



Aged Care
Standards and Accreditation Agency Ltd

St Teresa Nursing Home

RACS ID 6832

92 Robert Street

WEST CROYDON SA 5008

Approved provider: **UnitingCare Wesley Port Adelaide
Incorporated**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 September 2015.

We made our decision on 20 August 2012.

The audit was conducted on 16 July 2012 to 17 July 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

St Teresa Nursing Home 6832

Approved provider: UnitingCare Wesley Port Adelaide Incorporated

Introduction

This is the report of a re-accreditation audit from 16 July 2012 to 17 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 16 July 2012 to 17 July 2012.

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

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

Assessment team

Team leader:	Jeane Hall
Team members:	Elizabeth McGrath

Approved provider details

Approved provider:	UnitingCare Wesley Port Adelaide Incorporated
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Details of home

Name of home:	St Teresa Nursing Home
RACS ID:	6832

Total number of allocated places:	46
Number of residents during audit:	46
Number of high care residents during audit:	46
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street:	92 Robert Street	State:	SA
City:	WEST CROYDON	Postcode:	5008
Phone number:	08 8346 3052	Facsimile:	08 8346 0230
E-mail address:	lcrafft@ucwpa.org.au		

Audit trail

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

Interviews

	Number		Number
Corporate management	5	Residents/representatives	8
Site management	2	Lifestyle, allied health and ancillary staff	4
Care and administration staff	10	Maintenance staff	3
Catering staff	3		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	6
Care plans	6	Wound Care Charts	3
Lifestyle care plans and progress notes	5	Wound documentation	2
Personnel files	8		

Other documents reviewed

The team also reviewed:

- Audit schedule and various audit reports
- Cleaning audits
- Comments, compliments and complaints data
- Communication book
- Continuous improvement documentation
- Contractors agreements
- Corporate Plan 2010 – 2013
- Electronic system
- Fire safety systems inspection and maintenance records
- Food safety program, records and audit report
- Job and person specifications
- Maintenance program and records
- Memos, letters, emails, newsletters
- Policies and procedures
- Resident agreements
- Resident information handbooks in Polish and in English
- Safety data sheets
- Staff recruitment and orientation materials
- Staff roster
- Training needs analysis and training records
- Various meeting minutes
- Various survey results and action plans.

Observations

The team observed the following:

- Accreditation notice on display
- Activities in progress

- Activity calendar on display
- Charter of residents' rights and responsibilities in Polish and English on display
- Comments and complaints information in Polish and in English
- Equipment and supply storage areas
- Fire safety equipment, emergency resources
- Infection control resources including outbreak kits
- Interactions between staff , residents and representatives
- Internal and external living environment
- Locked suggestion box
- Meal service
- Medication storage
- Recruitment policies and procedures
- Signage in Polish and in English
- Smoking area
- Spill kit

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

St Teresa Nursing Home is one of several homes in the Uniting Care Wesley Port Adelaide Inc. (UCWPA) group of aged care facilities. Over 75% of the home's residents are from a Polish background and the organisation has a formal agreement with the Polish Federation to provide priority of access for members of the Polish community. The home has quality systems and processes to monitor compliance with the Accreditation Standards. The organisation's strategic goals and objectives are combined with feedback from the Polish Advisory Committee to guide staff in the development of the annual plan for continuous improvement. Additional opportunities for improvement are identified by a variety of processes, including adverse events, ongoing surveys and staff and resident feedback. Continuous improvement action plans are generated when opportunities for improvement are identified. Progress is monitored at a corporate level by the Quality, Safety and Risk Management Council and at a site level by the Quality and Planning Committee. Continuous improvement projects are discussed at all meetings, including resident meetings. Residents, representatives and staff interviewed said they are aware of the home's continuous improvement system and how they can make suggestions for change. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- Information management in the home has been improved following the introduction of an electronic message board. The home has utilised its electronic management system to include electronic messaging for staff. Additional computers have been purchased and staff provided with training in the use of the system. The electronic system enables improved information flow to staff who report that the system is easy to use. Management state they are able to better track when staff have read the information provided.
- Staff education and knowledge has been improved following the introduction of UCWPA Aged Care Conference. The conference is held annually and includes better practice presentations from across the organisation. The home has introduced a range of improvements following attendance at the conference, including the development of pet therapy. Staff feedback is that the conference is valuable for sharing ideas and networking with staff from other residential aged care sites.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation has systems and processes to manage and monitor regulatory compliance at a corporate and site level. Staff are alerted to legislative changes that affect the operation of the home through a variety of sources. These include the intranet, education sessions, memoranda and the staff noticeboard. Changes in legislation that are considered to be of an urgent nature are passed to staff through the electronic memos system. Regulatory compliance is a standing agenda item at all meetings. Residents are advised of legislative changes at resident meetings and in the home's newsletters. Planned audits monitor the home's compliance with legislation. The home has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframes, and maintaining an updated asbestos register. Staff at the home said they 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 findings

The home meets this expected outcome

Staff training needs, surveys and performance appraisals are combined with resident feedback to plan the annual training calendar. Planned audits, toolbox questionnaires and peer review monitor staff knowledge and skills for performing their roles effectively. Specialised education is accessed as required. Staff are actively encouraged and supported to apply for scholarships and grants and have ready access to the internet and intranet for information and education needs. A Leaders Training and Development day is held for all leaders in the organisation each year and currently two personal care staff are completing Certificate 1V in Front Line Management. Additional education and staff development relevant to management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last twelve months. Topics include information technology, documentation and the Aged Care Funding Instrument.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The resident agreement and rights and responsibilities posters displayed in the home provide residents with information about their rights and the internal and external complaints mechanisms available to them. This information is available in Polish and in English. A variety of processes are used to identify areas of concern. These include surveys, resident meetings, informal discussions and formal feedback forms. Comments and complaints are discussed at all meetings and the organisation's executive staff have access to the home's comments and complaints data via the intranet. The Aged Rights Advocacy Service visits the home each year and provides information for residents, representatives and staff. Staff interviewed said they assist residents to use the system when required. Residents and

representatives said they are aware of the home's complaint mechanisms and are satisfied with the home's response to issues raised.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, values, goals and quality statements. These are included in the staff and resident information booklets and clearly displayed in the home. The resident information booklet is available in Polish and in English.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Resident care needs are combined with adverse events data and staff and resident feedback to determine the number of appropriately qualified and skilled staff required for resident care and service delivery. Approximately 76% of the home's residents are from a Polish background and currently over 50% of the home's staff speak Polish. Planned audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required, including bi-lingual staff. Recruitment processes, including links with the Polish community are used to recruit staff with the care and language skills required. The Director of nursing accesses the corporate Aged Care Manager's Group to assist in filling vacancies with existing UCWPA staff and staff at the home's nearby sister site provide back-up in the event of an emergency. Competency assessments and performance reviews are conducted annually. Staff interviewed said they have sufficient time for their duties. Residents and representatives said they are satisfied with staff responses to residents' 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 findings

The home meets this expected outcome

The home has a system for identifying goods and equipment required for providing a quality service for residents and staff. Contracts are both written and verbal and are managed at a corporate level with input from the home's key staff. There are processes for preventative and corrective maintenance to ensure equipment is safe for residents and staff. Safe operating procedures and relevant staff training support staff understanding of equipment use. New equipment is trialled prior to purchase and feedback is sought from staff and residents. Staff and residents said they are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management systems to assist staff in carrying out their role in the provision of care and services. Policies, procedures and legislation guide and direct the home in records management and information technology. Current and archived resident and staff information is stored securely. Computer based information is password protected and back-up measures are in place. Adequate and appropriate information is given to residents and representatives to enable them to make informed decisions about care and lifestyle. Written consent is obtained from residents and representatives for the use of photographs in care provision. Regular audits and staff and resident feedback processes are used to review and evaluate information management systems. Staff interviewed state they are satisfied with the information they receive to enable them to perform their roles. Residents and representatives said they are satisfied with the level and amount of information provided to them 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 findings

The home meets this expected outcome

The home has a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors for the provision of services. All external service providers are required to comply with relevant legislation and regulatory requirements and to have current licences and insurance. Contractors are also expected to abide by the home's policies and procedures. Contractors are arranged for maintenance work and there is a list of approved service providers who are used on an as needs basis. Services provided are monitored by management through regular reviews, audits and feedback mechanisms and there is a system for managing non-conformance of service providers. Residents, representatives, staff and management interviewed say they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Clinical indicators are combined with staff and resident feedback to identify opportunities for improvement in resident health and personal care. The home is using a variety of methods to evaluate continuous improvement activities and demonstrated results of improvements relating to health and personal care including:

- Pain relief in palliative care has been enhanced following the home's participation in the Palliative Care Equipment program. The benefit of providing alternative options for pain relief was identified by clinical staff. Better practice options were researched and a decision made to apply for a grant for the purchase of a syringe pump. The grant has been successful and the home has purchased a light weight mobile syringe pump. The pump provides continuous administration of medication to residents in a non-invasive manner. Staff have been trained in the use of the pump and a chart developed to record use. The machine is now available for immediate use by residents as required. Staff report that they are confident in using the syringe pump.
- Residents' mobility and dexterity has been improved following analysis of incident data. It was identified that the incidence of resident falls was increasing in some residents. The home's physiotherapist introduced a mobility and balance group for selected residents. Residents mobility and balance were tested prior to and after the introduction of the groups. Of the 15 residents participating, 10 have an improved mobility score and 12 have an improved balance score. Falls for these residents have decreased by 85% since the commencement of the program.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home's systems and processes for monitoring regulatory compliance.

The home has systems and processes to identify and manage regulatory compliance relating to residents' health and personal care. This includes the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. Staff interviewed state they 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 findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for additional information relating to the home’s systems and processes for education and staff development.

Education and staff development in health and personal care has been provided to nursing and personal care staff over the last twelve months in a range of topics. These include nutrition and hydration, falls prevention, palliative care and medication management. In addition, three personal care staff are currently being supported to complete enrolled nurse training.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care appropriate to their individual needs and preferences. Initial information captured on entry assists the home in developing individual care plans. Comprehensive care plans are generated from the computerised schedule and developed following all assessments that are completed in consultation with residents, representatives, and staff. Clinical care is delivered by staff consistent with the care plans generated from assessments. Care reviews are completed four monthly to monitor effectiveness in meeting residents’ needs. Nursing and care staff review resident care on a daily basis and consult with residents, representatives and relevant medical and allied health professionals when care needs change. Clinical staff complete audits using the home’s auditing schedule and review and observe staff practices in the home to support clinical care. Clinical incidents are monitored and analysed monthly and actioned as required. Residents and representatives interviewed are satisfied with the level of consultation and health and personal care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home is able to deliver specialised nursing care needs as identified by the clinical staff. The home has access to specialised health professionals to support delivery of specialised nursing care needs to residents. Initial assessments are conducted by the registered nurse. Ongoing assessments are conducted to identify any changes to care needs. Staff practices are monitored for compliance by senior clinical staff. Staff are encouraged to access external education to support learning practices that complement scheduled education delivered by the home. Staff interviewed are knowledgeable about when to contact specialised nursing services and the specialised care they provide to individual residents. Residents and representatives interviewed are satisfied residents receive specialised nursing care according to their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate health specialists as needed. Staff are able to access allied health specialists as required for individual residents. All referrals to specialists are monitored for effectiveness and documented in progress notes on the computerised system. Regular consultation occurs with medical officers, the dietitian and all other health specialists and feedback is sought from residents and staff. A physiotherapist is on-site at the home regularly to support residents’ needs. Podiatry services are scheduled regularly as required. Staff practices are monitored by clinical staff to facilitate referral to appropriate specialists. All communication around referral involvement is documented to support residents’ needs and is evaluated by clinical staff. Staff interviewed state they are able to access appropriate health specialists promptly in accordance with the needs of residents. Residents and representatives interviewed are satisfied residents are referred to appropriate specialists according to their needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ medication is managed safely and correctly. All medication is delivered according to relevant legislation, regulatory requirements and professional standards and guidelines. Medication incidents are investigated and actioned appropriately. The use of ‘as required’ medication is guided by clinical staff in consultation with residents’ medical officers. Staff interviewed demonstrated an understanding of the home’s medication management system. A medication advisory committee meets regularly to support safe and correct medication management. Residents and representative interviewed are satisfied residents’ medication is managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents’ pain is managed effectively and all residents are as free as possible from pain. Clinical staff identify residents at risk of pain on entry and document strategies to manage their pain. Alternative approaches and therapies trialled and used in the home include massage, heat packs, transcutaneous electrical nerve stimulation, ultrasound and exercise programs to support residents’ pain needs. A physiotherapist assists with pain management strategies and consults with clinical staff for individual residents. Staff are aware of both verbal and non-verbal indicators for pain and liaise closely with the medical officers at the home around pain management. The home uses a pain assessment tool for residents with a noted cognitive deficit. Clinical staff monitor individual resident’s pain needs by regular reviews, audits and by feedback from residents, representatives and staff. Staff practices are monitored by supervising clinical staff. Residents and representatives interviewed are satisfied with how residents’ pain is managed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents’ palliative care preferences relating to emotional, cultural and spiritual needs are assessed on entry to the home. Clinical staff liaises with the medical officers and an external palliative care team to aid residents in the terminal phase of life. The home uses a multi-disciplinary approach to support effective referral mechanisms ensuring continuity of care for residents. Residents have access to chaplaincy services at all stages of the illness as required. Family members are supported to stay with residents who are terminally ill. The home monitors palliative care services by observation of staff practices, review of clinical assessments and feedback from residents and representatives. Staff interviewed are aware of how to ensure comfort and dignity is maintained in the palliative stage of illness. Representatives interviewed state the comfort and dignity of terminally ill residents is maintained.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has a system to provide residents with adequate nourishment and hydration. The home monitors weights on entry or more frequently for at risk residents. Clinical staff consult and analyse residents’ weight records and implement a plan of care to support care of individual resident’s needs. Menu reviews are undertaken in consultation with the dietitian. Staff are able to identify and communicate changes in residents’ dietary, cultural and religious requirements to catering staff using the documentation provided in the home. Dietary requirements and equipment to support nutrition and hydration for residents are monitored by the scheduled care review process, monitoring residents’ weight and daily checks of progress notes and observation charts. Staff interviewed are aware of how to support residents’ nutrition and hydration needs. Residents and representatives interviewed are satisfied with the home’s approach to meeting residents’ nutrition and hydration and associated support needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home provides residents with care in relation to maintaining their skin integrity. The entry process identifies residents at risk of skin impairment. Strategies to prevent skin impairment are recorded on care plans and reviewed regularly. Staff practices are monitored by clinical staff. Education is provided on infection control, manual handling and wound management. Staff are aware of preventative measures for individual residents and use specialised equipment, skincare products and regular re-positioning to maintain skin integrity. Skin tears and wounds are monitored through audits and reviewed by clinical staff. Staff interviewed are aware of how to provide skin care to residents in the home. Residents and

representatives state they are satisfied with the care provided to residents in relation to skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ bowel, bladder and mobility requirements are assessed on entry to the home. Assessment processes include consultation with residents and their representatives. An individual toileting program is initiated for each resident and is reviewed and evaluated as required. Staff are supported with education relating to continence procedures and continence products. Urinary tract infections, bowel management and resident comfort requirements are monitored by clinical staff through audits and daily observations of practice. Clinical staff monitor staff practices. Staff are aware of the home’s processes and individual resident’s continence management requirements. Residents and representatives interviewed state residents’ continence needs are being met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home develops a plan to manage and evaluate care for residents with challenging behaviours. Restraint use in the home is generally guided by policies and procedures and clinical assessments. Consultation occurs with medical officers, mental health teams and other external parties such as the Dementia Behaviour Management Advisory Service to support residents’ care needs. Staff practices are monitored by clinical staff to support methods of facilitating behaviour management. Behavior management is documented and evaluated by the care review processes, feedback from relatives and observation of staff practices. Staff interviewed are aware of the home’s processes and how to manage individual resident’s behaviors of concern. Residents and representatives interviewed state they are satisfied with the home’s approach to managing the causes which prompt challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents are supported by the home to maintain mobility and dexterity. Initial and ongoing mobility and dexterity assessments are completed by the physiotherapist who is on-site regularly to support residents with strategies to improve mobility and dexterity. Residents are encouraged with exercise programs and activities as guided by the physiotherapist. Consultation occurs with the medical officer and representatives when falls occur. Mobility aids are provided by the home and individual independence for residents is encouraged and monitored. Falls are monitored by the home’s audit processes and risk factors are discussed and actioned. Staff are provided with training to support manual handling precautions. Care is monitored by the care review process, staff competency assessments related to manual

handling and resident care and incident monitoring. Staff interviewed are aware of the home's processes and how to support individual resident's mobility needs. Residents and representatives interviewed are satisfied with the home's approach to optimising residents' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents' oral and dental care is maintained in the home. An individual assessment is completed, reviewed and evaluated by clinical staff. The home ensures appropriate resources of dental products are accessible to residents to meet oral and dental care needs. Consultation is sought from the dentist in relation to residents' dental and oral status. Staff are able to access education in relation to oral and dental care and are monitored by clinical staff through observations. Care staff review oral and dental status daily and report any changes to the clinical staff. Oral and dental care and staff practices are monitored by clinical staff observation and review of care planning and progress notes. Staff interviewed are aware of how to manage residents' oral and dental health needs. Residents and representatives interviewed state they are satisfied with the home's approach to managing residents' oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory losses are identified and managed effectively by the home. All five senses are assessed on entry to the home. The home has care strategies recorded in care plans for managing losses and re-evaluation if care needs change. Staff are supported through training and education to manage residents' sensory losses. The home's environment is monitored through audits to support residents' sensory needs. Monitoring processes include clinical staff monitoring of care practices, resident and representative feedback and the scheduled care review process. Staff interviewed are aware of the home's processes and how to manage residents with sensory losses. Residents and representatives interviewed are satisfied with the home's approach to managing residents' sensory losses in relation to all five senses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home provides residents with assistance to enable them to achieve normal sleep patterns. Residents who experience sleep disturbance are monitored and strategies include pain management, drinks and snacks to assist residents to settle as well as review of the environment. Staff investigate and report any sleep disturbances and consultation occurs with medical officers if sleep disturbances persist. Clinical staff review progress notes, monitor resident and representative feedback regarding sleep and monitor care plan reviews. Staff interviewed are aware of the home's processes and how to support residents to achieve

natural sleep patterns. Residents and representatives interviewed state residents' are able to achieve natural sleep patterns and are supported with sleep disturbances.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Formal and informal feedback processes assist residents, representatives and staff to contribute to continuous improvement in resident lifestyle. Examples of recent improvements relating to residents’ lifestyle include, but are not limited to:

- Emotional support has been enhanced following the introduction of an inter-facility project. Residents from one of the home’s sister sites are invited to the home each month to visit residents. The home’s cook works with residents to prepare a meal of their choice. This is then shared with the guests. Resident feedback is that they enjoy hosting their guests and take pride in sharing the meal they have helped prepare.
- Residents’ participation in external activities has been enhanced following the introduction of raised garden beds. Residents requested a garden bed to enable the growing of vegetables. The home responded by providing raised garden beds for resident use. Produce grown in the garden is offered to staff and residents report that they enjoy sharing the vegetables with staff. The activity has proved popular and staff have recently developed additional raised garden beds for residents in which to grow flowers.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home’s systems and processes for monitoring regulatory compliance.

The home provides lifestyle and activity programs consistent with Quality of Care and User Rights Principles 1997. This includes protecting residents’ privacy, maintaining confidentiality of resident information and providing resident agreements. Staff interviewed said they understand and use the home’s system.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for additional information relating to the home's systems and processes for education and staff development.

Education and staff development has been provided to lifestyle staff in the last twelve months in meaningful activities, cultural awareness and grief and loss. Education and staff development has been provided to all staff groups in the last twelve months in a range of areas. These include elder abuse, residents' rights, grief and loss and dementia awareness. Training provided is generally effective. Staff interviewed said they are satisfied that the training and education provided assists them in their roles.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home's entry processes are used to welcome residents to their new home and assist them adjust to life in residential care. Mental health services and counselling are provided as required. The home encourages and assists residents to maintain links with their past by a variety of methods such as assisting residents to celebrate the 'Blessing of the Eggs' festival each year. Ongoing review processes are used to evaluate the effectiveness of the support provided. Residents and their representatives said they are satisfied with the level of emotional support given on entry to the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has assessment processes to identify residents' individual interests, preferences, family and community associations. Volunteer support, family involvement and access cabs assist residents to maintain contact with their community. Long standing associations are encouraged and assisted such as attending the Polish Club. Polish and English newspapers are delivered to individual residents on request and newspapers are available in communal areas. A variety of methods are used to monitor and review the effectiveness of strategies implemented. These include surveys and resident and representative feedback. Staff interviewed are aware of their responsibilities in assisting residents to maintain their independence. Residents and representatives state they are satisfied with the way staff assist residents to retain their independence and maintain meaningful relationships.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure residents' privacy and dignity are safeguarded. Care plans contain strategies to guide staff in maintaining privacy and dignity during personal care. These are generally effective. All staff and volunteers sign the organisation's code of conduct and confidentiality agreements. Management monitor staff practices and there are processes in place to address any breaches of privacy if necessary. Residents have a lockable drawer in their room in which to store personal items. Files are stored appropriately to preserve confidentiality. Residents and representatives said they are satisfied with strategies staff use to respect residents' privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Assessment and ongoing review processes are used to identify and respond to residents' interests and preferred activities. Individual preferences are generally recorded with activities in place to support residents with specific needs. The home's volunteers work with staff to assist residents participate in activities of their choice. These include gardening and craft. Monitoring processes, including observation, discussions at resident meetings and program evaluations are used to determine the effectiveness of residents' lifestyle programs. Staff interviewed are aware of their responsibilities in assisting residents with their lifestyle program and are generally able to demonstrate knowledge of residents' activity care plans. Residents and representatives said they are satisfied with the range of activities provided.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' cultural and spiritual needs and preferences are identified on entry to the home and recorded in their care plans. Over 75% of the home's residents are from a Polish background. The home assists residents to celebrate Polish days of significance such as Polish Constitution Day and Wigilia Christmas Eve celebrations. Religious services and Rosary groups are held in the home each week and lifestyle staff liaise with representatives from other religions to provide for the spiritual support needs of all residents. Ongoing consultation monitors the effectiveness of strategies implemented. Residents and their representatives said they are satisfied with the level of spiritual and cultural support offered.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Information on residents' rights and responsibilities is included in all resident information, including the resident agreement and the resident information book. This is available in Polish and in English. Care plans include information on residents' capacity to make informed choices. Resident files identify representatives who can assist with care and lifestyle decisions when the resident is unable to do so. The electoral commission provides a booth at the home during elections to enable residents to exercise their right to vote. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents' right to make informed choices where appropriate. Residents and representatives state they are satisfied with the choice residents have around issues that affect their daily life.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation's policy and procedure documents support residents' right to safe and secure tenure and staff responsibilities to protect these rights. All enquiries for accommodation are directed to the corporate Admissions officer in the organisation's corporate office. Residents and their representatives are supplied with information about security of tenure, fees and charges, residents' rights and responsibilities and resident decision making forums at the initial enquiry. Links with external services assist in enabling residents to remain in the home as their care needs change. Residents and their representatives said they are satisfied with the information provided and processes used to assist them to understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Surveys, staff and resident feedback and external audits are used to identify opportunities for improvement in physical environment and safe systems. The home demonstrated results of improvements relating to physical environment and safe systems including:

- Occupational health and safety has been improved following a corporate initiative. The organisation has introduced an early intervention physiotherapy program for use when staff have an injury or potential injury. The project is available to all staff and has been successful in preventing escalation of injuries. The majority of staff who have used the program state that it has resolved the injury/problem and that they would use the service again in the future should the need arise.
- Residents’ options at meal times have been improved following the home’s response to their request. Residents requested sourdough bread be added to the home’s menu. A local bakery has been sourced and contracted to provide the sourdough bread. This is now provided as an option for residents at each meal. Resident feedback is that they appreciate the home’s response to their request and that they are enjoying the sourdough loaf option.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home’s systems and processes in monitoring regulatory compliance.

The home has processes to monitor and maintain regulatory compliance relating to physical environment and safe systems. This includes implementing occupational health and safety regulations and monitoring and maintaining fire safety systems. Staff interviewed said they understand and use the home’s 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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to the home's systems and process for education and staff development.

Mandatory training attendance is monitored and staff who miss mandatory training are directed to attend the next mandatory session at one of the home's sister sites. Education and staff development in physical environment and safe systems has been provided to all work groups over the last twelve months in a range of areas. These include manual handling, fire and emergency procedures, occupational health and safety and infection control. Staff interviewed said the training and education they receive assists them in their roles.

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 finding

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are supported in both single and shared rooms with access to bathroom facilities. The living environment is clean, well furnished, well lit and adequate temperatures maintained. The home is well maintained with a program of preventative and routine maintenance. The home has a restraint policy and generally monitors the use of restraints. The safety and comfort of the living environment is monitored through environmental inspections, resident and representative feedback, incident and accident reports, audits and observation by staff. Residents and representatives interviewed said they are satisfied with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. The health and safety committee comprises staff from all departments of the home and has regular meetings to oversee work health and safety within the home. All staff are trained in manual handling, work health and safety, fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. There is a maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by management and staff. Staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There is a system in place to provide an environment and safe systems of work that minimise fire, security and emergency risks. All staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate fire fighting equipment and warning systems and inspection of the external contractor records and equipment tagging confirms the fire fighting equipment is regularly maintained. Emergency folders are available to staff and evacuation plans are displayed throughout the home. A current resident list with photographs is located at the front office in case of evacuation. Security is maintained with a lock-up procedure, security lighting and alarm system at night. The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and discussed at staff and management meetings. Staff interviewed indicate they know what to do in the event of an emergency and residents interviewed say they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems to monitor infection rates. Procedures are provided for staff to minimise the spread of infection. The senior clinical team provide information to staff on infection control strategies to support staff and residents. The home has resources for outbreak management. Audits of infection rates are monitored and analysed by senior staff at regular meetings and discussed at site meetings to analyse and identify trends. Staff receive training at induction and through regular updates. An independent food safety inspection is carried out in the home. A vaccination programme is available to staff and residents. Staff interviewed are aware of infection control practices and are aware of standard precautions to be used in the home. Residents and representatives interviewed are satisfied with the home's approach to minimising infections.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. There is a rotating menu that provides choice and variety of meals and all meals are cooked fresh on-site. The menu has been reviewed by a dietician and caters for special diets and for the individual needs and preferences of residents. The cook is responsive to suggestions regarding the meals and to the changing dietary needs of residents. The home is cleaned regularly according to a schedule. The quality of the cleaning is generally monitored by management and staff and we observed the home to be clean. Personal clothing is laundered at the home. Hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents and representatives interviewed said they are satisfied with the hospitality services provided.