



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Mt Esk Aged Care

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

The Agency has decided that the period of accreditation of Mt Esk Aged Care is three years until 16 November 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Mt Esk Aged Care		
RACS ID:	8011		
Number of beds:	98	Number of high care residents:	62
Special needs group catered for:	• N/A		

Street/PO Box:	38 Station Road				
City:	ST LEONARDS	State:	TAS	Postcode:	7250
Phone:	0363391205		Facsimile:	03 6339 6113	
Email address:	N/A				

Approved provider

Approved provider:	Southern Cross Care (Tas) Inc
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Assessment team

Team leader:	Rhonda Whitehead
Team member/s:	Lynore Mercer
	Beverley Ballantyne
Date/s of audit:	1 September 2009 to 2 September 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Mt Esk Aged Care
RACS ID	8011

Executive summary

This is the report of a site audit of Mt Esk Aged Care 8011 38 Station Road ST LEONARDS TAS from 1 September 2009 to 2 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 1 September 2009 to 2 September 2009.

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

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

Assessment team

Team leader:	Rhonda Whitehead
Team members:	Lynore Mercer
	Beverley Ballantyne

Approved provider details

Approved provider:	Southern Cross Care (Tas) Inc
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Details of home

Name of home:	Mt Esk Aged Care
RACS ID:	8011

Total number of allocated places:	98
Number of residents during site audit:	87
Number of high care residents during site audit:	62
Special needs catered for:	N/A

Street/PO Box:	38 Station Road	State:	Tasmania
City/Town:	ST LEONARDS	Postcode:	7250
Phone number:	0363391205	Facsimile:	03 6339 6113
E-mail address:	N/A		

Assessment team's recommendation regarding accreditation

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

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Facility manager/director of nursing	1	Residents	9
Chief executive officer	1	representatives	5
Business manager	1	Diversional therapists	2
Resident enquiries manager	1	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Quality coordinator	1	Maintenance contractors	2
Registered nurses division one	3	Catering staff	5
Enrolled nurses	3	Pastoral career	1
Care staff	4	Project and facilities manager	1
Pharmacist	1	Physiotherapist	1
General practitioner	1	Minister of religion	1

Sampled documents

	Number		Number
Residents' service agreements	16	Medication charts	45
Summary/quick reference care plans	16	Personnel files	8
Resident activity attendance records	10	-	-

Other documents reviewed

The team also reviewed:

- Activity calendar/plan
- Administration news and notes
- Advanced swallowing assessment
- Asset register
- Audits and audit schedule-internal and external
- Baseline health assessments
- Blood glucose monitoring forms
- Board of management meeting minutes
- Building certification documentation
- Care plan review schedule
- Cleaning schedules
- Clinical register audits 2009
- Comments and complaints forms and register
- Compliments folder
- Compulsory reporting manual
- Confidential log register
- Continuous improvement logs
- Contract register
- Corporate services folder
- S8 drug register
- Emergency manual
- Evacuation plans
- External benchmarking data and reports
- Facility reports to the board
- Fire safety, security logs
- Food safety external audits
- Handover sheet
- Hazard alert forms
- Heat pack risk assessment
- Incident register
- Infection rate trend analysis
- Initial swallowing assessment
- Job descriptions
- Linen change lists
- Maintenance requests forms
- Malnutrition universal screening tool
- Medication advisory committee meeting minutes
- Medication incident summary
- Medication management folder 2009
- Medication management report March 2009
- Medication reviews
- Medication standing orders
- Meeting minutes
- Meeting schedules
- Memorandums
- Menu
- New staff resident checklist
- Nurse initiated medication records
- Nursing registrations
- Observation monitoring chart

- Observation of swallowing chart
- Organisational newsletters
- Organisational strategic plan
- Pager check form
- Palliative care – the concept and medication
- Palliative care planning form
- Pest monitoring records
- Plan for continuous improvement
- Podiatry folder
- Policies
- Preferred supplier list
- Preventative maintenance documentation
- Process charts
- Registered nurses signatures
- Regulatory compliance updates
- Resident admission pack
- Resident and relative information sheets
- Resident assessment folder
- Resident assessment package
- Resident bowel movement list and charts
- Resident charter of rights and responsibilities
- Resident continence record
- Resident handbook
- Resident infection folder
- Resident weights
- Residents' information handbook
- Residents' information package
- Restraint authorisation
- Restraint register
- Smoking assessment forms
- Staff drug calculations 2008
- Staff handbook
- Staff information sheets
- Staff orientation checklists, handbook and folder
- Staff performance appraisals
- Staff rosters
- Staff training database
- Treatment folder
- Treatment form
- Treatment requirements for visiting doctors
- Wandering residents' identification form
- Wing lists folders
- Wound treatment care plan

Observations

The team observed the following:

- Activities in progress
- Activities pictorial record
- Chapel
- Chemical storage
- Cleaners rooms
- Contenance products
- Equipment and supply storage areas
- Hairdresser
- Hand washing stations
- Infectious waste disposal system
- Interactions between staff and representatives
- Interactions between staff and residents
- Library service
- Living environment-internal and external
- Maintenance schedule-planned
- Material safety data sheets
- Meals service
- Medication administration
- Medication refrigerators
- Medication room
- Medication trolleys
- Microwave instructions for heat packs
- Noticeboards
- Nurses stations
- Photographs of residents' at risk of wandering
- Pressure relieving mattresses
- Reflection room
- Resident rooms-personalised
- Sharps disposal system
- Staff room
- Supply storage areas
- Tagging of electrical equipment
- Tagging of fire extinguishers
- Thickened fluid chart
- Treatment rooms
- Treatment trolley
- Utility rooms
- Waste disposal system
- Wound care products
- Wrist alarm system-wandering residents.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has processes and systems in place to actively pursue continuous improvement. Opportunities for improvement are sourced from improvement logs; confidential improvement logs; incident forms; hazard alert forms; audits; surveys; external benchmarking systems; comments and complaints, internal reviews; trend analysis and meetings. Issues arising from staff improvement logs are documented and logged on a register and are signed off when actioned. Issues arising from the other methods are generally registered on the plan for continuous improvement. A continuous improvement committee comprising the quality coordinator and the facility manager is conducted monthly. Continuous improvement is discussed at all staff, resident and relative meetings and reported to the organisational executive and the board through management meetings.

Examples of improvements under Standard One include:

- An organisational wide electronic police check system is in place for staff and volunteers. Individuals are alerted when a new police check is required improving surveillance and compliance.
- Commencement of a review of organisational wide continuous improvement systems; process charts and review systems to promote consistency across the organisation.
- The asset register and associated systems is currently being reviewed and updated.
- The introduction of new monthly information sheet for staff commenced in August 2009 and is yet to be evaluated.
- The organisational complaints management system is currently being reviewed.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home is part of a wider organisation and has systems in place to ensure compliance with all relevant legislation and regulatory requirements, professional standards and guidelines. It subscribes to a legislative update service and is a member of a number of peak bodies. All policies and procedures, are developed, reviewed and updated according to legislation, regulations, standards and codes of practices. Regulatory compliance is discussed at all staff, resident and relative meetings. Information regarding regulatory compliance is also distributed through memoranda, the administration news and notes folder, information sheets and education. There is a mandatory reporting manual that provides guidance and information to staff on the reporting of all critical incidents concerning residents in the home. An organisational electronic police check register is in place to monitor compliance for staff and volunteers. The organisation notifies them when a new police check is due. Requirements for police checks for external contractors are included in external contractors information.

1.3 Education and staff development

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

Team's recommendation

Does comply

The residents and representatives stated that the management and staff have appropriate knowledge and skills to perform their roles effectively. All staff interviewed stated that the education provided to them both formally and on a day-to-day basis supports them in meeting residents' needs. Skill deficits are identified in staff appraisals, auditing outcomes and data analysis. Future needs of the organisation are discussed regularly at meetings and training is provided for staff in preparation for changes in management and care needs.

Education that has been provided to staff recently relating to Standard One includes:

- Anti-discrimination
- Back care
- Continuous improvement
- Mandatory education relating to regulatory compliance, elder abuse, manual handling and fire and safety
- Mock evacuation.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Each resident, staff member and other interested parties have access to comments and complaints mechanisms. Residents and their representatives are informed of internal and external comments and complaints systems in a hand book given prior to entering the home. The information is reinforced at resident and relative meetings and information is distributed throughout the home using brochures and forms and the newsletter. Suggestion boxes are available within the home to enable confidential feedback. Compliments and complaints are logged on a register and are actioned and discussed at management, staff, resident and relative meetings. Opinions from residents and representatives are also sought through surveys and meetings. Residents, representatives and staff stated they are aware of the processes for making a complaint and that issues are usually resolved directly with management and other stakeholders to their satisfaction.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has a mission statement, vision, values, strategic plan and state they are committed to quality. These are recorded in staff and resident documentation and on display in the home. The 2007 and 2012 strategic plan has been the first organisational strategic plan and focuses on quality in regard to care services, governance, management and systems, business performance and communication. It has documented key strategic challenges and strategies.

1.6 Human resource management

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

Team's recommendation

Does comply

Appropriately skilled and qualified staff are employed to meet resident's clinical and non clinical care needs. Recruitment and selection policies, process charts and practices are in place to ensure appropriate staff are employed. Roles are supported with position descriptions and recruitment needs are advertised both internally and externally. Selection is conducted using a panel interview and reference checks. All new staff are initially employed for a three month probationary period and receive orientation including buddy shifts with experienced staff. Performance appraisals and training programs ensure the ongoing development of all staff. Gaps within the roster are filled by casual, regular and orientated agency staff. Work practices and staffing needs are monitored daily by the facility manager. Residents and representatives were complimentary about the consistent staffing and level of individual care and service provided to residents. The team noted that several staff have been employed for long periods in the home.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

There is an effective ordering and storage system in place for all supplies. Nominated staff maintain regular stock levels and there are designated days for delivery of routine stock. Monies are allocated each year to maintain the building and priorities for the use of these resources is dependent on the results of an annual asset review. A cyclical preventative maintenance program is currently being introduced to maintain and monitor equipment and building requirements. Maintenance is undertaken by two part-time contractors and supported by a preferred list of approved contractors. An equipment register is currently being developed. There is a system for tagging electrical equipment. The physiotherapist is consulted regarding new mobility equipment and staff receive relevant education prior to its use. Staff, residents and representatives expressed satisfaction with equipment and supplies.

1.8 Information systems

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

Team's recommendation

Does comply

Communication processes for disseminating information include, policies and process charts, minutes of meetings, administration news and notes folder, memorandum system, notices, information sheets, newsletters, handovers, resident and staff information handbooks, and emails. There is a system for routinely collecting and recording information that identifies residents' care needs to ensure appropriate delivery of care and all information is dated and signed appropriately. Resident and staff records are stored and archived in a manner that maintains privacy, dignity, confidentiality and security needs. Policies and procedures are reviewed and updated regularly by central office. Electronic information is kept secure and confidential through password protection, access levels and backup systems. Staff, residents

and representatives stated that communication systems are good and they feel they are well informed in all aspects of the workings of 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 recommendation

Does comply

There is an established list of approved suppliers and providers. The organisation's contract system is currently under review and a new pro-forma for contracts is being developed. External service agreements have been established with major contractors of goods and services such as catering, physiotherapy, pharmacy and maintenance. A contracts register is maintained and updated at the central business level. All external contractors must sign in and out when they enter and leave the home. Staff, residents and representatives are satisfied with the service provision from external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home conducts continuous improvement activities for all aspects of residents' health and personal care needs. Residents and representatives are very satisfied with the care provided by staff. Refer to Standard One, outcome 1.1 Continuous improvement for further information about continuous improvement.

Examples of improvements in Standard Two include:

- Planning to introduce an organisational wide computerised resident documentation system, yet to be implemented.
- Introduction of power point presentations within staff, resident and relative meetings, yet to be evaluated.
- Review of all medication chart photographs to ensure they are all up to date, resulting in improved identification of residents when administering medications.
- Revised oral and dental health planning in response to an internal review, this is yet to be evaluated.
- Introduction of a monitoring of significant change in resident health status form in February 2009. This is yet to be formally evaluated.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has effective regulatory compliance systems in place to support resident health and personal care. Staff have relevant qualifications and current registrations. Personal care and practice guidelines including medication management have been developed in accordance with legislative requirements. Refer to Standard One, outcome 1.2 regulatory compliance.

2.3 Education and staff development

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

Team's recommendation

Does comply

Management and staff demonstrated and residents confirmed that staff have a good understanding of their roles and responsibilities within Mt Esk Aged Care in the delivery of clinical care. Refer to standard one, outcome 1.3 education and staff development. Examples of recent education and programs that relate to Standard Two that have been attended by staff include:

- All staff administering medication are competency assessed, with additional training if gaps in knowledge are identified
- Anti-discrimination
- Back care
- Behaviour management
- Care planning
- Catheter care
- Clinical assessment
- Clinical documentation
- Continuous improvement
- Infection control
- Macerator education
- Management of swallowing difficulties
- Manual handling-lifting residents off the floor
- Nutritional care
- Oral and dental hygiene.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents receive appropriate clinical care through the assessment processes, care planning and monitoring. On entry to the home an initial baseline assessment is completed, with a care plan created following a period of settling in and further assessment if needed. Effective communication and consultation between residents and or representatives, general practitioners, allied health professionals and relevant staff ensure that care needs are met, that changes in a resident’s condition are identified and appropriate strategies are implemented in a timely manner. Individual care plans are reviewed three monthly by a registered nurse or when resident’s needs change. Current information about residents’ care needs is communicated between staff through verbal and written hand over reports, progress notes and a communication book. Residents and representatives stated they are very satisfied with the care provided and that they are consulted of any changes to care needs.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

The home has processes in place to ensure complex care needs of residents are managed appropriately. There are processes for referring residents to appropriate clinical specialists to assist in assessment and care management. Specialised nursing care is delivered in accordance with specified requirements and is undertaken by qualified nursing staff. Staff have access to education and resource materials to assist in maintaining current practice knowledge and skills specific to residents specialised care needs. Residents and relatives expressed 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 recommendation

Does comply

The home has processes in place to refer or assist residents with complex health requirements to access appropriate specialists for treatment and advice. Residents have access to a range of health professionals and referrals in conjunction with the general practitioner using verbal contact or written referral. Residents’ progress notes confirmed appropriate and timely referrals and follow up. Care plans contain specialist instructions on most occasions containing. Residents and representatives advised that residents are assisted to attend appointments of their choosing.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has a system in place to safely and correctly manage residents’ medications including security and checking mechanisms. Medications are dispensed from single dose blister packs by registered nurses and medication endorsed enrolled nurses. Self medicating residents are assessed to determine their ability to safely administer their medications and are reviewed regularly by the general practitioner and nursing staff. The majority of medication incidents are reported and regular medication audits are undertaken to ensure compliance. A medication advisory committee meets regularly, reviews medication incidents and ensures correct practice. Annual medication competencies are undertaken by all staff administering medications. Residents advised that they are satisfied with the way medications are managed.

2.8 Pain management

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

Team’s recommendation

Does comply

There is a system in place to support residents in their pain management requirements. A basic verbal assessment tool is used and care plans include strategies to ensure residents remain as comfortable or as free as possible from pain. Pain management is reviewed regularly, with pain charting initiated to monitor the degree of pain and effectiveness of strategies. Contemporary pain management practices are in place and residents are provided with a choice of alternative pain relief methods including heat pack treatments, gentle exercise or massage. Residents are referred to appropriate specialists such as medical specialists, a palliative care team or the physiotherapist as indicated. Residents stated that they are satisfied with staff responses to pain needs.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has a holistic approach to care for the dying to ensure the comfort and dignity of the resident is met in the terminal stages of the resident’s life. On entry to the home residents indicate their end of life wishes (if appropriate), and this is documented in the residents records. Care plan consultation times are also used as an avenue for discussing palliative care with family members. Palliative services can be accessed to assist the home in palliation and pain management. The home has a pastoral care program in place to provide to spiritual and emotional support to residents, representatives and staff. An annual memorial service is held to acknowledge past residents. The team noted ongoing consultation with resident’s families and that appropriate care is provided to ensure comfort and dignity is maintained. Correspondence from past residents’ families highlighted their satisfaction with the support provided.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents nutritional and hydration needs and preferences, including religious customs, food likes and dislikes, dietary preferences, assistive devices required and skin integrity are assessed following entry to the home and these are documented in care plans. There is a system to communicate and updated resident information to the kitchen as residents’ needs and preferences change. The home has introduced a malnutrition universal screening tool and resident’s weights are monitored three monthly or more frequently if required, with variances noted and appropriate action taken. This includes the introduction of supplementary drinks and referral to the speech pathologist if required. Food and fluid charts are initiated on those residents identified as requiring monitoring of dietary input. Additional dietary needs, including altered consistency and texture of food and fluids are commenced as required. Residents and representatives confirmed that residents are supported to maintain their nutrition and hydration and that meals are to their satisfaction.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s recommendation

Does comply

The initial and ongoing assessment and review processes identifies residents’ skin care needs and preferences, such as skin integrity status, continence, mobility and nutritional and hydration status. Care plans include interventions and preventative measures such as the use of emollients, position changes, protective bandages and equipment. Wound care is provided under the direction of the registered nurse and, if required a wound care consultant. The home monitors nutrition and hydration, accidents and incidents including wound infections, pressure areas, falls and skin tears and acts appropriately on trends identified. Wound management education has been provided to staff and manual handling training is mandatory for all staff. Residents confirmed they are satisfied with the way skin integrity is managed.

2.12 Continence management

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

Team’s recommendation

Does comply

There are systems in place to ensure that individual resident’s continence needs are managed effectively, including assessment on entry to the home and an ongoing evaluation of strategies. Levels of assistance required, maintenance of skin integrity, toileting schedules, continence aids, catheter care and other factors that may impact on continence are documented on the care plan. A continence advisor can be accessed if required. The home has systems in place to monitor resident’s bowels which are charted on a daily basis, minimal use of aperients were recorded. Residents and representatives confirmed that continence issues are handled discreetly and dignity is maintained.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home is selective in the residents entering the home due to its layout and to ensure that safe, effective and appropriate care can be provided. Behavioural assessments, care plans and progress notes indicate appropriate and successful behaviour management strategies. Support to staff and residents’ is available through access to the local Dementia Behavioural Management Advisory Service if required. Lifestyle staff implements a range of programs and strategies to assist in management of residents with behaviours of concern. Physical restraint using bed rails is used in the home and authority is sought from the general practitioner and residents’ representative and reviewed three monthly. The residents and representatives expressed satisfaction that behaviours of concern are addressed appropriately.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents are supported to achieve optimal levels of mobility and dexterity through the assessment, care planning, ongoing care and review. A falls risk assessment is undertaken on all residents by a registered nurse. The care plans include assistance required such as transfers, assistive devices and mobility aids. A physiotherapist visits twice weekly and reviews all residents’ on a regular basis. Resident falls are monitored and reported on monthly and education is provided to staff on manual handling. Staff were observed to be assisting residents with their mobility and residents reported they were satisfied with the level of assistance provided.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has systems in place to ensure residents’ oral and dental health is maintained. The oral and dental health of residents and the ability to maintain this is assessed and reviewed regularly. Care plans detail basic individual assistance, preferences and interventions required. A dental service can be accessed for residents or they can consult their own preferred dentist or technician with assistance from the home. Residents experiencing swallowing difficulties are referred to the speech pathologist after consultation with the general practitioner the resident and or their representative. A range of modified foods and fluids to assist residents with oral or dental impairments is available. Staff stated they are aware of and assist residents require with their oral and dental hygiene and residents confirmed that they are assisted with their daily care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

An initial sensory history that includes hearing, vision, speech and communication is undertaken on entry to the home; this does not include taste, touch or smell at this time. Resident care plans contain basic information on the strategies to manage identified losses. Residents have access to specialist assessment and treatment if required, including optometry, audiology and speech therapy. Residents confirmed that they are satisfied in the way they are supported to manage sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

On entry to the home, a basic sleep assessment is undertaken to identify the resident’s settling and rising times. Care plans identify these individual preferences and interventions include toileting assistance, pressure care, sedation, pain relief measures and massage. Single room accommodation for residents assists in providing a quiet environment for a restful sleep. Residents confirmed they are assisted to settle and achieve natural sleeping patterns and the home was mostly quiet at night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home conducts continuous improvement activities in relation to residents’ lifestyle. Residents and representatives are very satisfied with the communication processes and feedback they receive from staff. Refer to Standard One, outcome 1.1 continuous improvement.

Examples of improvements in Standard Three include:

- The introduction of an exercise program supported by the physiotherapist, this is yet to be evaluated.
- The creation of a reflection room in response to a suggestion from residents as a way of using some previous unused space, this is yet to be evaluated.
- The social profile and an activity handout are now included in the resident information package, this is yet to be evaluated.
- An information sheet in the form of a newsletter was introduced for residents and relatives in August 2009. Feed back from residents and family has been positive but is yet to be formally evaluated.
- The activity program is now displayed as a daily and monthly program and summaries provided in the resident and relative information sheet. This is yet to be evaluated.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Processes and systems are in place to identify and ensure the home is compliant with legislative requirements in relation to resident lifestyle. Residents and their representatives stated they are satisfied with the consistent care and communication provided at the home. All residents have signed agreements. Refer to Standard One, outcome 1.2 regulatory compliance.

3.3 Education and staff development

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

Team’s recommendation

Does comply

Staff receive education related to resident lifestyle, and service provision. Residents are surveyed and staff appraisals occur annually to ensure the skill and knowledge of staff is at the expected levels. Further information about identifying and monitoring skill and knowledge levels of staff is detailed under Standard One, outcome 1.3 education and staff development.

Examples of education provided related to Standard Three, resident lifestyle include:

- Anti-discrimination
- Assessment
- Continuous improvement
- Dementia
- Documentation
- Mandatory reporting of elder abuse.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has systems in place to provide emotional support for each resident. Entry information includes an opportunity for written information to be given to the home from the resident or their representative prior to entry. Residents' life experience is included. Further assessment is undertaken following entry and a comprehensive care plan developed. Changes in circumstances of health and wellbeing are monitored and care plans changed to provide effective interventions on an ongoing basis. The home has affiliations with a Christian church which supplies extensive pastoral care and religious services to the home. Residents and their representatives commented that residents felt at home, accepted by those around them and would not wish to be anywhere else.

3.5 Independence

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

Team's recommendation

Does comply

Each resident is assessed on entry to the home for their ability to maintain health and life style activities independently. A care plan is developed to promote self care and independence. Changes in needs are monitored and care plans altered regularly to reflect those changes. Residents' of the home confirmed they enjoy independence with the support of staff and their friendships are maintained and new friendships made within the home. The home maintains links with a primary school situated in the same grounds and enjoys participation of activities with the students. Residents' and their representatives expressed delight at the activities in the home which promotes self determination and independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Management ensure residents' privacy, dignity and confidentiality is recognised and respected at all times. Consent forms are signed prior to the sharing of information. Staff are orientated and informed of the importance of respecting each resident's privacy and dignity and cultural differences. Staff were observed interacting with residents in a professional and respectful manner when attending to activities of daily living and assisting with meals.

Residents' and relatives' commented that staff treat them with respect and dignity at all times.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home's leisure and lifestyle program is centred on individual interests and activities and those which can be shared with others. Prior to moving to Mount Esk Aged Care residents' are asked about their interests and assessed for their capacity to participate in a range of programs. The home offers a range of activities including special days for Easter and Christmas. Visiting animals are especially welcome. The home is currently fund raising for a variety of programs including the building of a BBQ area. For those who are too frail to join in actively, one-on-one support and pastoral care is provided. Residents' are encouraged to be actively involved in the residents committees. The program is well supported by trained staff with an enthusiasm which is reflected in the residents' comments of pleasure at being part of the Mount Esk community. The program is regularly evaluated through resident meetings and surveys. Each resident's ability to participate is evaluated on a regular basis.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents of Mount Esk Aged Care are predominately from the same local area. When cultural diversity is part of a residents background the home works with families and the resident to support those cultural differences with food and celebration days. Residents are offered support by a pastoral carer on entry to the home and on an ongoing basis. Spirituality is further supported by regular religious services from a variety of Christian denominations. Residents changes in needs centred on palliative care or the continued growth of their own belief system is monitored by staff, any change in needs are noted and appropriate resources accessed for the resident. Families and residents expressed their appreciation of the spiritual support the home gives residents.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home is committed to recognising and respecting resident choices and their decisions. Residents are consulted about their individual preferences on entry to the home and these are reviewed regularly. Residents presenting with reduced decision-making capacity are identified and their authorised representatives are involved with making decisions on their behalf. Care plans devised post entry assessment are discussed with the residents or their representative, changes are conducted after further consultation. Pre-entry information includes comments and complaints mechanisms, voting obligations and their rights and obligations on entering the home.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

On entering the home each resident is given an admission pack which includes a welcome letter, a variety of assessment forms, an information and consent form in regard to privacy and confidentiality, dates for resident and relative meetings, funding explanations, a resident handbook and a blank service agreement. Residents are offered a signed tenancy agreement. The agreement includes the resident's charter of rights and responsibilities, internal and external complaints and complaints systems and specified care and services. Any potential changes relating to a resident's security of tenure including room changes are discussed with all relevant stakeholders. Pre-entry, the residential enquiries officer discusses the unavailability of a secure environment for residents who exhibit wandering behaviours and the need for the home to access alternative accommodation should these behaviours develop. Residents and representatives said they are satisfied with the level of information the home provides regarding services and resident rights and responsibilities and feel secure with regards to tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the living environment, laundry, cleaning and catering services. Refer to Standard One, outcome 1.1 continuous improvement.

Examples of improvements in Standard Four include:

- Two double rooms were converted to four single rooms with ensuites.
- Relocation of the reception area to assist with managing wandering residents.
- In 2008, residents and volunteers fund raised and designed a kiosk which was constructed and opened in 2009, resident feed back has been positive for this project but is yet to be formally evaluated.
- In response to security breakdowns the installation of an additional three security cameras which can be viewed from the main nurse’s station has improved security.
- Revision of the food safety program in response to changing legislation. This has been fully implemented but not evaluated at this time.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Processes and systems are in place to identify and ensure that the home is regulatory compliant in relation to the physical environment and safe systems. It complies with the building code of Australia and all of its associated standards. There is an audited and approved food safety plan in place. Refer also to Standard One, outcome 1.2 regulatory compliance.

4.3 Education and staff development

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

Team’s recommendation

Does comply

Staff have received recent education in the conduct of services in Standard Four in the home. Staff interviewed demonstrated knowledge of the home’s policies and process charts. Occupational health and safety representatives are currently undergoing training to fulfil their requirements to fill this role. Staff interviewed stated that the home provided a comprehensive education program.

Examples of education delivered to staff in Standard Four over the past year include:

- Chemical handling
- Continuous improvement
- Elder abuse
- Emergency warden training
- Food safety
- Infection control
- Macerator education
- Mock evacuation
- Nutritional care
- Occupational health and safety
- Mandatory training.

4.4 Living environment

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

Team's recommendation

Does comply

Mount Esk Aged Care is an older home which management has identified as requiring substantial upgrading to improve comfort for residents and reduce overhead costs of managing the home. Residents of the home stated they feel at home and that their surroundings are warm and welcoming. The home is spacious and clean with comfortable furniture and various homely sitting and lounge areas. Systems are in place for the identification of hazards, responsive maintenance is timely and preventative maintenance and cleaning schedules are in place. Residents' rooms are personalised with items of their choice, bathrooms are fitted out according to their care and safety needs. Call bells are placed within reach and an intercom system is also in place. Residents can access well maintained gardens independently or with assistance from staff. Residents' mobility needs are assessed and monitored with appropriate aids provided. Well lit and wide passageways facilitate unencumbered mobility.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Management actively works to maintain a safe working environment and staff practices are guided by policies and process charts to promote safe work practices and minimise risk. There is a trained occupational health and safety representative who works with the occupational health and safety committee to minimise risks across all areas of the home. Staff are educated about occupational health and safety practices regularly and on commencing employment. Compliance is monitored, risk assessments are completed when deemed required by the occupational health and safety committee. Occupational health and safety issues are discussed at regular staff meetings and issues identified through audits, incidents and improvement requests are actioned. Relevant material safety and data sheets are maintained and there are appropriate supplies of personal protective equipment. Staff confirmed mandatory training in manual handling takes place and informed the team that management are committed to identifying and resolving occupational health and safety issues in a timely manner.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

There are systems in place to minimise emergency risks include fire detection and fire fighting equipment, clear exit signs, evacuation maps and emergency procedure guidelines. An external company tests the fire alarm systems and fire fighting equipment on a regular, scheduled basis, compliance is monitored and records are current. Emergency exit paths are monitored, external lighting is maintained and the building is secured in the evening with doorbell access available after hours and security camera surveillance. Staff confirmed annual compulsory training in fire and emergency procedures and knowledge of fire and emergency responses. Residents expressed their confidence in staff skills and knowledge in the event of an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

Infection control systems are in place to identify, monitor and manage infections. Staff are educated in infection control measures and requirements when orientated to the home and on a regular ongoing basis. Immunisation against influenza for residents and staff is encouraged; registers are maintained of those vaccinated. Hand washing sites are well stocked with appropriate equipment and protective clothing is available. Disposal of contaminated waste and sharps is regularly undertaken by a registered external provider. Information in the form of policies and process charts are available to staff in the event of an infectious outbreak and outbreak kits are available. Surveillance records are maintained monthly and contribute to monitoring systems identifying issues for each resident and for the home. Statistics are benchmarked against similar homes and reported to the homes board regularly.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Mount Esk Aged Care home is one of two homes belonging to the same organisation in the area. Meals are prepared at the other home and transported to Mount Esk Aged Care ready for serving to residents. Temperature charts indicated that the meals are kept at the correct temperatures, hot or cold and residents confirmed they are pleased with the quality of meals served and the choices they enjoy. Cleaning is conducted by in house staff. Schedules have been developed to monitor compliance with a cyclic cleaning program. The team observed and residents and their families confirmed that the home is clean to a high level of compliance. In-house laundry services are supplied six days a week and residents commented that their clothing is returned in a timely manner and to their satisfaction. An external provider supplies bedding and towels. Staff stated they have sufficient supplies to meet resident's needs.