



Aged Care
Standards and Accreditation Agency Ltd

Mount Carmel Hostel

RACS ID 6092
740 Torrens Road
ROSEWATER SA 5013

Approved provider: Southern Cross Care (SA & NT) 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 25 August 2015.

We made our decision on 29 June 2012.

The audit was conducted on 4 June 2012 to 5 June 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Mount Carmel Hostel 6092

Approved provider: Southern Cross Care (SA & NT) Incorporated

Introduction

This is the report of a re-accreditation audit from 4 June 2012 to 5 June 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 4 June 2012 to 5 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	David Stevens
Team member:	Judy Aiello

Approved provider details

Approved provider:	Southern Cross Care (SA & NT) Incorporated
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Details of home

Name of home:	Mount Carmel Hostel
RACS ID:	6092

Total number of allocated places:	71
Number of residents during audit:	67
Number of high care residents during audit:	49
Special needs catered for:	People with dementia and related disorders

Street:	740 Torrens Road	State:	SA
City:	ROSEWATER	Postcode:	5013
Phone number:	08 8447 7057	Facsimile:	08 8447 7699
E-mail address:	ceo@southernxc.com.au		

Audit trail

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

Interviews

	Number		Number
Corporate management	6	Residents/representatives	9
Residential care manager	1	Volunteers	2
Clinical nurse	1	Lifestyle coordinator	1
Registered nurses	2	Regional lifestyle coordinator	1
Enrolled nurses	2	Cleaning staff	2
Care staff	3	Maintenance staff	1
Pastoral carer	1	Quality business excellence unit assistant	1
Physio aide	1	Admissions officer	1
Hotel services manager	1	Special projects officer, Corporate	1
Chef	1		

Sampled documents

	Number		Number
On-line assessments, care plans and progress notes	14	Medication charts	8
Summary/quick reference care plans	16	Personnel files	6

Other documents reviewed

The team also reviewed:

- Audit reports and actions
- Audit schedule
- Call bell monitoring data
- Clinical care documentation
- Comments and complaints records and feedback flow chart
- Continuous improvement plan and records
- Critical incident contingency plan and folder
- Duty statements
- Emergency evacuation plans
- Fire system maintenance and monitoring records
- Food safety audit
- Handover reports, memorandums, diaries, communication books
- Incident reports and analysis records
- Lifestyle documentation
- Maintenance records
- Material safety data sheets
- Menu
- Newsletters, reports and surveys
- Police registration checks
- Policies and procedures

- Recruitment policies and procedures
- Resident and staff handbooks
- Resident clinical observation records
- Resident's information package
- Service agreements and contracts
- Staff rosters, and performance management records
- Staff training and registration records, training plan, education folder and training evaluations
- Tri-ennial fire safety clearance
- Various meeting minutes
- Wound management folder

Observations

The team observed the following:

- Activities in progress, activity calendar
- Acts/regulations/guidelines
- Charter of residents rights
- Complaints and advocacy information
- Equipment and supply storage areas
- Feedback boxes
- Fire signage, suppression and surveillance equipment
- Infection control resources
- Interactions between staff and residents
- Internal and external living environment
- Key pad security
- Kitchen facilities
- Meal service
- Medication round
- Palliative care resources
- Resident and staff notice boards
- Residents using mobility aids
- Safe operating procedures
- Secure area
- Sensory assessment kit
- Sluice room
- Storage of medications

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Mount Carmel Hostel has continued to develop its system for monitoring compliance with the Accreditation Standards and identifying opportunities for improvement. The home uses information from audits, resident and staff feedback, surveys, incident data, complaints, evaluations, and workplace inspections to identify improvement opportunities. The home has processes for planning continuous improvement, setting timeframes, tracking progress, and evaluating the outcomes and benefits to residents. New improvement activities are added to the home's plan for continuous improvement. Residents, their representatives, and staff are aware of the continuous improvement program and the home acts on their suggestions.

Examples of improvement activities and achievements relating to management systems, staffing and organisational development include:

- The home identified an opportunity to improve the orientation process for casual staff. The support available to casual staff for their orientation has been increased to provide closer coaching. The number of 'buddy' shifts has also increased. Feedback from new staff on improvement records shows they feel more confident in commencing their shifts and able to manage their tasks as a result of the revised orientation program.
- The home reviewed residents and staff in relation to the staffing roster and duties. Residents' wanted more quality time with staff which staff also wanted but said they needed more flexibility in their role to achieve this outcome. The home reviewed the roster in conjunction with staff and residents. The roster, duty lists, work-flows and staff allocations have been changed across the home including increases in care hours. Feedback from residents indicates they are more satisfied now that staff have more time to stop and chat. Staff feedback shows they enjoy spending more one-on-one time with residents.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards. Policies and procedures, job descriptions, staff and resident handbooks are updated by the home to reflect relevant legislation. Staff are informed about changes in legislation and regulations through the home's communication processes. The home monitors compliance with regulatory compliance through auditing

processes, resident and staff incident data, hazard reports and staff input. Service agreements include links to legislative requirements where these are applicable. Recent changes to regulatory compliance, including changes to industry awards and the Aged Care Complaints Scheme, have been communicated to staff and residents and acted upon as appropriate. Staff are aware of regulatory requirements relating to management systems, staff and organisational development.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The organisation and home has processes for identifying, reviewing, and planning staff education and training. Training needs are identified through analysis of staff appraisals, training evaluations, observation of staff practice, audits, and incident data. A structured annual training plan is developed from this information. Changes are made and training sessions added to the home's plan in response to residents' needs and staff input. There are processes for orientation of new and temporary staff, and maintaining staff training records. The home has processes for monitoring staff skills and knowledge, and recording attendance at mandatory training. Information on external training is provided to staff. The organisation and home supports staff to undertake professional development, and provides access to educational resources on-site. The home has processes for evaluating training through feedback forms and staff meetings. In response to identified need, management and staff have participated in training in the last 12 months relating to management systems including documentation and quality accreditation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a system for logging, tracking progress and reporting outcomes for all compliments, comments and complaints received. The home collates and analyses comments and complaints on a monthly basis. Residents and their representatives are provided with information about internal and external complaints mechanisms on entry to the home and on a regular basis. There are processes for maintaining the confidentiality of residents and their representatives throughout the complaints process. The home regularly reviews the effectiveness of the complaints processes to ensure residents and their representatives have access. Residents and representatives are generally satisfied with residents' access to complaints processes and staff and management responsiveness to their comments or concerns.

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 and home has documented its philosophy, objectives and commitment to quality which are included in the resident handbook. The strategic planning documents outline the home's objectives, principles, planning framework and strategies for quality and operational requirements. The home has developed a mission statement to reflect the philosophy of care and services provided to residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has processes for identifying and assessing the required staffing levels and skill mix to meet residents' needs on an ongoing basis. There are processes for recruiting staff with the identified skills and inducting new and temporary agency staff. Management conduct regular performance appraisals for all staff positions and seek feedback from staff to enable them to meet the requirements of their role. The home has processes for reviewing staffing levels, and the staffing roster is adjusted in accordance with changes in resident care requirements. The home monitors staff and volunteer police clearances and licence registrations. The home uses additional external expertise as required for clinical care and behaviour management. The home monitors the knowledge and skills of staff, including their written language and oral communication skills. There are on-call procedures for when staff require assistance after hours from a registered nurse. Staff work together as a team to complete their required tasks. Residents are satisfied with the responsiveness of staff and the level of care provided to them.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are processes to provide sufficient and appropriate supplies and equipment for care and services. Supplies are ordered and monitored by service managers according to purchasing policies and procedures and authority delegations. Equipment is purchased relevant to resident need, and replacement requirements. New equipment is trialled and risk assessed prior to purchase and there are safe operating procedures accessible to staff. The home monitors equipment function, safety and cleanliness through audits, incident and hazard reports and corrective and preventive maintenance programs. Residents interviewed said they have access to required equipment and supplies to meet their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective processes to provide required information to all stakeholders. Residents are provided with information during entry processes and on an ongoing basis through the resident agreement and handbook, information display stands and noticeboards, and regular meetings. The home manages and stores resident details and clinical records online, in addition to hard copy information for easy staff access. Management and staff access required policies, procedures, forms, meeting minutes, performance and monitoring data reports and newsletters, through the corporate intranet. There are links to websites for required industry updates and legislation. Access is secure and relevant to role and responsibility level and there are regular back-up procedures. Confidential information is securely stored and there are corporate procedures for both electronic and hard copy archiving. There is a schedule of regular meetings for information sharing, feedback and reporting processes, managed through committee terms of reference and standard agendas. Residents and staff interviewed said they have access to required information and are kept informed of activities and changes in the home.

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

Externally sourced services are provided to meet care and service needs. There are corporate and site specific contracts and service agreements for external services, managed and evaluated according to policies and procedures. An online register of external contracts assist tracking of renewal dates. Contractors attending the site are inducted and required to adhere to occupational health and safety requirements. Police clearances and registrations are monitored. The home evaluates and regularly reviews contracted services relevant to staff and resident feedback and evaluation checklists. Residents interviewed said external services are provided to their satisfaction.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Continuous improvement initiatives related to residents' health and personal care are generated through analysis of clinical data, incidents, observation, staff and resident feedback, audits, and care evaluations. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to residents' health and personal care in the last 12 months:

- The home identified the opportunity to improve best practice in palliative care. Two palliative care boxes have been created including essential oils, personal items and information on approaches to palliative care. Staff have also been provided with additional education on palliative care. Feedback from staff indicates they have a greater awareness of palliative care strategies and the boxes are easily accessible to them to assist residents and their families during palliative care.
- The management team identified opportunities to maintain residents' mobility. The hours of the physiotherapy aide have been increased to provide exercise and massage for residents. A gait and balance class using a software program has been set up to support residents' mobility. Residents attending the class follow instructions from the software program supported by staff. Feedback from residents indicates the additional support of the physiotherapy aide and the gait and balance class assist in maintaining their mobility.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

The organisation and home has processes for monitoring regulatory compliance relating to health and personal care. Recent changes to legislation and standards relating to health and personal care have been received, and information provided to the staff. Relevant staff are aware of regulatory requirements relating to residents' health and personal care, including the provision of prescribed care and services, medication administration, and the registration of nurses and allied health providers.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

The organisation and home has processes for identifying, reviewing and planning nursing and care staff education and training relating to health and personal care. Nursing and care staff practice is monitored through regular audits to ensure they have the appropriate level of knowledge and skills to meet residents’ needs. In the last 12 months nursing and care staff have participated in training relating to health and personal care including training on palliative care, bowel and bladder care, and mental illness. Nursing and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Processes provide for appropriate resident clinical care. Interim and comprehensive care plans are developed through consultative resident assessment processes, which include general practitioner and allied health service involvement. Assessment and care planning processes are electronically documented, with hard copy information accessible to staff in residents’ rooms. Handovers, communication books, progress notes and white board reminders are additional sources of resident care need information. Care reviews are regularly scheduled and include staff and resident input through a structured ‘resident care day’ process. Clinical care and staff practice is monitored by scheduled and ad hoc audits, incident reports and analysis, staff supervision and resident surveys. Residents advised through interview, their satisfaction with care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Specialised nursing care needs are identified and provided by qualified staff. Registered nurses assess, plan and review residents’ specialised care needs. Complex care plans describe specialised care requirements. Competency assessed enrolled nurses assist with specialised care needs such as wound care, diabetes monitoring or oxygen therapy. Clinical care guidelines, practice statements and registered nurse advice and supervision support specialised care processes. Specialised nursing care is monitored through regular care, allied health and general practitioner reviews, resident observations, incident reporting, wound assessments and audits. Resident feedback indicates residents are satisfied that their specialised care needs are met.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to health and related services relevant to their needs. Entry assessment and care review processes identify residents’ referral needs. Residents are informed of services available and are supported to attend practitioners of their choice. Regular attending services include physiotherapy and podiatry, with additional allied health or advisory services attending by referral, such as speech pathology or palliative care. On-line progress notes or treatment directives are used to communicate referral outcomes. Specialist medical services are arranged through referral letters from the resident’s general practitioner and transfer forms are completed when hospital transfers are required for acute care. Health and related services are monitored through care, allied health and general practitioner reviews, incident reporting, external contract reviews and resident feedback. Residents advised that they have access to required health and related services to meet their needs and preferences.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

There are processes to manage residents’ medications safely and correctly. Medication management guidelines assist registered and competency assessed enrolled nurses to manage and administer residents’ medications. Medications are supplied in pre-packed sachets and are safely and appropriately stored. Residents’ assessed medication needs are documented on individual medication charts and there are processes for assessing and authorising self-administration. Regular medication reviews are conducted. There are guidelines for nurse-initiated and ‘as required’ medication management. Medication management is monitored through incident reporting and signature omission tracking, resident observations and care review processes. Regular staff education is provided by pharmacy services and management processes reviewed by a medication advisory committee. Residents said their medications are managed safely and correctly.

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

There are processes to ensure residents are as free as possible from pain and discomfort. Initial and ongoing pain assessment and monitoring processes identify residents’ pain management needs. Assessment tools assist staff to monitor pain experiences for residents with cognitive deficit. Complex care and pain management plans advise staff of pain relieving treatment directives identified from physiotherapy assessments, such as massage, heat packs or support bandages. Physiotherapy aides support these treatments. Staff training and a pain management flow chart assists staff to monitor and manage pain and referral needs. Pain evaluation records and monitoring use of ‘as required’ pain management medications also assist this process, supported by regular care, physiotherapy and general practitioner reviews. Residents said their pain is effectively managed and appreciate the comfort provided by regular massages.

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

There are processes to preserve the comfort and dignity of residents during end-of-life care. Entry assessment and consultation processes assist residents and their families to consider terminal care preferences. A good palliative care order is signed where relevant details recorded. Care review processes may re-consider this information as residents’ needs change. A palliative care needs plan is used to document specific care requirements during terminal care. Palliative care resources and equipment are accessible and specialist advice is available from a related hospice service or regional palliative care services. Attending pastoral care services are provided or residents’ choice of visiting spiritual support is arranged. Staff are provided with palliative care training. Feedback from residents’ families indicates the home provides relevant support and care for terminally ill residents.

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

Processes provide for adequate resident nutrition and hydration. Assessment processes identify resident food and fluid preferences and dietary needs which are communicated to catering services. At-risk residents are identified and referred for swallowing assessments or special dietary needs. Nutrition and hydration plans and food and fluid preferences are documented in care plans and are generally accessible to staff serving meals in each dining area. Instructions for special diets, required supplements and food and fluid textures are summarised in resident nutrition information folders. Specific equipment is provided to assist resident independence during meals and staff support residents and supervise meals. Residents are offered regular between meals snacks and drinks. Nutrition and hydration monitoring processes include regular weight recording and analysis, care and allied health reviews, food and fluid chart records and resident observations. The menu has been reviewed by a dietitian. Residents said that they enjoy their meals and the choices available to them.

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

Processes provide for the maintenance of residents’ skin integrity. Risk based assessments identify residents’ skin care needs. Skin integrity management plans, complex needs and hygiene plans advise staff of routine care and strategies to maintain skin integrity. These may include regular moisturisers, sheep skins, limb protectors and pressure relieving mattresses. Podiatry and hair dressing services attend the home. A wound care manual, on-line records of wound assessments and ongoing treatment, assist the home to manage and monitor wound care and healing processes. Specialised wound care reviews are arranged as required. Wound care training is provided for relevant staff. Skin integrity is monitored through skin tear incidence, care reviews, wound incidence and reviews and resident

observation. Residents said that they are assisted to maintain their skin integrity and appreciate staff care and support.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are processes to manage residents’ continence needs. Continence management plans are developed from recorded observations of residents’ continence management needs and preferences for required aids. A continence advisor and link nurse assist this process and evaluates aid effectiveness and relevant toileting plans. Residents have access to private facilities. Bowel patterns are regularly monitored and managed according to protocols, and generally supported by modifications to the resident’s diet. Continence management is further monitored by regular urinalysis, urinary tract infection incidence, care reviews and continence advisor consultation. Residents said they are satisfied with the home’s approach to supporting their continence needs.

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

There are processes to effectively manage residents with behaviours of concern. Observed behaviours and identified triggers assist the home to plan behaviour management. Documented behaviour management plans and diversional therapy activities assist staff to manage resident behaviour. There is a secure area to accommodate residents who tend to wander, supported by specific diversional programs. There is minimal restraint use. Referrals for specialist treatment and advice are made for complex behaviours and staff have received training in behaviour management. Behaviour incidents are monitored and care reviews consider behaviour and the effectiveness of management strategies. Staff interviewed are aware of their responsibility for monitoring restraint use. Residents said they had no concerns about other resident behaviours or the home’s approach to behaviour management.

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

There are processes to optimise residents’ mobility and dexterity. Mobility and dexterity is assessed by a physiotherapist and includes identifying those residents at risk of falling. Mobility and transfer plans and relevant exercise programs are documented, together with required aids and appropriate footwear suggestions. Lifestyle programs include exercises and activities to support dexterity. Residents at risk of falls are monitored using sensor alarms, and hip protectors used to prevent injury. Staff are trained in the safe transfer of residents and equipment use. Regular care and physiotherapy reviews, falls incident analysis and resident observation assist the home to monitor mobility and dexterity. Residents were observed using a range of mobility aids and when interviewed said the home encourages and supports their mobility and independence.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Residents’ oral and dental hygiene is maintained. Oral and dental assessments and the need for dental treatment identify residents oral and dental care needs. An oral and dental care plan is kept in each resident’s room for easy staff access. There is a toothbrush replacement program. Dental referrals and maintenance and repair services for dentures are arranged as required. Staff have received training in the assessment and care of residents’ oral and dental hygiene and care is monitored through resident observation, care reviews, food intake records and resident feedback. Residents interviewed are satisfied with the home’s support to maintain their oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents’ sensory needs are identified and managed. Residents’ sensory needs and deficits are assessed and care strategies are documented in relevant sections of the care plan for example skin integrity, nutrition plans and personal hygiene needs. Additional guidelines and precautions are contained in hard copy information available in residents’ rooms. This includes required care for aids. The home provides activities to enhance sensory experiences, such as cooking, gardening, a sensory room and hand massages. Resident feedback, care reviews, incident reports and observations monitor residents ongoing sensory needs. Residents were observed to have access to various aids to assist sensory loss and said the home supports their sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Sleep assessments and observed sleep disturbances assist the development of settling plans and preferred rest times. A hard copy of the resident’s sleep assessment, settling plans and preferred rising times are available to staff in each resident’s room. Resident feedback, observed sleep patterns and care reviews monitor sleep management. Residents said they are able to achieve natural sleep patterns assisted by the quiet environment of their private room.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Continuous improvement initiatives related to residents’ lifestyle are generated through analysis of data and information collected from internal audits, resident and staff meetings, suggestions, and lifestyle evaluations. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to residents’ lifestyle in the last 12 months:

- The lifestyle coordinator identified some residents would like a regular high tea experience on special occasions. The lifestyle coordinator consulted with residents on which days are significant to them and arranges high tea for these occasions. Resident feedback indicates the high teas are very enjoyable and promote positive interaction with other residents.
- Residents requested to have a mobile shopping trolley as the home does not have a working kiosk. Two volunteers take turns in wheeling the trolley around the home twice a week. Residents can purchase small shopping items of their choice as needed without having to wait to go or be taken to the shops. The home regularly consults with residents on what items they would like on the shopping trolley. Resident feedback indicates they look forward to the shopping trolley coming around and buying small items for themselves.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to resident lifestyle. There are processes for monitoring regulatory compliance relating to resident lifestyle. Relevant staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy, maintaining confidentiality of resident information, security of tenure, and compulsory reporting of assaults.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

The organisation and home has processes for identifying, reviewing and planning lifestyle and care staff education and training relating to resident lifestyle. Lifestyle and care staff performance is appraised annually and their practice monitored through regular audits to ensure staff have the appropriate level of knowledge and skills to meet residents' needs. In the last 12 months lifestyle staff have participated in training relating to resident lifestyle including training on creativity and meaningful activities. Lifestyle and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

The home has processes for identifying residents' emotional needs when they first enter the home, assisting them to settle in, and monitoring their ongoing needs for emotional support. Residents receive a welcome pack and information on the home. Information from the assessment and planning processes is used to address residents' individual emotional needs. This information is communicated to staff and updated as residents' needs change. There are processes for regularly reviewing the effectiveness of the home's strategies for addressing residents' emotional support needs. Residents and their representatives are satisfied with the support residents' receive from the home in meeting resident's emotional needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home identifies residents' needs for independence and strategies to maximise their interaction with the wider community and family. Assessments and care plans are completed in consultation with residents and their representatives. Residents are supported to interact socially in the home and participate in community activities. There are processes for regularly reviewing residents' independence and the effectiveness of the home's strategies. The home has processes to support residents to rehabilitate and maximise their independence, including therapy plans. Residents and their representatives are satisfied with the home's support for residents' independence and participation in the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home discusses with residents their needs for privacy, dignity, and confidentiality and has processes for regularly monitoring staff practice and the effectiveness of strategies to meet their needs. Residents have access to private spaces for interacting with family and friends, and secure storage areas. The home provides equipment and training to ensure residents privacy and dignity is maintained. Staff practice is consistent with the home's policy, procedure and identified strategies for maintaining resident privacy and dignity. The resident and staff handbooks and information displayed in the home reflect and demonstrate that resident's right to privacy, dignity and confidentiality is recognised and respected by the management and staff. Residents and their representatives are satisfied staff respect residents' individual preferences for privacy, 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 findings

The home meets this expected outcome

The home has processes for identifying residents' lifestyle and leisure needs to enable them to participate in a wide range of activities within and outside of the home. All residents have a comprehensive assessment conducted on their entry to the home, which identifies activities of particular interest to them. The home plans and regularly evaluates individual and group activity programs to ensure residents' needs are met. The lifestyle coordinator is developing the evaluation processes to reflect more details of resident outcomes. The home uses an electronic care management system to record details of residents' lifestyle preferences and reviews. There are processes for communicating residents' leisure interests and activities to staff and updating care and lifestyle plans. Adjustments are made to the format, timing, venue, location and frequency of programs as changes occur in residents' preferences, demand and acuity. The home has identified increases in the levels of resident dependence and needs and is adjusting the lifestyle program to provide more one-to-one and sensory based activities. Residents and their representatives generally are satisfied with the activity programs residents' are engaged in which are of interest to them and consistent with their individual preferences.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes for identifying the spiritual and cultural needs of each resident, communicating these to relevant staff, and implementing strategies to meet their needs. The home plans and delivers care and lifestyle services in accordance with residents' spiritual and cultural requirements, including attending internal and external church services, wishes for religious rites, meal preferences and leisure activities. The needs of residents are regularly reviewed to ensure care and services are delivered in a way that fosters and values

residents' beliefs, customs and cultural background. Residents and their representatives are satisfied with the way staff support and meet residents' spiritual 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 findings

The home meets this expected outcome

The home encourages all residents and their representatives to participate in decisions about their care, the services provided to them, and to make choices based on their individual preferences. The home has processes, including resident meetings and surveys for residents to formally raise issues. Residents are provided with information from meetings, newsletters and information about residents' rights and responsibilities, to enable them to make informed choices and decisions about their care and the running of the home. Staff are aware of residents' rights and support them to make decisions. Residents and their representatives are satisfied with how the home supports residents to exercise choice and control over their daily lives and care needs.

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

The home provides residents and their representatives with information on their security of tenure and explains the rights and responsibilities to residents at the time of their entry. Residents receive an agreement and information about the conditions of their tenure, and information on independent sources of advice to explain the conditions of tenure, their rights and responsibilities. There are processes for consulting with residents and their representatives when changes occur to their level of dependency in relation to room changes. Residents and their representatives are satisfied with the way residents' are kept informed of the arrangements for their security of tenure, and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome.

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

Continuous improvement initiatives related to the physical environment and safe systems are generated through analysis of data and information collected from internal audits, resident and staff meetings, incident and hazard data, suggestions, and workplace inspections. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

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

- An audit on infection control identified an opportunity to clearly identify to staff which residents test positive for Methicillin-resistant Staphylococcus Aureus (MRSA) or Vancomycin-resistant Enterococci (VRE), and to upgrade contents of the infection control boxes. The home has created a discreet sign to put on the doors of residents with the positive infections and stickers in their room. The contents of the infection control boxes have been upgraded and are regularly checked by the enrolled nurse. Feedback from staff indicates the signs and stickers are helpful in identifying those residents with positive infections. The upgraded infection control boxes provide staff with necessary additional equipment which is quick to access in the event of an infection outbreak.
- The new Residential care manager identified an opportunity to improve the ambiance of the physical environment to make this more appealing to residents, their relatives and visitors to the home. New furniture, plants and ornaments have been purchased. The glass screen at the front reception has been taken down to open up this area. Feedback from residents indicates they like the more open reception area, new furniture and appealing lounge areas.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to the physical environment and safe systems. Recent changes to legislation and standards relating to physical environment and safe systems have been received, and information has been provided to the relevant

staff. Relevant staff are aware of regulatory requirements relating to the physical environment and safe systems, including implementing occupational health and safety regulations, monitoring and maintaining fire safety systems and maintaining appropriate storage and identification of chemicals used in 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

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

The organisation and home has processes for identifying, reviewing and planning staff education and training relating to the physical environment and safe systems. Staff performance is appraised annually and their practice monitored through regular audits to ensure an appropriate level of knowledge and skills to meet residents' needs. Staff attendance at mandatory training is monitored. The home has processes for following up staff attendance to ensure all staff have sufficient knowledge of chemical safety, manual handling, fire and emergency procedures, infection control, and occupational health and safety. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

There are processes to provide for a comfortable and safe living environment to meet residents' needs. Residents are accommodated in single rooms with access to a range of private and communal spaces for activities and socialising, dining and resting. External access to garden areas is secure and there is also secure accommodation for residents who tend to wander. There are procedures for managing and reporting absconding residents and the home has secure entry and exit doors. There is minimal use of restraint, authorised and managed according to the home's policy and practice statement. Residents have access to a monitored call bell system. The home's living environment is monitored through corrective and preventive maintenance programs, incident and hazard reporting, housekeeping and worksite inspections. Staff receive safe manual handling training and are aware of their responsibilities for maintaining resident privacy. Resident feedback on the living environment is provided through surveys, resident meetings and comment and complaint processes. Residents said their rooms are comfortable and clean and they appreciate having their personal items around them.

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 provides for a safe working environment to meet regulatory requirements. Corporate and site specific occupational health and safety committees review outcomes of monitoring processes, such as incident, hazards and accidents and plan relevant actions and improvements. Minutes of these meetings and an occupational health, safety and injury management manual are accessible to staff. Staff and contractor induction and provision of an occupational health and safety handbook, advise both regular and temporary staff of their responsibilities for safe work practices. Staff interviewed are aware of their occupational health and safety responsibilities and are satisfied that management supports a safe working environment.

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 management systems to reduce the risk of fire, security and other emergencies. Emergency procedure manuals and displayed evacuation plans support regular staff training in fire and emergency management. Assessed fire drills are also conducted and residents and visitors provided with information about their actions in the event of an alarm. Resident transfer list are maintained. Maintenance services and external contractors monitor and maintain fire system equipment. Electrical equipment testing and tagging is conducted. Chemicals are securely stored and spill kits accessible. Security services and staff duress alarms and secure entry points assist the home to monitor and maintain security for both residents and staff. The home has a smoking policy and designated external area for staff who choose to smoke. No residents smoke. There is corporate level disaster management planning. Residents advise they are aware of fire procedures and feel safe and secure in the home.

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

There is a monitored infection control system coordinated by the Residential care manager. National infection control guidelines, resource information and staff training assist staff to understand required infection control practices. Hand hygiene processes are assessed and staff have access to hand washing facilities, hand gel and personal protective equipment. There are outbreak management resources prepared and the home has a vaccination program for both residents and staff. Residents with infections are discreetly identified and relevant precautions practiced. The home monitors infection control through infection surveillance reports and summaries, environmental swabbing, and infection control audits. The home has an audited food safety program.

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

Hospitality services are provided relevant to resident needs and to enhance their quality of life. Entry processes assess resident preferences which are communicated to catering and housekeeping services. The chef receives written confirmation of residents' dietary needs and food preferences. Summary diet sheets record information to assist meal preparation and serving. Meals are served in dining rooms according to menu choices and each resident's support and equipment needs. Cleaning services and laundry handling are managed according to infection control principles. Cleaning schedules guide routine and special cleaning needs, which are also provided to meet resident schedules and privacy needs. Linen is managed by contracted services, with residents' personal items laundered at a related site. A naming system and personalised laundry bags reduce the risk of lost clothing. There are facilities for residents who choose to do their own laundry. Resident and staff satisfaction with hospitality services is monitored through surveys, meetings, and individual contact with the chef and housekeeper. Residents and staff interviewed were complimentary about the hospitality services provided.