Aged Care
Standards and Accreditation Agency Ltd

Moonya Hostel

RACS ID 7064
59 Ipsen Street
MANJIMUP WA 6258

Approved provider: Baptistcare Incorporated

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 4 January 2015.

We made our decision on 1 December 2011.

The audit was conducted on 2 November 2011 to 4 November 2011. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Moonya Hostel 7064

Approved provider: Baptistcare Incorporated

Introduction

This is the report of a site audit from 2 November 2011 to 4 November 2011 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 2 November 2011 to 4 November 2011

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:	Lois Knox
Team member:	Julia Horton

Approved provider details

Approved provider:	Baptistcare Incorporated

Details of home

Name of home:	Moonya Hostel
RACS ID:	7064

Total number of allocated places:	30
Number of residents during site audit:	27
Number of high care residents during site audit:	10
Special needs catered for:	Nil specified

Street:	59 Ipsen Street	State:	WA
Town:	MANJIMUP	Postcode:	6258
Phone number:	08 9771 1975	Facsimile:	08 9771 8195

Audit trail

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

Interviews

	Number		Number
Management team	4	Residents/representatives	8
Clinical/care/lifestyle staff	14	Hospitality/ancillary staff	5
Medical/allied health	2		

Sampled documents

	Number		Number
Residents' clinical files (electronic)	4	Residents' medication charts	10
Residents' summary and specified nursing care plans	4	Residents' 'as required' medication administration records	10
Residents' weight records	27	Residents' dietary profiles (food allergies)	27
Residents' wound care records	1	Personnel files	8
Residents' administration files	4		

Other documents reviewed

- Accidents/incidents (falls/behaviours) January-September 2011
- Archive register
- Audits and surveys schedule, results, and analyses
- Bereavement follow-up records
- Cleaning schedules
- Clinical diaries
- Communication book
- 'Competency in administration of TENS therapy for the management of pain'
- Conditions of occupancy
- Continuous improvement logs and plan
- Corrective and preventative maintenance records
- Daily resident exercise program
- Dermal patch application records
- Diabetic management documents
- Draft policies and procedures: leaving without notification, behaviours of concern, freedom of choice
- Drinks list
- Employee resource manual
- Engagement descriptors for each 'gentle gym' participant
- Fire equipment and emergency exit lighting service records
- Fire procedures manual and resident mobility evacuation list
- Food and refrigerator/freezer temperature monitoring records
- Food safety program
- Global report of accidents/incidents
- Hazard reports
- Ideas and complaints register
- Individual therapy schedule
- Infections records, and analyses
- Material safety data sheets
- Medication refrigerator temperature checks
- Meeting minutes
- Memoranda
- Menus and dietary mandates
- Newsletters
- Pain management diary
- Pain management intervention program
- Pain management priority statistics
- Physiotherapy documentation
- Physiotherapy/therapy aide communication diary
- Police checks and monitoring matrix
- Position descriptions and duty statements
- Professional registration matrix
- Prudential statement
- Resident continence profile review
- Resident dietary profiles
- Resident pre-admission pack, and welcome pack
- Resident weight schedule 2011
- Residential medication management reviews October 2011
- Rosters and adjustments
- Selected policies and procedures
- Service provider contracts and reports
- Staff accident/incident reports

- Staff medication competency records
- Staff performance appraisals and matrix
- Staff training matrix, attendance records, and evaluations
- Stock control files
- ‘Tender touch’ documentation
- Weekly and individual activity program
- Weight summary September 2011.

Observations

- Activities in progress
- Activity calendar
- Availability of personal protective equipment
- Charter of Residents’ Rights and Responsibilities
- Chemical storage
- Contractor and visitor sign-in books
- Designated smoking areas
- Emergency procedures map
- Equipment and supply storage areas
- Fire exits
- Fire panel
- Infectious outbreak kit
- Interactions between staff and residents
- Internal and external complaints and advocacy information
- Kitchen
- Laundry area
- Living environment
- Meal and refreshment services in progress
- Medication rounds in progress
- Noticeboards and information posted around the home
- Oxygen storage
- Shift handovers in progress
- Spills kit
- Staff access to information
- Storage of medications and medication trolleys
- Suggestion box
- Tagged electrical and fire equipment
- Wound care trolley and equipment.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a framework that assists management to actively pursue continuous improvement. There are multiple methods for identifying areas of improvement including audits, clinical indicators, and hazard and incident reports. Staff, residents, and representatives contribute to the home's continuous improvement activities via meetings, surveys, and feedback forms. Information from these sources is logged, actioned, and transferred onto a plan for continuous improvement where appropriate. Staff reported that they are encouraged to contribute to the home's pursuit of continuous improvement and gave examples of improvement activities. Residents and representatives reported satisfaction with management's responsiveness to feedback.

Examples of continuous improvement activities relevant to Standard 1 are described below.

- In order to retain staff and identify staffing issues, management identified that information gained by the organisation's head office from staff exit surveys should be forwarded to the home. Management advised that the annual results will be discussed at the next staff meeting. The home's evaluation of this initiative is that it is a useful source of information to improve staff retention, and the analysis of the results showed a need for an improved staff orientation process.
- It was identified via staff exit survey results that the orientation process could be improved in order to better prepare staff for their roles. In response, a comprehensive full day orientation has been implemented and a new staff orientation kit has been developed that includes an employee pack and an orientation pack. The orientation pack includes an induction record, an employee resource manual, continuous improvement log, hazard/incident report form, facility map and an Aged Care Channel DVD list. This initiative is due to be evaluated after six months.

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

There are organisational systems and processes to ensure compliance with relevant legislation, regulatory compliance, professional standards and guidelines. The organisation receives updates on legislative changes from various industry groups, and policies are updated accordingly. The manager is notified of any changes, and staff are informed as required via memoranda, meetings and training. The home has processes for monitoring police checks on new and existing staff. Residents, representatives and staff have access to information regarding the Aged Care Complaints Scheme. Residents and representatives were informed of the accreditation audit via letters, notices, and newsletter.

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

There are processes to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. New staff receive an orientation to procedures at the home and are supernumerary for initial shifts to ensure they are competent to perform the required tasks. The organisation provides mandatory, optional and competency-based training and records are kept of staff attendance. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, comments, complaints and verbal feedback. Staff can request training at performance appraisals. Staff reported their satisfaction with the education program. Residents and representatives reported that staff have adequate skills and knowledge to attend to residents’ needs.

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

- Accreditation overview
- Site 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 findings

The home meets this expected outcome

A system is in place to ensure each resident or his/her representative has access to internal and external complaints mechanisms. Feedback forms, a suggestion box and information regarding external complaints mechanisms and advocacy services is readily available. Complaints are followed up in a timely manner. Residents and representatives receive information regarding comments and complaints mechanisms via the resident handbook and resident agreement. The effectiveness of the comments and complaints system is monitored via audits and surveys. Residents and representatives 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 findings

The home meets this expected outcome

The organisation’s vision, mission and values statement is documented in the employee resource manual, resident handbook and is displayed in the home. The statements are consistently documented and include a commitment to quality.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure services are delivered to residents in accordance with their needs and preferences, and there are processes in place to respond to residents' changing needs. Staff have job descriptions and duty statements and they provide professional registrations where applicable. Police checks and renewal dates are monitored. New staff are orientated to the home and 'buddied' for their first few shifts. Absenteeism is covered by staff picking up extra shifts. Staff performance is monitored via feedback mechanisms such as complaints, clinical indicators, surveys and performance appraisals. Staff reported that they have sufficient time to complete their tasks. Residents and representatives reported satisfaction with the responsiveness and adequacy of care and services provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Processes are in place to ensure there are adequate stocks of appropriate goods and equipment for quality service delivery. Designated staff are responsible for stock control, rotation processes and the purchasing of goods and equipment. 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. The appropriateness of goods and equipment is monitored via regular assessments of residents' needs, feedback and monitoring 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 findings

The home meets this expected outcome

Staff are provided with information via job descriptions, duty statements, policies and procedures, care plans, handovers, meetings, memoranda, communication books and noticeboards. Electronic information is backed-up daily, is protected with secure passwords and levels of access and staff sign confidentiality clauses. Residents and representatives are provided with information via the resident pre-admission and welcome packs, resident agreement, meetings, newsletters, care conferences and noticeboards. There are processes for the collection and analysis of information, and audits are conducted in accordance with a schedule to monitor the effectiveness of the home's systems. Retrieval of archived information is facilitated via a register. Staff reported that they have access to appropriate information to help them perform their roles. Residents and representatives advised that they have access to information 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 findings

The home meets this expected outcome

Processes are in place to ensure that externally sourced services are provided in a way that meets the needs and goals of the home. External contractors are appointed at an organisational and site level, and the level of quality expected is detailed in service agreements and certain processes are agreed to. Performance evaluations are conducted before renewing contracts. Staff, residents and representatives reported satisfaction with the standard of services of externally sourced providers.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard 2 are described below.

- It was identified via feedback from the physiotherapist and occupational therapist that the management of residents' pain could be improved. In response, allied health hours have been increased to enable four pain clinics per week that include a variety of pain management interventions for identified residents such as massage, hot packs and transcutaneous electrical nerve stimulation. In addition, wax baths have been ordered. The evaluation of this initiative is that residents' pain is reduced and their well-being enhanced. A resident interviewed by the team gave positive feedback regarding the pain clinic.
- Management identified that the medication trolleys needed upgrading. As a result, two new trolleys have been purchased that are more spacious and allow for better organisation of medications and signing sheets. The home's evaluation of this is that the trolleys are safer and more suitable for the home's requirements.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards, and guidelines in relation to all Accreditation Standards. Professional registrations are monitored for currency. Initial and ongoing

assessments of residents requiring a high level of care are carried out by registered nurses. Residents are provided with care and services according to the assessed level of residential care they require. Medication is administered and stored safely and correctly. The home has polices and procedures for the mandatory reporting of unexplained absences.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

See 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 related to Standard 2 are listed below.

- Better oral health
- Continence and incontinence aids
- Transcutaneous electrical nerve stimulation competency
- Dementia – understanding the condition
- Falls prevention: the principles
- Mania, depression, and bipolar disorder
- Pain management and anti-psychotic medication
- Medication competency
- Syringe-driver training.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Clinical policies, procedures and flowcharts inform and guide staff in all aspects of clinical care. Registered nurses and all levels of care staff, assess the residents' clinical care needs using validated and generic assessments. The family, general practitioners and visiting allied health practitioners provide further information. An electronic care plan is developed from this information. Plans are reviewed six monthly for residents receiving low care and three monthly for residents receiving high care, or more frequently if required. Residents have access to general practitioners and visiting allied health professionals who assess, review and document treatments. The general practitioners are informed of all clinical changes, and if the resident requires an episode of acute care, a suite of transfer documents accompanies them. Direct care shift handovers are conducted; clinical and behavioural incidents are reported, recorded and monitored. All aspects of clinical care are monitored through scheduled clinical audits, resident/representative feedback and the formal review. Residents and representatives stated their satisfaction with the health and personal care practices provided by the home.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Specialised nursing care needs are assessed, planned, managed and reviewed by registered nurses. Specialised nursing care is demonstrated in medication management,

diabetic care, catheter care, oxygen therapy, wound management, pain management, palliative care, anti-embolic therapy and management of challenging behaviours. Specialised nursing care needs are recorded on a specified care plan to guide staff. A range of regional and industry based nurse specialists are accessed to provide additional specialised advice and support. Care plans and the integrated progress notes record strategies recommended by these nurses. Specialised nursing care is monitored through care plan reviews, the formal audit schedule and feedback from residents and representatives. Residents and representatives stated their satisfaction with the provision of specialised nursing care.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Residents are referred to visiting allied health professionals such as a physiotherapist, an occupational therapist, a speech pathologist, a dietician and a podiatrist. Access to audiometrists, optometrists and a dental service is available in the broader community. A visiting psycho-geriatrician and counsellors visit the home when required. Comprehensive assessments and prescribed treatments are documented in the progress notes, and specific information is transcribed into the care plans. Residents and representatives stated they are aware of the availability of allied health professionals. Residents stated their satisfaction with the physiotherapy and occupational therapy program.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

Registered nurses manage residents' medication safely and correctly. Registered, enrolled nurses and medication competent personal carers administer medications from multi-dose packaging. Resident identification is clear and administration processes are systematic. A scheduled monitoring system generally ensures that deficits are identified and addressed while documented processes are in place to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a scheduled basis providing the attending general practitioners and the home with a report. A resident outcome is recorded after the administration of 'as required' medications. Residents who wish to self-administer their medications are assessed as safe to do so. General medications are stored securely and there is a safe disposal system in place. Dangerous drugs are stored with additional security and the home has a system to ensure safe administration of all controlled and complex drugs. Residents and representatives stated that medications are given in a safe and timely manner.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The resident's past history and current presence of pain is defined during the entry assessment phase using validated and generic assessment tools. Pain management protocols are reviewed if there is a change in cognition, a change in clinical status, when there is a new episode of reported pain, and when 'as required' pain relief is administered over a period of time. Alternatives to medication such as simple limb massage,

transcutaneous electrical nerve stimulation, hot/cold therapies and individualised diversional tactics are utilised. Equipment such as oscillating air mattresses, mattress overlays, specialised cushions and syringe drivers are available. The home has access to specialist pain management nurses for additional support and advice. Residents and representatives interviewed said they are satisfied with the home's management of residents' pain and spoke highly of the benefits of the formal pain program.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Residents and their families are consulted about and encouraged to discuss and record terminal care wishes and palliative care needs that reflect the residents' cultural beliefs. Registered nurses reassess the resident's needs when the resident has passed to the palliative phase of care in collaboration with the family, attending general practitioner and if requested, the regional palliative care specialists. The home has access to specialised equipment for the constant and consistent administration of pain relief and other specific medications to minimise anxiety and nausea. Specialised personal hygiene products are available. To enhance resident and relative support, the home's chaplaincy program provides formal pastoral care, grief counselling and facilitates access to other visiting religious clergy when requested.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

During the entry assessment, resident nutrition and hydration needs, food preferences, the presence of food allergies, intolerances/special diets, any swallowing difficulties and weight management requirements are noted on the generic assessment tool. The care plan is developed from this information. Residents are reviewed by the contracted dietician and visiting speech pathologist when required. Catering staff are informed of specific and relevant dietary information and a range of texture modified meals, thickened fluids, adaptive cutlery and crockery are available for all meals and at refreshment times for those who need them. Residents are weighed three monthly or more frequently if required. Unplanned weight loss is monitored and reviewed by registered nurses, the general practitioner and the dietician. Nutritional supplements are available. Residents and representatives stated their satisfaction with the quality and quantity of the meals.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

On moving into the home and after any episode of acute care, residents undergo a systematic review of their skin integrity. Using validated assessment tools, registered nurses and care staff conduct an assessment to identify risks to skin integrity and the potential for pressure injury. Special note is taken if the resident is diabetic, has peripheral vascular disease, reduced mobility, is receiving palliative care, is post-surgery or is frail. Wounds are

managed using contemporary dressing protocols and the home has access to onsite and regional wound nurse consultants. Skin tears are monitored through the incident reporting mechanism. Specialised pressure relieving practices/equipment and formalised re-positioning regimes are defined by the registered nurses. Emollients, barrier creams and a variety of specific wound healing nutritional supplements are provided if required. A podiatrist and a hairdresser enhance skin care practices. Residents and representatives stated their satisfaction with skin care management provided.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

Individual resident continence requirements reflecting if and what aids are being used, how successful the current practices are and what can be done to enhance dignity and comfort are discussed during the entry assessment period. Times and levels of staff assistance are individually defined after a period of observation and charting, individual trials of continence aids are conducted as required. The home has access to an industry based nurse consultant for additional support. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. The use of invasive bowel preparations is minimised by the implementation of increased hydration and a nutritious, high fibre diet to maximise normal bowel health. Urinary tract infections are monitored as part of the infection surveillance program, and validated signs and symptoms are used to ensure accurate diagnosis. Residents and representatives stated their satisfaction with the residents' continence care provided.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

On moving to the home, all residents undergo a suite of validated and generic behaviour management assessments during the entry phase, annually and if and when behaviours change. Care plans are developed from assessment tool information, documented staff observations over a defined period of time, information from the aged person's mental health team and the family. Occupational therapy staff have individual diversional, validation and reminiscing therapies in place complemented by an individual sensory therapy program to moderate challenging behaviours. Staff stated their basic understanding of mandatory reporting requirements. The team observed the staff interacting in a therapeutic manner with all the residents. Residents and representatives stated their satisfaction with the home's management of residents' behaviour.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The physiotherapist and the occupational therapist, in collaboration with the registered nurses, assess the resident's mobility, dexterity, rehabilitation needs and activities of daily living to maximise individual independence. Residents have comprehensive individualised

physiotherapy plans in place that are supervised by care staff. Occupational therapy staff incorporate regular gentle exercises into various activities throughout the week. Maintenance of mobility aids is provided by the maintenance staff, and residents were observed utilising different mobility aids in a safe manner. All falls are reported, monitored, analysed, trends identified and if necessary actioned. The home has a formal falls risk assessment in place. Residents stated their satisfaction with the comprehensive physiotherapy services provided.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

On moving to the home, the resident's oral and dental needs are reviewed using a generic assessment tool. Care plans document individual preferences for cleaning dentures/natural teeth and other care. Residents have a choice of toothbrush bristle, predominantly soft as defined by best practice. Residents identified as having swallowing difficulties are referred to a visiting speech pathologist. Residents' oral care is specialised during palliation and individualised when a resident receives inhaler/nebuliser therapy. The home supports residents to attend dentists/dental technicians in the broader community. The menu is reviewed by the dietician for nutritional content. Residents stated their satisfaction with the oral and dental care and assistance provided.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

An assessment of the resident's communication, comprehension and sensory needs are completed on moving into the home. The care plan nominates individual strategies to manage any needs. Residents are referred to allied health professionals in the broader community when required. Care and occupational health staff provide simple massages, relaxing music, 'tender touch' therapy, a portable controlled sensory stimulation program and quiet conversation to minimise agitation. The living environment is of low stimuli; the corridors are wide and have hand rails. During palliation, additional care is taken to ensure that sensory care is enhanced. Residents stated that care staff are sensitive in acknowledging sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

On moving to the home, the resident's sleeping and rest patterns are assessed, and a re-assessment occurs if sleep patterns are disturbed. In consultation with the resident and/or representative, individual resident preferences for rising and settling and other specific rituals are documented in the care plan. The home promotes the use of non-pharmacological interventions where possible. Past life histories, pain management, continence care, immobility and behaviour management are defined precursors to disturbed sleep patterns and are integral to individual care planning. Residents said they sleep well and reported their satisfaction with night staffs' attention to them.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard 3 are described below.

- It was identified at an Agency visit that individual therapy for residents could be improved. In response, the occupational therapist liaised with a massage therapist/reflexologist to discuss touch benefits. As a result, a 'tender touch' therapy program has been implemented, procedures developed and training provided to volunteers and care staff. The program includes foot, hand, neck and shoulder massage, foot spa, use of essential oils and reminiscence, and residents are provided with appointment cards. The program also enhances the provision of palliative care. Review of a feedback book shows resident satisfaction with the program.
- In order to improve interaction with members of the community, the home invites visits from a support group for people with disabilities. Individuals with a disability visit the home with their carer to join in morning tea and activities twice per week. The home's evaluation of this is that the initiative is working well and residents enjoy the company.

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

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The service provides each resident with a resident agreement that outlines fee and tenure arrangements. The Charter of Residents' Rights and Responsibilities is provided to residents and representatives in the resident agreement and is displayed in the home. Staff sign contracts that contain a confidentiality clause, and staff were observed to be mindful of residents' privacy and dignity. There are procedures in place for the mandatory reporting of elder abuse, and staff have received training on this.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

See 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 related to Standard 3 are listed below.

- Customer service – residents' rights
- Dementia – meaningful activities
- Dementia –the respect approach
- Elder abuse
- Sexuality and 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 findings

The home meets this expected outcome

Residents are supported to 'feel at home' rather than adapting to communal life. The care and occupational therapy staff welcome and orient the new resident and representative to the home. Residents and representatives are encouraged to personalise individual rooms with consideration given for the resident's personal safety. Staff encourage family and friends to visit as often as they wish. Physical and emotional wellbeing are monitored throughout a residents stay. Pastoral care support is provided by the home's chaplaincy program when necessary, and residents have access to the skills of the aged persons' mental health team if required. Residents are encouraged to express their end of life wishes and are supported in their wishes to die with dignity. Residents and representatives stated their satisfaction with the emotional support given to them.

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

Care and allied health staff actively work towards maximising resident independence. Residents are assessed and specific levels of individual independence are identified that reflect the retainment of their personal, civic, legal and consumer rights. Financial independence is encouraged for those residents who are capable of managing their own finances and support provided for those who are unable. The occupational therapy team include regular individual and group outings that reflect past lifestyle such as maintaining links with the Country Women's Association. A community visitor's scheme provides specific residents with further activities that enhance their independence. Individual and group exercise programs, footwear reviews and physiotherapy slow stream rehabilitation programs provide the resident with enhanced physical independence. Residents stated that their individual independence is nurtured and valued.

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. This is demonstrated in policies, procedures and staff practices, and staff sign a confidentiality agreement. Residents are informed of their rights and responsibilities and in maintaining privacy related to living in a communal residential environment. Hostel residents have single rooms with shared communal bathrooms; sitting rooms are available and are used for small gatherings and quiet times. Residents' clinical and administrative records are kept in secure locations. Staff were observed to knock on doors before entering and called residents by their preferred name. Residents stated that staff recognise and respect their privacy and dignity.

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 variety of individual and group activities that interest them. Residents' needs and preferences are identified on moving to the home, and a comprehensive care plan is developed to include previous and current lifestyle activities and interests. The hostel program includes a range of activities including visiting entertainers, arts and crafts, poetry reading, bus trips, a men's group, 'gentle gym', gardening and an intergenerational program involving students from the local high school. Attendance and participation records at activities are kept to ensure that no one becomes isolated and to enable staff to observe improving or declining cognitive skills. The effectiveness of the activity program in meeting individual residents' needs is evaluated by feedback from surveys, meetings and direct feedback to the occupational therapy team. Residents stated their satisfaction with the variety of activities and interests offered.

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' cultural, religious and spiritual beliefs are identified on moving to the home through assessment and care planning. Personal beliefs, religion and days of cultural significance are observed in line with resident wishes. The formal chaplaincy program and occupational therapy program includes the celebration of birthdays, theme days and incorporates religious and cultural celebrations relevant to residents. Indigenous culture is acknowledged and validated respecting their heritage. The home has resources and materials available for staff to reference in relation to specific cultural needs including cue cards, terminal wishes and customs for end of life wishes. Residents reported satisfaction with the support and respect given to their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

On moving to the home, detailed information about the resident's individual preferences is defined, gaining this information from the resident or their authorised representative. These preferences include rising and settling times, personal hygiene practices, choices for dressing, grooming, oral and dental care, food preferences, lifestyle and leisure activities, cultural and spiritual needs and choice of general practitioner. If the resident and their representatives choose to, terminal care wishes may be discussed and documented at this time. Residents and their representatives are provided with a comprehensive information package that clearly defines the operations of the home, occupancy details and the Charter of Residents' Rights and Responsibilities. Surveys and feedback from meetings monitor residents' satisfaction with their choices. Residents and representatives stated their satisfaction with the staffs' respect and opportunities for individual decision making offered to them. Residents stated that their preferences and choices are acknowledged.

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 have security of tenure and understand their rights and responsibilities. Prior to moving to the home, prospective residents and representatives are provided with significant information enabling informed decision making. Indigenous residents are supported by regional and local aboriginal liaison officers throughout their stay. The residential and occupancy agreement includes information on security of tenure, financial information (fees/charges/prudential statements), the Charter of Residents' Rights and Responsibilities, privacy and specified care and services information. Residents and representatives stated that the residential agreement was explained to them, and that they were encouraged to seek independent advice about the agreement. When a resident receiving low care moves to high care they are given a new suite of agreement documents reflecting their high care status. Residents and representatives stated that the management team actively informs them of any changes through letters, newsletters and meetings.

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard 4 are described below.

- It was identified via an audit that fire evacuation maps required updating. These have since been updated and are displayed at multiple points around the home. The evaluation of this initiative is that the maps are more informative and easier to read.
- In order to improve communication and reduce time locating staff and relaying messages, a new call bell and pager system has been installed. When call bells are activated they are displayed on a digital screen in the nurses' station and are relayed to staff pagers. All staff are supplied with pagers, and duress alarms are linked to these. In addition, safety pull cords attached to call bells have been installed in bathrooms so that residents are able to activate these lower down the wall in the event of a fall. The system enables auditing of response times to call bells. Staff interviewed gave positive feedback regarding the call bell system.

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

There are systems and processes to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff receive mandatory training in fire and emergency procedures, manual handling, infection control and food safety. The home has regular fire safety checks and a food safety program in place. External contractors are provided with service agreements that outline obligations and responsibilities, and they are required to document their arrival and departure from the home. There are reporting mechanisms for accidents, incidents and hazards. Staff are provided with personal protective equipment. Material safety data sheets are maintained for all chemicals used within the home.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

See 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 related to Standard 4 are listed below.

- Chemical safety
- Fire emergency training
- Food safety
- 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 findings

The home meets this expected outcome

The home's management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with shared bathrooms and are encouraged to personalise their rooms. Residents have access to communal and private areas for social interactions and activities. Cleaning programs, maintenance and environmental audits are undertaken to ensure the home remains comfortable and hazard free. Staff interviewed described appropriate procedures to follow in order to ensure the safety and comfort of residents. Residents and representatives reported that the living environment is comfortable and that they feel safe and secure.

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

Management is actively working to provide a safe working environment that meets regulatory requirements. On commencement of employment, staff are provided with training on occupational safety and health and manual handling. Hazards, staff accidents and incidents are logged onto an electronic system and are investigated, and if high risk, are automatically escalated to the organisation's head office. Workplace inspection audits are conducted monthly, and followed up appropriately. Occupational safety and health committee meetings are held monthly where hazards, incidents, accidents and maintenance issues are discussed. Occupational safety and health is a standard agenda item at staff meetings. Staff reported how they would identify and report hazards and incidents, and they stated 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 findings

The home meets this expected outcome

There are processes to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home has a direct link to the fire brigade. Fire fighting equipment with appropriate signage is readily available and maintained by independent professionals. Emergency exits are clearly marked, well-lit and free from obstruction. Fire procedure manuals and a flip chart for other emergencies, such as bomb threats are available at multiple points around the home. Evacuation maps, and a resident list including transfer requirements, are readily accessible. Security procedures are conducted by

afternoon staff, and night shift staff carry duress alarms. Staff receive training in fire and emergency procedures, and staff interviewed reported appropriate actions they would take in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management demonstrated its infection control program is effective in identifying, containing and preventing infection. Information on individual resident infections is collected and analysed by the clinical care coordinator who is the infection control link person. Personal protective equipment, cleaning and laundering procedures, disposal of sharps and pest control are some of the measures in place to minimise the risk of infection. Infection surveillance and observation of staff practices provide monitoring on an ongoing basis to ensure that the system remains effective. Staff reported 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 findings

The home meets this expected outcome

Catering is undertaken on site providing a four-weekly rotating menu that is reviewed six-monthly in consultation with a dietician. Systems are in place to ensure residents' individual dietary needs are met on an ongoing basis. Cleaning staff undertake planned cleaning duties within the home in accordance with duty statements and cleaning schedules. Personal laundry services are conducted on site, and there are processes in place to minimise loss of clothing. Management monitor the quality of services via feedback mechanisms such as, comments and complaints, audits and surveys. Staff stated their satisfaction with, and explained their involvement in, the provision of hospitality services. Residents and representatives reported they are satisfied that the home's hospitality services meet their needs and preferences.