported that they are satisfied residents have security of tenure at the home.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's recommendation
Does comply

See Continuous improvement in Standard 1: Management systems, staffing organisation development for an overview of the continuous improvement system.

Examples of recent or current improvement activities related to Standard Four are described below.
- In response to a complaint from a resident's relative, cleaning schedules were reviewed and changes made. In liaison with cleaning staff, the home has been divided into two working areas, so the two cleaners share duties equally, and bathrooms in double rooms are now cleaned daily. The evaluation of this initiative is that there have been no further complaints. Cleaning staff interviewed by the team reported they prefer the new schedules as they provide more variety. Residents and representatives interviewed reported satisfaction with cleaning.
- In response to feedback from residents and representatives that the allocation of beds in double rooms is unclear, 'A' and 'B' signs have been put up on the wall in some double rooms so that people can more easily identify the residents' beds. Management reported that this initiative has yet to be evaluated.

4.2   Regulatory compliance

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

Team's recommendation
Does comply

Systems and processes are in place to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Mandatory fire training is provided for staff annually, and the home has regular fire safety checks by approved contractors. External contractors are required to sign a book on arrival and departure from the home. The home has a food safety program. There are reporting mechanisms for accidents, incidents and hazards and personal protective equipment is provided for staff use. Material safety data sheets are kept where chemicals are stored, and an infectious outbreak kit is available for use in the event of an outbreak.

4.3   Education and staff development

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

Team's recommendation
Does comply

See Education and staff development in Standard 1: Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and staff development in relation to Standard Four are listed below.
- Fire and emergency
- Infection control
- Manual handling.

4.4   Living environment

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

Team's recommendation
Does comply

The home's management are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single or double rooms with ensuite bathrooms and air conditioning, and residents are able to personalise their rooms. The home appears well-maintained, clean, and free of clutter and odours, and residents have safe access to communal and private living, dining and outside areas. Regular maintenance of the home is conducted to ensure it remains comfortable and hazard free. Staff were able to describe appropriate procedures to follow in order to ensure the safety and comfort of residents. Residents and representatives reported that the home ensures a safe and comfortable environment according to residents' needs and preferences.

4.5 Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation
Does comply

Management are actively working to provide a safe working environment that meets regulatory requirements. New staff have manual handling training and receive an orientation that includes occupational health and safety provisions. The home has a trained occupational health and safety representative who is responsible for monitoring environmental safety, and investigates hazards and staff accident and incident reports in conjunction with the home's manager. Equipment is maintained through preventative and corrective maintenance processes, and material safety data sheets are available where chemicals are stored. Occupational health and safety is discussed at staff meetings, and staff interviewed described how they would identify and report hazards and accidents, and reported that their working environment is safe.

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

Team's recommendation
Does comply

There are processes in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. Staff have mandatory training in fire and emergencies, and documentation relating to procedures for fire safety and other emergencies is readily accessible, along with evacuation maps and a resident list including mobility and transfer requirements. Fire fighting equipment, with appropriate signage, is routinely inspected and maintained by independent professionals. Emergency exits are clearly marked, well-lit and free from obstruction. Staff interviewed reported appropriate actions in the event of an emergency. Residents interviewed reported that fire procedures have been explained to them, and they feel safe and secure at the home.

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

Team's recommendation
Does comply

Management demonstrated its infection control program is effective in identifying, containing and preventing infections. Processes in place for the prevention of infection include use of personal protective equipment, hand washing facilities, a food safety program, effective waste management, a vaccination program, disposal of sharps, and pest control measures. Information on resident infections is collected and analysed, and trends are identified. Staff are provided with mandatory training in infection control, and those interviewed demonstrated a working knowledge of the principles of infection control.

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

Team's recommendation
Does comply

Catering services are provided by an external contractor and include a four-weekly rotating menu that allows for choice of meals and drinks. Catering management reported that menus are seasonal and reviewed by a dietician. There are systems in place to ensure residents' individual dietary needs are met on an ongoing basis, and residents have input into the menus. Personal and flat linen is laundered at the home, and there are processes for minimising lost laundry. Domestic staff conduct cleaning duties in accordance with schedules, and task checklists are completed. Management monitors the quality of hospitality services via various feedback mechanisms. Staff interviewed stated their satisfaction with the home's hospitality services. Residents and representatives interviewed stated they are satisfied that the home's hospitality services meet residents' needs and preferences.