



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Mt View Homes**

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

The Agency has decided that the period of accreditation of Mt View Homes is three years until 6 May 2014.

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 View Homes				
RACS ID:	6068				
Number of beds:	30	Number of high care residents:	13		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• People with dementia or related disorders.</li> </ul>				
Street:	24 Arthur Street				
City:	BOOLEROO CENTRE	State:	SA	Postcode:	5482
Phone:	08 8667 2207		Facsimile:	08 8667 2287	
Email address:	mtviewinc@ozemail.com.au				

### Approved provider

Approved provider:	"Mt. View" Homes Inc
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### Assessment team

Team leader:	Karen Lesuey
Team member:	Denise Dwyer
Dates of audit:	22 February 2011 to 23 February 2011

**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
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Does comply
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Does comply

Agency findings
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
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Does comply
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<b>Agency findings</b>
Does comply
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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 View Homes
RACS ID	6068

## **Executive summary**

This is the report of a site audit of Mt View Homes 6068 24 Arthur Street BOOLEROO CENTRE SA from 22 February 2011 to 23 February 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

## **Assessment team's recommendation regarding compliance**

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

- 44 expected outcomes

## **Assessment team's recommendation regarding accreditation**

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

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 22 February 2011 to 23 February 2011.

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

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

## Assessment team

Team leader:	Karen Lesuey
Team member:	Denise Dwyer

## Approved provider details

Approved provider:	"Mt View" Homes Inc
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## Details of home

Name of home:	Mt View Homes
RACS ID:	6068

Total number of allocated places:	30
Number of residents during site audit:	30
Number of high care residents during site audit:	13
Special needs catered for:	People with dementia or related disorders

Street:	24 Arthur Street	State:	SA
City:	BOOLEROO CENTRE	Postcode:	5482
Phone number:	08 8667 2207	Facsimile:	08 8667 2287
E-mail address:	mtviewinc@ozemail.com.au		

### Assessment team's recommendation regarding accreditation

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

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
Business manager	1	Residents/representatives	7
Care manager /Registered nurse	1	Catering Manager	1
Care staff	3	Domestic Manager/Handyperson	1
Enrolled nurse	1	Lifestyle coordinator	1
Executive Officer	1		

#### Sampled documents

	Number		Number
Residents' files including assessments, care plans, risk assessments, progress notes, reports	5	Medication charts	7
Resident files containing lifestyle profiles and care plans	8	Blood glucose records	7
Resident weigh records	5	Resident agreement	1
Personnel files, including recruitment, job descriptions, performance appraisals	3	Wound care management forms	5

#### Other documents reviewed

The team also reviewed:

- Activities program displayed
- Compliments and complaint folder
- Duty statements
- External contractors' folder
- Fire maintenance log book, testing and inspection schedule, defect report and rectification sheets, sprinkler installations, fire equipment site register
- Hazard register

- Maintenance communication book, planned and corrective maintenance schedules
- Memoranda folder
- Menus
- Monthly warm water testing records and Legionella testing results (17 January 2011)
- Mt View Home's annual financial statements
- Mt View Homes quarterly newsletters – Spring and Summer
- Records of food delivery, storage, cooking and cooked temperatures
- Resident admission package
- Resident incident reports, summaries and comparison reports
- Residents handbook containing information about care and services, resident advocacy, complaints processes and residents' rights and responsibilities
- Rosters
- Staff orientation pack
- Strategic plan 2010 -2011
- Various audits and surveys
- Various meeting minutes, including residents' staff, kitchen, continuous improvement/occupational health and safety (OH&S) meetings 2010 and 2011
- Various policies and procedures
- Various training records

## **Observations**

The team observed the following:

- Activities in progress
- Appropriately oriented signage, exit signs and unobstructed doors
- Computer Kiosk
- Document archive area
- Equipment and supply storage areas
- Fire triennial certificate (25 June 2009)
- Fire detection and fire fighting equipment and evidence of regular checks and maintenance
- Interactions between staff and residents
- Internal and external living environment
- Library
- Meal service
- Noticeboards containing information for residents and staff
- Palliative care trolley
- Secure storage of chemicals with associated material safety data sheets (MSDS)
- Spa bath, mechanical lifters, a variety of mobility aids and a weigh chair
- Spills kit
- Storage of medications
- Store rooms
- Suggestion box
- The men's shed
- Wound care trolley



## Assessment information

This section covers information about 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 recommendation

Does comply

Our observations, interviews and document review revealed that the home is actively pursuing continuous improvement through a quality improvement program that uses audits, surveys, meetings, comments, complaints and suggestions to capture feedback from staff, residents, representatives and external service providers. There is a comprehensive system in place for the collection, implementation and evaluation of data and the home is able to demonstrate improvements from identification stage, to the continuous improvement action plan and then to completion. The home provided several examples of improvements made in the last year in all four Accreditation Standards. Results are reviewed and discussed at the monthly continuous improvement/OH&S meetings. Interviews with staff, residents and representatives, and review of documents indicated that the system is functional and responsive to input from several sources.

The home has made planned improvements in relation to Accreditation Standard One: Management Systems, Staffing and Organisational Development, including:

- The responsibilities of the Board have been reviewed and updated and the Board has also been participating in Governance training
- Staff are provided with the opportunity to evaluate external education sessions
- The home has joined a group through which supplies of some products may be obtained at reduced costs.

#### 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 has systems in place that ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation is a member of an industry body and receives information through this and other organisations and through subscriptions to a variety of government and independent information services. Information accessed through these sources is passed on the manager who informs staff through meetings, the display of information on notice boards and the use of memos. Examples of the home’s monitoring and compliance with legislation and guidelines relevant to management systems, staffing and organisational development include:

- The home arranges for criminal record checks to be carried out on all prospective staff, volunteers and relevant contractors and keeps a register of when new checks are due.
- The assessment team observed that policies and procedures are reviewed and updated as necessary to ensure continued relevance and adherence to best practice guidelines.
- The home has a system to check that applicable external providers have appropriate registration, insurance and qualifications for the job for which they are responsible.

### **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 home has processes for identifying, planning, and reviewing staff education and development. Training needs are identified through a focus on resident diagnosis, discussion through meetings, televised training packages, staff appraisals, training evaluations and resident and staff feedback. A structured annual training calendar is developed, and sessions displayed and communicated through staff noticeboards, meetings, memos and flyers. Monitoring occurs through training attendance records, internal and external evaluation reports, meeting feedback and performance appraisal. There are processes for orientation of new and temporary staff, and maintaining staff training records. In the last 12 months management and staff have participated in training relating to Accreditation Standard One, including completion of certificate IV in Service Coordination (Ageing and Disability) and the catering manager completed a Diploma in Business Management. Management and staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

### **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

All residents and representatives interviewed by the team said that they rarely if ever had complaints, but if they did, they would raise complaints through the manager. Information is available for residents and their representatives about the internal and external complaints mechanisms in the residents' handbook, the residents' information pack and agreement, on noticeboards and at various locations throughout the home. Such avenues include the manager's 'open door' policy, resident/representatives meetings, staff meetings, comments/complaints forms, suggestion box, and the Complaints Investigation Scheme. Interested parties communicate their compliments, comments, suggestions and complaints both informally and formally to management on aspects of the home's services and these are discussed at continuous improvement/OH&S meetings. There is a system to provide the complainants with feedback and progress of any investigation in a timely manner and to keep residents and representatives informed of changes to the health care system. A review of complaints mechanisms indicated that complaints are recorded, addressed promptly and feedback is provided to the parties concerned. A register of reportable incidents is also maintained with details of actions taken.

## 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

Mt View Homes has mission and vision statements focussed at providing quality care for residents in a safe and comfortable environment. The strategic plan outlines goals for ongoing improvement, including resident care, staff skills and knowledge and ongoing building and equipment requirements. A board of management receives regular care and service reports and are made aware of continuous improvement activities and outcomes.

## 1.6 Human resource management

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

### **Team's recommendation**

Does comply

The home has processes for recruitment, employment, orientation and performance review of staff across all areas of care and service. Orientation programs include support for new staff, including competency assessment. After-hours care protocols include access to a registered nurse to assess and guide resident care. Unplanned absences are filled by internal staff and the home does not use agency staff. Staffing levels are monitored through consultation regarding the changing needs of residents, handover information review and discussion at staff meetings regarding how hours can be used most effectively. Residents and representatives are satisfied with the level of staff skills and the 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 recommendation**

Does comply

Residents and staff stated there are appropriate supplies and equipment for the delivery of care and services. Our observations, interviews and document review showed that the maintenance and accessibility of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved through the implementation of effective reordering policies and procedures. These include procedures for budgeting, trialling if appropriate, purchasing, inventory control, and the maintenance of equipment through a corrective and/or planned preventative maintenance program. The home maintains a list of approved external contractors who provide services to the home as necessary and, where possible, takes advantage of group purchasing opportunities.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

The home has processes to provide management, staff, residents and representatives with access to information which is generally current, accurate and appropriate. Newsletters, meetings and minutes, agreements, information handbooks and noticeboards are used to inform residents and representatives of the home's processes on entry to the home and on an ongoing basis. Document control systems review and provide updated information to all stakeholders. Storage and archiving systems ensure that confidential material is stored securely and disposed of to meet legislative requirements. Electronic information is regularly backed-up and is password protected. Audits, comments, complaints and suggestion forms, incident statistics, audits, surveys, and meetings are used by the home to gather information and generally monitor the effectiveness of information practices and processes. Staff are aware of how to access information relevant to their role.

## 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

Residents and representatives are satisfied with the quality of services that are sourced externally. Interviews and documents reviewed showed that the home has an effective system in place to identify preferred suppliers of goods, equipment and services, and to review the performance of major or regular suppliers against agreed objectives. Relevant external service providers need to satisfy police clearance requirements and demonstrate current registration and insurance as appropriate. Staff and residents are encouraged to provide feedback to management regarding quality of goods and services and contracts are reviewed prior to renewal or in response to poor performance.

## **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

Refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results for residents relating to Accreditation Standard Two include the following:

- The medical stores supplier has been changed to ensure a more efficient and customer focused service.
- Eleven new electrically controlled beds and appropriate mattresses have been purchased to help maintain residents' skin integrity and maintain staff safety.
- A vital signs monitor has been purchased to improve the range and accuracy when monitoring resident's health.
- Information previously located in five dangerous drug administration (DDA) books has been transferred to one book with the result that drug administration and recording has been streamlined without jeopardising residents' safety.

### **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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation's system to ensure that the home complies with legislation and regulations relevant to residents' health and personal care. Examples of regulatory compliance relevant to Accreditation Standard Two include:

- Mechanisms are in place for the mandatory reporting of missing residents and suspected resident abuse and staff have received education about their responsibilities in these matters.
- A system is in place to review the currency of health professionals' registrations and that medications are prescribed, ordered, delivered, stored, administered, recorded and disposed of according to relevant drug laws and amendments. Education sessions are held as required.

### **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

The home has processes for identifying, planning, and reviewing staff education and development. A structured annual training calendar is developed, and sessions displayed and communicated through staff noticeboards, meetings, memos and flyers. Clinical skills are monitored through initial and annual competency assessment, including theory and practical elements. Monitoring occurs through training attendance records, internal and external evaluation reports, meeting feedback and performance appraisal. In the last 12 months staff have participated in education related to Accreditation Standard Two, including two staff who completed a dementia care program and another staff member who attended a session related to management of chronic pain. 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 recommendation**

Does comply

Residents and their representatives are satisfied with the level of care provided at the home. Care is assessed through formal and informal assessment methods and care plans are formulated and generally updated when needs change and as the result of twice yearly evaluation reviews. Protocols are in place to manage changing care needs and are generally implemented to promote appropriate resident assessment and care. A medical officer visits weekly and specialist review is available. The home’s care manager and local hospital registered nurse offer support to guide in-charge staff in the event of changes in health status. Clinical care is monitored through shift handover, regular staff meetings, resident incident reporting and the care evaluation process. Staff are aware of residents’ care needs and are generally directed by information from handover and care plan information.

## **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

Residents and representatives are satisfied that residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. In-charge staff are required to consult a registered nurse in relation to high care needs. The care manager is contracted to respond to after-hours clinical needs, as available, or staff are required to consult with the local hospital triage nurse or transfer the resident to hospital as required. Weekly medical officer review is available. Identified specialised care needs include complex pain management, stoma care, catheter and diabetic management. Monitoring occurs through shift handover, regular staff meetings, resident incident reporting and the care evaluation process. Staff are aware of and generally follow the home’s protocols for management of changing and specialised care needs.

## **2.6 Other health and related services**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied they are referred to appropriate health specialists as the result of assessment of their care needs. The home has access to various services and demonstrated consultation related to behaviour management, dental services and regular physiotherapy and podiatry. Plans of management are integrated into medical management and care. Dietitian and speech pathology reviews are arranged as required. Monitoring occurs through handover, progress notes and care evaluation. Staff are aware of residents' individual needs and care requirements.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied that medications in the home are managed and administered safely and correctly. Medications are administered by registered and enrolled nurses, and medication competent care staff, from multi dose aids and various non-packed items. 'When necessary' medications are administered based on observation of the recorded reasons indicated in each resident's chart. Staff generally administer these medications as per the home's policy and procedures. Monitoring occurs through medication incident reporting, checking for missing signatures each shift, monitoring of refrigerated medication temperatures, and medication audits. Staff complete regular medication competency training and are generally able to demonstrate safe medication practices.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied that comfort is maintained. The home has systems for assessment, planning and review of residents' pain. Processes include identifying the location, type and intensity and observations of pain. Interventions to manage pain include analgesia, heat packs, massage, repositioning, aromatherapy and relaxation therapy. Pain is monitored through charting which indicates the initial pain score, the intervention and the evaluation which occurs in a timely manner. Further monitoring of comfort occurs through care evaluation reviews, handovers, resident and staff feedback and resident care discussions at staff meetings. Staff identify and report resident pain and are provided with opportunities regarding pain management and alternative methods to alleviate pain or prevent pain.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied that the palliative care wishes of residents' are identified and respected. The home has systems to identify individual needs and preferences regarding end of life and these are revisited as appropriate, including

recent implementation of the 'respecting patients' choices program'. Family members are supported and encouraged to be present throughout the palliative care phase. Pastoral care and other cultural and spiritual resources are available to meet residents' needs. Care needs are reviewed medically and from a nursing perspective. Comfort care is provided using resources from the palliative care trolley, including music, aromatherapy, lighting and care, such as mouth care, repositioning and comfort. Satisfaction with care provided is monitored through comments and feedback. Staff are provided regular opportunities for training to improve knowledge and skills regarding contemporary palliative care practices.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the quality and quantity of food and fluids prepared and served onsite. Residents' needs and individual preferences are assessed on admission and choices are provided daily regarding meal options. Unintentional weight loss management is guided by a protocol which includes risk assessment and fortnightly weight monitoring, and involvement of the general practitioner. Referrals and review by a dietitian and speech pathologist are arranged as required. A nutritional supplement is offered with each meal, and nutritionally enhanced milkshakes can be included to promote weight gain. Intake of food and fluids is monitored through catering and care staff observation. Monitoring regarding nutrition and hydration status is monitored through staff observation, handover, risk assessments, progress note entries, weekly nutrition reviews, care evaluations, and regular weight monitoring. Staff are knowledgeable about resident care needs and preferences.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied that residents' skin maintenance and wound care needs are met. The home conducts an initial skin assessment, including factors related pressure area risk. Care plans include interventions and equipment to assist in managing identified needs, including repositioning, application of emollient creams, use of protective bandaging, spa baths, air mattresses and cushions. While the home has processes for wound description, treatment plans and wound checks and changes, there is limited and inconsistent information recorded regarding wound assessment management and not all wound dressings are reported and recorded. While all staff have completed simple wound care dressing competency, the registered nurse reviews wounds at least weekly and enrolled nurses complete most wound care. Monitoring of skin/wound care occurs through wound management charts, skin integrity incidents, progress notes and care evaluations. Staff are aware of individual skin care needs.



## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied that needs related to urinary continence and bowel management are met. Initial assessment of bladder and bowel care needs is conducted through consideration of admission information, consultation and progress note entries. Continence products are trialled and flow charts are utilised to identify and evaluate the effectiveness of scheduled toileting and other planned activities.

Monitoring occurs through recording extra pads used, handover and staff meeting discussions, bowel charts and infection statistic reporting and trending. Staff are able to discuss regular toileting programs and were observed to respond to resident requests for assistance.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied that residents’ challenging behaviours are effectively managed. Assessment includes gathering information from various sources, including medical history, transfer information, specialist reports, progress notes and consultation with the resident, family and staff. Plans of care provide detailed and individualised interventions for management. A minimal approach to restraint is maintained and specialist review is accessed and integrated into care. Monitoring occurs through handover, progress notes, incident reporting and care evaluations. Staff have participated in behaviour and dementia care training and are competency assessed to ensure adequate knowledge and skills.

## **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 and representatives are satisfied their mobility and dexterity needs are met. The home has processes for assessment, planning and review of care needs.

Physiotherapy and podiatry services occur regularly. Resident falls are reported, recorded and patterns trended. A stick to stand program has been implemented and other strategies for falls management include use of hip protectors, low beds and supported walks. Exercise programs are conducted through group and individually focussed activities. Monitoring occurs through progress note entries, falls incident reporting, physiotherapy reviews and care evaluations. Staff report their awareness of individual manual handling techniques and use of equipment and treatments directed by the physiotherapist.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the oral and dental care provided by the home. The initial assessment identifies the use of dentures and the state of residents’ own teeth, mouth and gums. Care plans outline care of teeth and dentures and other resident preferences for management, such as soaking and storage of dentures. Dental services include sourcing services from outlying areas and supporting community visits. Staff have attended training programs regarding oral and dental care practices and have used this information to review the home’s processes. Oral/dental care is monitored through resident and representative feedback processes, handover and care evaluation reviews. Staff are aware of residents’ individual needs.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with how the home assists residents to manage their sensory loss. The home has assessment, planning and review processes to identify and manage residents’ sensory loss for the five senses. The need for referral to appropriate health professionals is identified and implemented. Care documents include information about sensory deficits, strategies to enhance communication and the level of assistance required with sensory aids. A surround sound system has been installed to improve communication for residents. The effectiveness of strategies implemented is monitored through feedback from residents and representatives, progress note entries, handover processes and care evaluation reviews. Staff are aware of residents’ individual needs to aid communication and overcome sensory deficits.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the strategies implemented to encourage and support individual sleep patterns. The home has processes for assessment, care planning and review. Care plans include strategies, such as warm drinks, music, soft lighting, musical preferences and massage with lavender oils to aid relaxation. Monitoring occurs through observation, progress note entries, handover discussion, regular care evaluation reviews and staff meeting discussions. Staff complete charting of sleep patterns and are aware of individual settling times and routines.

## **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

Refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results for residents relating to Accreditation Standard Three include the following:

- As a result of the residents’ survey more activities are scheduled for the evening and the activities officer’s hours have been adjusted to enable them to set up and/or carry out evening activities twice a week.
- A new sound system has been set up in one lounge to allow for clearer amplified sound for hearing impaired residents and a portable microphone has also been purchased to improve communication with all residents.
- Computers have been purchased and contact with distant family members facilitated via computer. This has been much appreciated by relevant residents and families. Senior students from the local high school are assisting residents to gain increased computer skills
- Church services have been shifted to a larger room to provide more space for those wishing to attend and feedback from residents has been very positive.

### **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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. Examples of regulatory compliance relevant to Accreditation Standard Three include:

- Residents are kept informed of the home’s prudential situation through the availability of the home’s annual audited financial statements.
- The home provides information about residents’ rights and responsibilities, and the residency agreement which is offered to all residents includes information about residents’ rights and responsibilities, complaints mechanisms, the level of care and services provided, fee structure, and accommodation.

### **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

The home has processes for identifying, planning, and reviewing staff education and development. A structured annual training calendar is developed, and sessions displayed and communicated through staff noticeboards, meetings, memos and flyers. Monitoring occurs through training attendance records, internal and external evaluation reports, meeting feedback and performance appraisal. In the last 12 months management and staff have participated in training relating to Accreditation Standard Three, including completion of a Diploma of Lifestyle and Leisure and four staff who attended a 'Spark of Life' session related to understanding and successful communication with people who have dementia. 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 recommendation**

Does comply

Residents interviewed stated that staff at the home were very helpful in assisting them settle in to their new environment on arrival and this support has continued. The residents' handbook provides information about the support and services that are offered and residents' emotional, social, leisure and cultural preferences are assessed and documented shortly after entry to the home and are reviewed regularly to ensure that residents' changing needs and preferences are met. Residents are encouraged to bring small items to the home to personalise their environment. Special occasions are celebrated at the home and friends and relatives are encouraged to participate. We observed staff interacting with residents and visitors to the home, providing reassurance and demonstrating an understanding of residents' 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 recommendation**

Does comply

Residents and their representatives interviewed stated that they are able to be as independent as they wish and are encouraged to maintain contacts and participate in activities within and outside the home. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon and strategies to enable residents' independence to be maximised are identified and added to the individual resident's record. The home welcomes visits from resident representatives, volunteers and community groups and residents are encouraged to participate in life outside the home when possible. Review of records revealed that residents are encouraged to achieve independence (within their limits) in health care choices, participation in decision-making, and personal care. There is a physiotherapy program to assist residents to maintain or improve independence through individual and group interventions, the use of mobility and other aids and encouraging them to do as much as they can for themselves. Residents were observed to have personal belongings such as televisions, items of furniture, photographs and other memorabilia in their rooms and many residents have phones connected. The home also facilitates voting for those residents who wish to vote at elections and encourages residents to maintain control of their finances where possible.

### **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

Interviews with residents and representatives, and observations by the team, indicated residents' privacy, dignity and confidentiality are recognised and respected. Information on residents' rights and responsibilities is included in information given to residents on entering the home. Staff and volunteers sign confidentiality agreements and receive education concerning resident privacy, dignity and confidentiality, residents are able to lock the doors of their rooms if they wish and a "Do not disturb" sign is available for a resident to ensure their privacy is maintained when they wish it. Resident permission is sought for the release of personal information including the display of names and photographs. Our observation of staff and resident interaction showed that staff respect the privacy and dignity of residents by referring to them by their preferred name in a dignified manner, knocking when entering rooms and closing doors when attending to residents' needs. Quiet areas, suitable for receiving visitors, are provided within the home. Staff handover reports are held in staff offices and the team observed resident files are kept in offices which are locked when not in use.

### **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

Residents and representatives expressed a high level of satisfaction with the range of leisure and lifestyle activities provided and this is also documented in minutes of residents' meetings and in the residents' survey of November 2010. On entry to the home, comprehensive lifestyle histories identifying residents' past and present interests and preferences are recorded and this information is included in the leisure activities care plans which are reviewed regularly. The leisure and lifestyle programme offers a wide range of activities conducted in large and small groups, and/or one to one sessions and includes bus outings, exercise classes, celebration of special days including birthdays, table games, quizzes, crosswords, card playing, bingo, provision of DVDs, books and newspapers, computer access, cooking groups, special dinners and happy hours. The program caters for the needs of residents with challenging behaviours, dementia, sensory loss or limited mobility. Several residents join members of the community at the local hospital twice a week where they participate in activities, games and exercises. The lifestyle coordinator informed the team that they attend meetings of regional lifestyle co-ordinators to exchange ideas and increase knowledge. The recreational activity program is displayed and the quarterly newsletter provides news for residents and their representatives.

### **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 and representatives interviewed expressed a high level of satisfaction with the way their cultural and spiritual needs are met. Assessment of residents' specific needs, customs and beliefs is undertaken on entry to the home and residents are actively encouraged to maintain cultural and spiritual links in the community. Weekly church services of rotating denominations are held, ministers of all religions are welcome at the home at any time, a Bible study group meets monthly and grace is said before meals in the dining room. Some residents regularly go out to church with their families. Days of cultural and religious significance such as Anzac Day, Remembrance Day, Australia Day, Christmas and Easter, are celebrated along with other iconic cultural days such as Valentine's Day and Melbourne Cup Day. Representatives are encouraged to participate in these celebrations.

### **3.9 Choice and decision-making**

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

#### **Team's recommendation**

Does comply

Residents and representatives interviewed said they generally make their own choices and decisions regarding their day to day activities in the home and that staff are generally aware of those choices. The home has systems and processes in place to acquire and record resident preferences in relation to their care, activities, routines and meals. The processes also identify authorised representatives who can make decisions where residents are no longer able to make decisions for themselves. End of life directives are offered to the residents or representatives to enhance residents' choice and decision making ability. Residents are able to provide input to decisions about the care, services and environment through the resident meetings, the formal comments and complaints process, directly to staff and management and through resident surveys. Residents' choice of medical practitioner and allied health professionals are respected. Resident rooms are personalised with memorabilia and their own possessions. Participation in activities is the choice of the individual resident. Staff interviews indicated that staff are aware of the residents' rights to exercise choice.

### **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

Interviews with residents and resident representatives identified that residents are satisfied with the information the home provided on, or before entry regarding security of tenure. Because of the complex asset arrangements prospective residents and their families are encouraged to seek financial and legal advice and the home has a very flexible approach regarding arrangements for bond paying residents. The residents' handbook which is offered to residents on entry to the home and the residents' agreement contain information on fees and charges, resident rights and responsibilities, security of tenure and how to make complaints.

## 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

Refer to expected outcome 1.1 Continuous improvement for details about the system of continuous improvement in the home. Examples of improvements and results for residents relating to Accreditation Standard Four include the following:

- A new fire panel has been installed with connection to Adelaide fire service to provide prompt communication in the event of a fire while awaiting action from the local volunteer service.
- The home has purchased an electrical equipment testing machine and a staff member has completed the necessary course and is now responsible for the tagging of electrical equipment which has resulted in reduced costs for the home and more prompt checking of equipment.
- All toilets have been converted to dual flush systems with the aim of reducing water use.
- To improve safety in an emergency, the home has implemented a ‘room checked’ sign which is attached to doors indicating that staff have checked the room.
- The emergency disaster plan has been updated and in a recent evacuation exercise the home was vacated in 10 minutes and all residents transferred to vehicles in another 20 minutes. This was considered to be a very satisfactory result.
- Menus have been updated and changed in consultation with residents and dietary advice from an external organisation.
- Changes have been made to the night duty cleaning schedule to allow staff more time to attend resident needs as necessary.

### 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

The home has established systems to identify and manage regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations, monitoring and maintaining fire safety systems and mandatory staff training sessions. Refer to expected outcome 1.2 Regulatory compliance for sources of evidence and additional information related to this expected outcome. Examples of regulatory compliance relevant to Accreditation Standard Four include:

- The home’s commitment to fire safety and occupational health and safety includes ongoing compulsory education for staff.
- The home complies with fire safety requirements and regularly monitors its fire detection and fire fighting equipment.

- The home carries out monthly temperature checks of hot water outlets and Legionella testing (17 January 2011) as per requirements.

#### **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

The home has processes for identifying, planning, and reviewing staff education and development. A structured annual training calendar is developed, and sessions displayed and communicated through staff noticeboards, meetings, memos and flyers. Monitoring occurs through training attendance records, internal and external evaluation reports, meeting feedback and performance appraisal. Follow up occurs in relation to attendance at annual mandatory training sessions. In the last 12 months management and staff have participated in training relating to Accreditation Standard Four, including the addition of a fire questionnaire to the annual fire training program and a 'mock' fire evacuation to improve staff knowledge of the home's systems. 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 recommendation**

Does comply

Residents and their representatives state they enjoy living in the home, they feel safe and the home's environment meets their needs. The home is on one level; most residents reside in single rooms with en-suite bathrooms and couples in the home are able to occupy adjoining rooms with connecting doors. Residents and their families are provided with an orientation to the home and introductions to other residents. We observed that the home is clean and free of clutter or other hazards, has sufficient and appropriate furnishings, comfortable internal temperatures and ventilation, little noise, and a secure internal and external environment. The home has a preventative and reactive maintenance program in place to ensure the environment is safe and well maintained. Safety and comfort in the home is monitored through feedback from residents, observations from staff, accident/incident reports, and environmental audits.

#### **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

The home demonstrated that management is actively striving to provide a safe working environment. There is a system to advise staff, residents and others about the occupational health and safety (OH&S) policies and practices in the home. Regular audits and reporting mechanisms identify potential hazards which are assessed and preventive measures introduced as necessary. Accidents and incidents are recorded



and investigated, actions are taken to prevent recurrence and a return to work coordinator is appointed to manage the staff return to work program. The OH&S representative is a member of the continuous improvement committee and prepares a monthly report for that meeting. The staff handbook provides information for staff about OH&S, and manual handling training is mandatory for all staff members. We observed that all chemicals are safely stored with associated material safety data sheets located close by and at the point of use. The home has recently completed an emergency disaster plan and staff were observed to be following safe practice procedures during the Accreditation visit.

#### **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

The home's systems to ensure the safety and security of residents and staff include regular checks of equipment by the home's staff and contractors, lock up procedures and emergency and fire evacuation procedures. Ten staff members are qualified fire safety officers and the home provides annual compulsory fire training for staff. The home is fitted with fire warning and fire fighting equipment, smoke detectors, sprinklers, fire and smoke doors, extinguishers, hose reels and fire blankets, all of which have been checked and maintained regularly. We observed correctly oriented signage, evacuation maps and flipcharts located at various points around the home. A fire bag containing residents' details and other equipment is located in a central position in the home. There are documented procedures for detection and taking action in the event of a fire or other emergency and staff are aware of their roles in ensuring the safety of residents. Staff interviewed by the team indicated an understanding of the home's fire and emergency procedures and other security procedures and systems and residents/representatives reported that the home provides a secure environment.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

Management demonstrated processes to identify, manage and monitor risks associated with the spread of infection. Processes implemented include resident and staff vaccination programs, sharps disposal, kitchen and laundry temperature monitoring, waste disposal and pest control programs. Single use items for wound care are not always used appropriately. Outbreak management includes access to resources regarding gastroenteritis and influenza. An infection control clinical surveillance program identifies resident infections and management through to resolution of symptoms. Reports are logged and patterns and trends regularly reported. Further monitoring processes include a monthly checklist of various practices across the home and other internal and external audits and surveys. Staff complete infection control education, including hand-washing, standard precautions and food safety and have access to hand gels and other personal protective equipment.

#### **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

Residents interviewed stated that the home is clean, their laundry is returned promptly and in a clean manner and the cook is responsive to comments about meals. Residents appreciate being able to have input in to the menu and being able to make choices about meals and drinks. The home prepares all meals on site according to rotating seasonal menus which have been developed in consultation with residents and are reviewed by an independent organisation. Catering staff have implemented a food safety program which has been audited and is current. Food storage, refrigeration and preparation areas are well organised with foods correctly stored, labelled and dated. Food delivery, storage and cooking temperatures are monitored and recorded. There are systems to order, quality check, store and identify food in accordance with the contractor's and the home's policies and surfaces in the kitchen are swabbed monthly to verify cleanliness. We observed the home to be clean and free of odour. All cleaning is done according to cleaning schedules and protocols. We observed that all cleaning equipment is appropriately stored in designated and secure cleaning storerooms, and staff were observed using cleaning equipment according to infection control principles. The home's flat linen is laundered off site but all other laundry is done at the home. There is a clearly identified 'dirty' and 'clean' flow of washing in the laundry and a system to sanitise baskets in which residents' soiled clothing is delivered before clean clothing is returned to residents.