



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredit Star of the Sea Home for the Aged

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Star of the Sea Home for the Aged in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Star of the Sea Home for the Aged is 3 years until 30 April 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 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:	Star of the Sea Home for the Aged		
RACS ID:	6028		
Number of beds:	22	Number of high care residents:	4
Special needs group catered for:	<ul style="list-style-type: none">• People with dementia or related disorders.		
Street:	15 Elizabeth Street		
City:	Walleroo	State:	SA
		Postcode:	5556
Phone:	08 8823 2570	Facsimile:	08 8823 2714
Email address:	sots@yp-connect.net		

Approved provider

Approved provider:	The Catholic Diocese of Port Pirie Inc
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Assessment team

Team leader:	Robert Hughes
Team member:	Jeane Hall
Date of audit:	10 February 2009 to 12 February 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
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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
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Agency findings
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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.



Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Star of the Sea Home for the Aged
RACS ID	6028

Executive summary

This is the report of a site audit of Star of the Sea Home for the Aged 6028 15 Elizabeth Street WALLAROO SA from 10 February 2009 to 12 February 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 Star of the Sea Home for the Aged.

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 10 February 2009 to 12 February 2009

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:	Robert Hughes
Team member:	Jeane Hall

Approved provider details

Approved provider:	The Catholic Diocese of Port Pirie Inc
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Details of home

Name of home:	Star of the Sea Home for the Aged
RACS ID:	6028

Total number of allocated places:	22
Number of residents during site audit:	22
Number of high care residents during site audit:	4
Special need catered for:	People with dementia or related disorders.

Street:	15 Elizabeth Street	State:	SA
City/Town:	Wallaroo	Postcode:	5556
Phone number:	08 8823 2570	Facsimile:	08 8823 2714
E-mail address:	sots@yp-connect.net		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Star of the Sea Home for the Aged.

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 three days on-site and gathered information from the following:

Interviews

	Number		Number
Chief executive officer	1	Residents	9
Director of nursing	1	Representatives	7
Clinical nurse	1	Volunteers	2
Registered nurse	1	Kitchen supervisor	1
Enrolled nurse	2	Housekeeper	1
Care staff	2	Laundry staff	1
Quality coordinator	1	Maintenance staff	1
Branch administration manager	1	Occupational Health, Safety/Infection Committee member	1
Clerical staff	1	Activities coordinator	2
		Pharmacy courier	1

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Care plans	2	Personnel files	6
External contracts	3		

Other documents reviewed

The team also reviewed:

- Strategic Plan 2009-2013, continuous improvement plan, Continuous Quality Improvement meeting minutes, audit schedule and results, feedback forms, action plans, hazard/risk assessments and register, incident reports, ACQA audits and results, audit indicator timetable 2009
- Police clearance records, asbestos policy and register, audited financial statement, asset register
- Policy and procedure documents, including conduct and ethics policy, missing persons checklist, draft restraint policy and procedures, draft resident safety policy and procedures
- Annual training program, training attendance records and evaluation sheets, mandatory training records, training certificates, orientation checklist and records, credentialing records, staff survey results, performance appraisal records
- Resident meeting minutes, comments and complaints data, resident handbook, various resident survey results, admission package
- Mission, vision, values and philosophy statements.
- Performance appraisal records, competencies schedule and assessments, practicing certificates, position descriptions, staff rosters, staff handbook, staff orientation handbook, volunteer commencement package
- Preventative maintenance schedule, maintenance request forms, electrical testing and tagging records
- Newspaper articles, diary, communication book, memos, emails, letters, staff and resident newsletter
- Catholic Church safety manual, Catholic safety health and welfare occupation health safety and welfare worksite program, chemical register, material safety data sheets
- Emergency procedures booklet, evacuation plans and evacuation list, fire training and fire drill records, ministers spec log book, building certification data
- Infection control data, pest control records, temperature checking records, pandemic influenza kits, food safety plan
- Various meeting minutes
- Care assessment flow charts, care assessment checklist, care plan reviews and schedules, daily summary, doctors folder, physiotherapist folder, podiatrist book, treatment folders, daily bowel charts, observation charts
- DDA register book, medication imprest list, medication check list, medication signature omission checks, nurse initiated medication orders, antibiotic summary, self-medication assessments, chemist fax folder
- Admission package, agreements, privacy policy form, privacy consent form, prudential compliance form, new resident checklist, resident leave book
- Access cab vouchers, social and leisure profiles, activities calendar, activities evaluations and flowcharts, national standards for involving volunteers, inactive activities, birthday lists, shopping roster, annual activities report

Observations

The team observed the following:

- Internal and external living environment
- Activities in progress, including group and individual sessions
- Interactions between staff, representatives, residents and volunteers
- Luncheon service, residents dining
- Mobility aids
- Staff and resident noticeboards, including charter or rights and responsibilities
- Personal protective equipment, staff work areas
- Fire board, fire suppression equipment
- Suggestion boxes
- Signage
- Visitors sign in/sign out book
- Equipment and supply storage areas
- Archiving
- Medication storage, medication imprest, medication round
- Palliative care cupboard
- Residents rooms, including fall mattresses
- Wrist band alarm system
- Interactive video game system
- Staff using computer system
- Noticeboards, whiteboards
- Chemical storage
- Digital camera for wound monitoring
- Suggestion box
- Residents, staff and volunteer pigeon holes

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 to identify and action opportunities for improvement and is able to demonstrate measurable results for stakeholders. Issues identified are tracked through a variety of sources, including the continuous improvement action plan, Improve IT and the meetings system. Continuous quality improvement is a standing agenda item at all staff meetings. Residents and representatives are invited to meet with the Board prior to each Board meeting providing for direct consultation and feedback between residents, representatives and management. Residents, representatives and staff are aware of the home’s quality management systems and how they can contribute to continuous improvement. They are satisfied with the feedback they receive on initiatives undertaken.

The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- Improving the management of volunteers by accessing national guidelines. Management sourced the National Standards for Volunteers Involving Organisations and worked with staff and volunteers to implement the standards. Volunteers report that they feel valued and that their role in the home is appreciated. Staff report that they have an increased understanding of the role of volunteers in the home.
- The home responded to external audit results and has improved comments and complaints management. Audit results showed that trends were not identified in comments and complaints received. Comments and complaints are now audited monthly and any trends identified. Results are reported to the Continuous Quality Improvement committee each month.
- Nursing and personal care hours have been increased in response to staff feedback and increasing resident frailty. The home is an ageing in place facility and has identified a recent change in resident profile. Additional care hours have been provided and staff position statements have been updated to reflect this change. Staff report that the increase in hours assists them in providing resident care.

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 established systems for identifying and managing regulatory compliance including auditing, regular review of policies and procedures and monitoring of staff performance. The chief executive officer receives regular updates from peak industry bodies and is responsible for advising key staff of any changes that affect their area. Relevant legislative changes are made available to staff through computer generated alerts, memos and staff meetings. Policies and procedures are updated to reflect any changes and training and education is provided as required. Members of the Board and staff and volunteers have police clearances. The home advises residents and representatives of the Accreditation site audit within legislated timeframes. Staff at the home understand and use the system.

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

Staff surveys and annual performance appraisals are combined with a system of feedback and review to plan the annual training program. This provides staff with access to ongoing training and development relevant to their roles. Annual competency programs support skills maintenance and development in response to changing resident needs. Education in management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last twelve months in areas including, the Aged Care Funding Instrument, using the computerised care planning system and the role of the public trustee.

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

The resident admissions package, information booklet, resident agreement and brochures displayed throughout the home, provide residents with information about their rights, and the internal and external complaints mechanisms available to them. The home's comments and complaints system, staff and resident meetings and informal discussions identify areas of concern. Suggestion boxes are located in the foyer and near the on-site library. Comments and complaints feedback forms are on display throughout the home. Formal complaints are recorded in the comments and complaints log and the chief executive officer responds to all formal complaints in writing. While residents and their representatives are provided with information about formal internal and external complaint mechanisms they prefer using the meetings system and informal discussions with management and staff to raise any issues. Residents and representatives are aware of the home's complaint mechanisms and are comfortable in approaching staff or management with any concerns.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented its mission, vision, values and philosophy statements. These statements are clearly displayed in the home and included in resident and staff information booklets.

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

Results of surveys, audits and data gathered through monitoring activities across the four Accreditation Standards show there are generally sufficient skilled staff available to deliver the care and services required by residents. The director of nursing uses a formula based on resident care needs, and staff and resident feedback to determine the number of appropriately qualified and skilled staff required. The home is responsive to changing resident needs and feedback and has recently reviewed and increased staffing hours in lifestyle, nursing and personal care. Student placements and links with the local community identify prospective staff who are resident focussed and have the necessary skills to provide care and services in line with the home's philosophy. External recruitment is minimal. Training, staff education and performance review is ongoing. Staff generally have sufficient time for their duties. Residents and their representatives are generally satisfied with staff response to their care needs.

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

The home has systems to monitor and maintain adequate supplies of goods and equipment required for resident care. Goods are delivered on a regular or as needs basis and a system of stock rotation is in place to manage stock control. Preventative and breakdown maintenance systems are used to maintain equipment. Staff and residents have input into the purchase of goods and equipment where appropriate. Resident, representatives and staff are satisfied they have an adequate supply of equipment and goods to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place to provide staff and management with sufficient and reliable information for appropriate decision making. Information technology, including email is used to communicate with staff, residents and relatives. Computer access is restricted to authorised personnel through passwords. Emergency back-up measures are in place. File storage facilities and procedures provide for secure storage of confidential information and there are processes for the appropriate disposal of documents. Staff are satisfied with the information they receive to assist them in providing appropriate care to residents. Residents and their representatives are satisfied with the level and amount of information provided to them before entering the home and that ongoing communication and information is clear.

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

The Catholic Church preferred suppliers list is combined with local business contracts to provide services required by the home. Contracts are monitored for quality and effectiveness and are reviewed prior to renewal. Staff are consulted regarding the use of suppliers and various elements of service delivery. Staff, residents and representatives are satisfied with the current external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Opportunities for improvement in residents' health and personal care are identified by processes including, comments and complaints, feedback forms, planned surveys and audit results. Issues identified are added to the priority action plan and prioritised in response to identified needs. The home uses a variety of systems to monitor and evaluate continuous improvement and is able to demonstrate measurable results for residents. Residents, representatives and staff have used the continuous improvement system and are satisfied with the feedback they receive.

The home demonstrated results of improvements relating to health and personal including:

- The initial assessment and care plan process has been improved following staff suggestion. A laptop has been purchased that enables care staff to record resident details directly into the care plan format. This enables staff to spend more time with the resident and reduces the overall workload in developing the care plan. Resident feedback is that they enjoy participating in the process and that they appreciate the time spent with them during the entry process.
- The home has created the position of clinical nurse in response to changing resident needs. Management identified an increase in the level of frailty of residents together with increasing documentation requirements. The role of clinical nurse was created to assist with assessment and care needs of residents. Senior staff report that the role has assisted them in managing resident care and documentation requirements.
- Wound management has been improved with the introduction of a photographic recording system. A suitable camera has been purchased and all complex wounds are now photographed. This has enabled improved tracking of healing and improved staff ability to monitor progress of wounds. Staff report that they are able to readily identify problem wounds and the healing process..

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 systems and processes to identify and manage regulatory compliance relating to residents' health and personal care, including the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. Links with professional associations provide information about changes to legislation that affect the operation of the home. Relevant information is made available to staff via memos, electronic messaging, staff meetings and in the staff newsletter. Staff at the home understand and use the system.

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

Annual performance appraisals, surveys and regular audits on all aspects of care and service delivery are used to monitor staff knowledge and skills in residents' health and personal care. Annual competency programs support skills maintenance and development. Specialised education is accessed as needed and staff are encouraged to access the wide range of training and development available to them. Education and development in health and personal care has been provided to nursing and personal care staff over the last twelve months on a variety of topics, including falls prevention, Parkinson's management, dementia care and continence.

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 care provision in the home. Various assessments are undertaken for new residents that are logged into the computerised planning system. Ongoing care plans are developed from this that are accessible electronically, or via printed copies in residents' notes. Plans are reviewed every one to two months according to schedules. Staff are informed of resident care needs and changes through computer notes, care plans, progress notes, handover processes, diaries and individual discussions. Education sessions are provided to staff on various aspects of clinical care to maintain and improve skill level, such as palliative care, pain management, constipation management, dementia understanding and medication management. Staff care practices are monitored through audits, surveys, complaints mechanisms, incidents, infection rates, informal observation and discussions. Resident satisfaction is monitored through surveys, meetings, comments and complaints mechanisms and general discussions. Staff are aware of the care needs of the residents and the process to follow if changes are required.

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 their representatives are satisfied the specialised nursing care provided is appropriate to individual needs. The home’s entry care assessments, and ongoing monitoring and evaluation processes are used to identify and manage residents’ specialised nursing care needs. The nursing staff undertake specialist nursing procedures, including wound management and monitoring of specialist equipment, such as pain relief pumps. A registered nurse is on-site at all times for staff to access. Specialist services are accessed for technical support and consultation, including outreach nursing, palliative care and diabetes management. Education is provided to all staff taking into account their qualifications and skill level. Staff are aware of the care they can administer according to their skill level.

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 their representatives are satisfied with the referral and access to appropriate specialists if needed. The home has a system to refer residents to other health and related services according to their needs. Referrals are made by the nursing staff or medical officer, in consultation with the resident and family. The local community health service provides access to many specialties, including occupational therapist, speech pathologist and dietitian. Access to other specialists is available on a needs basis for each resident, such as mental health services, optician and dentist. Intranet communication is available to a community medical centre. Assistance from staff or family members provide transport to arranged appointments outside of the home. Staff understand the referral system and how it is utilised and their role if referrals are to be made.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the medication management in the home. Residents are assessed on their medication needs on entry and reviewed regularly. Policies and procedures guide staff practice in medication management. Trained staff administer medications through a blister pack system. Credentialing of these staff members occurs each year to maintain skill levels, with further updates provided as necessary. ‘As required’ drugs are given in consultation with the registered nurse. Medications are

stored according to instructions and are securely locked in cupboards and trolleys, accessed only by authorised staff. Access to after-hours or emergency drug orders is either through pharmacy services, an on-site imprest or the local hospital. Residents' that self-medicate are assessed as able. Staff and pharmacy practices are monitored through meetings, audits, incidents, surveys and informal observations.

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 their representatives are satisfied with the pain management strategies used by the home. Initial and ongoing assessment processes are used by the home to identify and develop strategies to manage pain that residents' may have. Verbal, non-verbal, and behavioural signs relating to pain are all assessed according to individual resident's cognitive ability. Strategies utilised by the home for pain management include use of analgesics, hot packs, massage and physiotherapy. Staff are aware of individual resident's pain management strategies and reporting mechanisms for unresolved discomfort.

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 their representatives are satisfied the home respects individual palliative care wishes when required. The home has a process to manage the comfort and dignity concerns of terminally ill residents. Specific needs and requests are discussed on entry to the home or when required. Residents receiving palliative care are managed on-site, with provisions made to promote comfort during this time, including access to specialised equipment and allowing relatives to stay with them. Other specialist services, such as medical officers and palliative care staff provide equipment and advice as needed. Surveys are used to monitor and improve services in this area. Staff are aware of the home's palliative care practices and the process to access other services as needed.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents and their representatives are satisfied that individual nutritional and fluid needs are being met by the home. Individual preferences and specific diets are noted on entry and recorded in care plans. The kitchen supervisor interviews new residents to determine food preferences and dietary needs. Meals are prepared on-site with the kitchen supervisor attending resident meetings, if required, to discuss their needs. Residents' food and fluid intake is monitored through regular weighing, including using body mass index scales, clinical observations, and informal monitoring of eating and food wastage by care and kitchen staff. Specialised eating and drinking equipment is used to improve individual intake according to individual requirements. Training is provided to staff to improve skill levels, such as nutrition in aged care. Referrals for specialist management, such as speech pathologist and dietitian are made if this is required.

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 their representatives are satisfied with the provision of skin care and the implementation of skin protection strategies. Skin integrity is assessed on entry, and regularly, to determine individual residents' needs and risk factors to determine care strategies for them. Management strategies include use of air and falls mattresses, massage, emollient cream usage and using lifter slings. Wound management is undertaken by the nursing staff, with a camera utilised to monitor healing progress. Education is provided to staff, including wound management, hygiene care and manual handling to maintain and improve skill levels.

2.12 Continence management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied individual continence issues are managed by the home. Bowel and urinary continence issues are assessed with strategies developed from this, such as toileting times, incontinence aids to be used, diets and level of assistance required when going to the toilet. Strategies are regularly discussed with staff to improve the continence of residents. Training is provided to staff, such as pad applications, constipation and aperient use, and managing urinary incontinence. Bowel charts, urinary infection rates and audits monitor residents' continence management practices. Staff are aware of individual residents' continence issues and their individual management strategies.

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 their representatives are satisfied with behaviour management practices and residents feel safe within the home. Behaviours of concern are identified on entering the home, and through the ongoing review process. Care plans are formulated identifying behaviours of concern, triggers and strategies to address these issues. Behaviour management strategies include diversional therapy, environmental changes and competent delivery of staff care practices. Referrals to other services, such as mental health services and geriatrician are made if required. Education sessions, such as dementia care and behaviour management are provided. Staff are aware of individual resident strategies and specialist services that can be utilised.

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 their representatives are satisfied individual mobility and dexterity support needs are being met by the home. The home has a system to assess, plan and evaluate mobility, dexterity and rehabilitation issues for residents at time of entry to the home, and on an ongoing basis. Strategies include appropriate bed and chair heights, environmental changes, specialised eating and walking equipment, and participating in interactive activities programs. A physiotherapist visits the home regularly or as needed to assist and develop individual programs. Staff are aware of individual residents’ needs to achieve optimum mobility, dexterity and rehabilitation.

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 home uses its ongoing assessment, planning and evaluation processes to manage the oral and dental needs of residents. Care plans address specific needs for staff to follow, including denture management or level of assistance required to promote oral hygiene. Referral for dental treatment is on a needs basis, with staff or family members providing transport. Staff are aware of the specific needs of the residents and the reporting mechanisms if changes are noted.

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 the assistance staff provide in managing their sensory losses. Sensory losses, covering all five senses, are identified through the normal entry and review process. Care plans address any deficits noted and referrals for specialist treatments organised if needed. Referrals to specialists, including optician, audiologist and medical officers are made if deficits are identified. Care staff are aware of individual residents’ sensory needs and how to manage these, including the level of assistance required, and the application and care of specific aids.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are satisfied with the interventions used by the home to assist them to sleep. The home has a system to identify residents’ individual needs and preferences to assist them to achieve natural sleep. The home’s sleep management processes involve implementing a variety of strategies, including the use of portable DVD or CD players, individual rituals and reducing night time noise. Staff are aware of individual resident’s needs and strategies to improve and promote sleep patterns.

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 uses a variety of methods to identify and monitor continuous improvement opportunities and actions relating to residents’ lifestyle. Information systems, feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement relating to this Standard. Resident meetings and direct resident consultation monitor outcomes for residents.

The home demonstrated results of improvements relating to resident lifestyle including:

- Staff and residents suggested an improvement in the sign in/sign out system. Residents were not always able to recall the date and the time they were leaving the facility and suggested a calendar be placed near the sign in/sign out book. Staff sourced a digital clock that clearly displays the time and date and placed it next to the sign in/sign out book. Residents report that the clock assists them to readily identify the time and date.
- The home has introduced documentaries for residents. Residents are videoed talking about their lives and experiences. With resident permission this video is shown to other residents and to staff. Staff and residents report that this gives them a better knowledge of residents and of their life experiences.
- The home has improved the entry process for residents. A checklist has been developed for use with the residential care service agreement. The checklist identifies all items that are to be discussed with residents and their representatives. Staff feedback is that the checklist is a useful prompt and ensures that items of significance are not missed when discussing the agreement with residents and their representatives.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has established systems to monitor regulatory compliance relating to resident lifestyle. This includes the provision of lifestyle and activity programs consistent with *Quality of Care and User rights Principles 1997*, protecting residents’ privacy, maintaining confidentiality of resident information and providing resident agreements that assist them to understand their rights and responsibilities.

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

Regular performance appraisals and the home's competency training system support skills maintenance and development in resident lifestyle. Staff are encouraged to maximise the training opportunities available to them by accessing the on-site training materials and attending training sessions. Education and development in resident lifestyle has been provided to lifestyle staff over the last twelve months in areas including zero tolerance, volunteer management and dementia awareness.

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 and their representatives are satisfied they are made to feel welcome at the home and that individual emotional support needs are met. Prior to, or on entry to the home, the chief executive officer conducts an interview to discuss aspects of residential care and service delivery. Emotional needs are also assessed on entry to the home. Specific resident issues identified are used to develop programs to assist with the adjustment process, such as religious and cultural needs, level of dependence and preferences. Residents are able to decorate their room with their own belongings. A friendship club, consisting of residents and activities staff visit all new residents or those confined to bed each fortnight. Emotional needs are also addressed through providing meals for partners to maintain relationships and getting residents to recall past life experiences to share with others in the home through the home's 'mocumentary' film. Residents' ongoing satisfaction with the emotional support provided is monitored through surveys, meetings and comment and complaint mechanisms.

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 are satisfied with the assistance given to maintain independence both within the home and the local community. The leisure and lifestyle coordinator assesses each resident shortly after entry to the home and coordinates activities based on this review, including identification of their level of dependence, friendships and community involvement. Residents are encouraged to maintain involvement in their community clubs, or provisions are made to have the clubs visit the home. Transport to outside events is arranged through family, staff, specific club members, volunteers or access cabs. Community involved activities are regular held in the home which is accessible to all residents.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents and their representatives are satisfied that management and staff respect privacy, dignity and confidentiality needs. The home has processes to identify individual residents' privacy and dignity needs and preferences. Privacy consent forms are also signed on entry to the home by the resident or their representatives that includes who can receive information about each resident. Information about each specific resident is securely stored to maintain confidentiality and accessed only by appropriate staff. Specific strategies used include knocking on doors prior to entering rooms, attending to hygiene practices discreetly and addressing residents by their preferred names. Staff are mindful of maintaining the privacy and dignity of the residents, and this is reinforced regularly to them.

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 their representatives are satisfied with the numbers and types of activities available and the support and encouragement provided by staff and volunteers. The assessment processes on entering the home identify individual residents' social histories, activity interests, preferences and community connections. The activities coordinator conducts an interview shortly after entry to the home to determine needs and preferences. Information from the assessment process is used to develop individual activity programs. An activity calendar printed each month details activities in the home. This is given out with the monthly home newsletter and put on various public area noticeboards. Community interactions, both within and outside the home, are encouraged. The leisure and lifestyle coordinator is assisted by volunteers and care staff with various activities. Resident feedback is obtained through surveys, audits, comments and complaints, questionnaires and individual discussions.

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 their representatives are satisfied cultural and spiritual needs and preferences are respected within the home. Assessment processes identify residents' cultural and spiritual backgrounds, preferences and individual needs with the information used to develop individual lifestyle plans to cater for this. Specific cultural days, such as Easter, Christmas and birthdays are celebrated. Other cultural and spiritual needs, including food, interpreter use or access to religious leaders are addressed as needs arise. Church services are conducted regularly, including private communions, and a pastoral carer living on-site is available for visits if needed. A memorial service is conducted each year to reflect on past residents. Cultural and spiritual information, and access to interpreters, is available if required. Staff are aware of individual cultural and spiritual needs and respect these.

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 their representatives are satisfied with the information provided and their ability to make choices based on informed consent. Prior to, or on entry to the home, the chief executive officer discusses rights and responsibilities with the resident or their representatives. Alternate resident decision-makers are noted on entry to be used in times of need. Assessments identify residents' individual care and preferences, routines and habits, with this information utilised in the formation of lifestyle care plans. Flexibility around home activities allow for resident choice, including asking them individually if they would like to attend. Residents provide input into services provided through meetings, surveys, audits, suggestions and general discussions. Staff are aware of and respect resident's rights to make decisions based on informed consent.

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

Residents and their representatives are satisfied with the information on security of tenure and the rights and responsibilities that has been provided. The home's entry processes provide information to residents' and their representatives about security of tenure and their rights and responsibilities. The home also provides an admission pack to assist in this process which contains information about the home and entry processes. The chief executive officer or administration officer discuss the process with all new residents and their family and are available for any questions. Legal advice is encouraged prior to signing agreements. Residents are supported to remain in the home as long as able, dependant on their care needs. Consultation with the resident and their family is undertaken prior to any changes that may effect their rights if changes have occurred, such as increased care needs beyond what the home can manage, which is explained prior to entry.

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’s quality system is used to identify and action opportunities for improvement in physical environment and safe systems. Adverse events are identified and combined with planned audits and surveys to demonstrate measurable results for all stakeholders.

The home demonstrated results of improvements relating to physical environment and safe systems including:

- The home identified the need to have an effective system of monitoring resident belongings on entry to the home. A camera has been purchased and resident’s belongings, including valuables are photographed. These photographs are kept in each resident’s file and the process assists in monitoring residents belongings.
- A drought proof outdoor garden area has been developed following resident feedback. Residents commented that since the introduction of water restrictions many plants and flowers had died and the outdoor garden was looking tired and drab. The home sought advice from drought experts and combined this knowledge with resident suggestions to develop an improved outdoor area. Paving stones replaced the dead lawn and water wise plants were purchased. A gazebo was installed and suitable outdoor furniture purchased. Staff and resident feedback is that the garden is now a pleasant area in which to spend time. The project was recently featured in the local newspaper.
- The home responded to recent food safety audit results and has improved infection control. Audit results highlighted a risk in the practice of hanging mops outside to dry. A protective cage has been developed that covers the mops and protects them from dust and bird droppings while they are drying.

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 processes to monitor and maintain regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations and monitoring and maintaining fire safety systems. Links with professional associations provide information about changes to legislation that affect the operation of the home. All changes are reviewed and passed to relevant staff. Staff at the home understand and use the system.

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

Planned training and a system of buddying and peer review is used to provide staff with ongoing training and development relevant to their roles. Regular audits monitor staff knowledge and skills for performing their roles effectively. Staff are encouraged and assisted to access the wide range of training and development available to them. Education and development in physical environment and safe systems has been provided to all work groups over the last twelve months in areas, including fire and emergency procedures, infection control, manual handling and food safety.

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

Surveys, audits and preventative maintenance schedules are used to provide a well-maintained and comfortable physical environment that is consistent with resident needs. Assessment, care planning and review processes are used to maintain resident safety while implementing a policy of minimal restraint and policy and procedure documents generally guide staff in the monitoring of restraint. Hazards are identified and corrective measures actioned. Residents and representatives are satisfied with the safety and comfort of the living environment, including residents' rooms and the communal areas.

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's compliance with the Catholic Safety, Health and Welfare Occupation Health Safety and Welfare worksite program is monitored by the site Occupation Health, Safety and Infection Control committee. The worksite program comes under the guidance of the Catholic Church Endowment Society who is an exempt employer. The home is required to undergo regular external audits as part of the exempt employer status. Processes, including a preventative maintenance program, and hazard and incident reporting monitor and maintain the safety of equipment and provide a safe working environment for staff. The home has a policy of 'no lift no injury' and staff receive regular training in manual handling, occupational health and safety and hazardous substances. Staff are satisfied that management is supportive and proactive in providing equipment and resources to maintain a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to identify fire, security and other hazards, including internal and external environment inspections. Staff are provided with regular training in fire and emergency procedures and have appropriate equipment for the use in the event of a fire or other emergency. The home has a bushfire action plan. Accredited external contractors monitor and maintain the safety and function of fire alarm and suppression equipment. Evacuation plans and emergency procedures are readily available. The home has a current Triennial Fire Safety Clearance certificate and meets building certification requirements under the 2002 instrument. Staff and residents are aware of their responsibilities and the actions required in the event of a fire or other emergency.

4.7 Infection control

This expected outcome requires "an effective infection control program".

Team's recommendation

Does comply

The Occupation Health, Safety and Infection Control committee monitors the home's infection control program. Data is collected, collated and reviewed and trends monitored. Infection control training is provided to staff at orientation and on an ongoing basis. External contractors provide swabbing programs, pest control and legionella testing. Processes monitor the supply and use of appropriate equipment and stock, including single use items and personal protective equipment. Staff have access to an influenza vaccination program and the home has a pandemic influenza action plan and kit in the event of an outbreak. Standard precautions are implemented and understood by staff.

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' food preferences and needs are recorded when they enter the home and the kitchen supervisor regularly discusses meals and menu changes with each resident in the home. The presence of the centrally located on-site kitchen provides residents with the opportunity to have input into meal preferences on a regular basis. Snacks and drinks are available at all times, including evenings. A dietitian visits the home as required and the menu is regularly reviewed. The on-site laundry provides residents with appropriately laundered clothing and an external contractor is responsible for linen. Residents and their representatives are satisfied with the catering, cleaning and laundry services provided for them and the home's responsiveness to any issues they raise. Catering, cleaning and laundry staff are satisfied with their work environment and the equipment provided to assist them in their tasks.