



Aged Care
Standards and Accreditation Agency Ltd

The Italian Village

RACS ID 6018
6 Mumford Avenue
ST AGNES SA 5097

Approved provider: Italian Benevolent Foundation SA Inc

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 1 July 2015.

We made our decision on 10 May 2012.

The audit was conducted on 16 April 2012 to 18 April 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

The Italian Village 6018

Approved provider: Italian Benevolent Foundation SA Inc

Introduction

This is the report of a re-accreditation audit from 16 April 2012 to 18 April 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 April 2012 to 18 April 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:	Philomena Mitolo
Team member:	Joy Sutton

Approved provider details

Approved provider:	Italian Benevolent Foundation SA Inc
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Details of home

Name of home:	The Italian Village
RACS ID:	6018

Total number of allocated places:	119
Number of residents during audit:	106
Number of high care residents during audit:	81
Special needs catered for:	People with dementia or related disorders

Street:	6 Mumford Avenue	State:	SA
City:	ST AGNES	Postcode:	5097
Phone number:	08 8397 0200	Facsimile:	08 8397 0236
E-mail address:	nursing@italianvillage.org.au		

Audit trail

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

Interviews

	Number		Number
Management team	4	Residents/representatives	23
Registered and care staff	12	Volunteers	2
Administration	4	Lifestyle team	3
Ancillary staff	10		

Sampled documents

	Number		Number
Residents' files	22	Medication charts	9
Summary /quick reference care plans	9	Resident agreements	6
Personnel files	8		

Other documents reviewed

The team also reviewed:

- Asset register, inventory of equipment and maintenance records
- Audit tools and schedules, worksite inspections, risk assessments, incidents data and analysis
- Calibration and service records
- Care and lifestyle review schedules
- Cleaning schedules and task lists
- Comments and complaints records and register
- Communication books, diaries and memorandums
- Continuous improvement records and action plans
- Electrical register – testing and tagging
- Fire system inspection records, triennial fire certificate
- Human resource documents and rosters
- Meeting minutes
- Menu, food safety plan, food safety audit, temperature monitoring
- Ministers specifications 76 and related emergency data
- Preventative and reactive maintenance data
- Policies and procedures
- Resident survey, resident newsletters, information handbook, resident agreements
- Staff handbook, staff job and person specifications, duty statements, performance management records and criminal clearances
- Staff training and registration records, training plan and evaluations

Observations

The team observed the following:

- Activity calendar and activities in progress
- Charter of residents rights and responsibilities, complaints and advocacy information in English and Italian
- Equipment and supply storage areas
- Fire suppression equipment and triennial fire certificate

- Infection control equipment
- Interactions between staff and residents
- Internal and external living environment
- Meals and drinks being served
- Medication administration and storage
- Resident and staff noticeboards

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

The Italian Village has a framework for continuous improvement which includes processes for regularly monitoring compliance with the Accreditation Standards and identifying opportunities for improvement. The home uses a self-assessment approach of measuring and reviewing performance. This includes continuous improvement action plans, a comments and complaints register, audits, resident and staff surveys, and meetings, as well as informal feedback. The continuous improvement action plan has examples of improvements for 2011 and 2012. Evaluations of improvements are conducted through gathering feedback from residents and staff, surveys and audits. Staff and residents are aware of the continuous improvement system and receive relevant feedback from the home about continuous improvement activities, outcomes and activities.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified by review that communication to staff through memorandum needed to be streamlined. Memorandums distributed to staff are now numbered and a register is maintained. In addition, all staff have letter boxes where relevant information is placed. Feedback from staff indicates they are "better aware of specific information relevant to them".
- A review found that attendance at training sessions was low. The home surveyed staff and instigated full day training sessions. Attendance has increased and staff feedback is that they "prefer a full day and find the training relevant".
- The home has reviewed the staffing structure and created a range of improvements to benefit residents. An additional clinical nurse has been appointed, the activities roster has been extended and a new lifestyle staff position has been created. Also cleaning and catering hours have been increased. This review was in response to staff and resident feedback. Feedback from staff is they are now not rushed and have time to spend with residents.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The Italian Village is one of the Italian Benevolent Foundation's aged care sites managed by a corporate group. Changes to legislation are identified at corporate level. The quality

manager receives legislative information from professional bodies, government agencies and industry groups, and then forwards emails to the care manager. The home has a system to monitor compliance to changes in legislation across all four Standards. Action is taken where non-compliance is identified. Policies and procedures are reviewed in consideration with legislative changes. Staff are informed of legislative updates through memorandums, education sessions, meetings, notices and general discussions. Some regulatory compliance monitored by the home includes archiving and destruction of documents, staff and volunteer police checks, mandatory reporting and notifying residents of the re-accreditation audit dates. Management and staff are aware of their individual responsibilities and of legislation that impacts on their area. Residents and representatives interviewed are also aware of the re-accreditation visit.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has processes to provide staff with the necessary skills and knowledge to perform their roles effectively, and to monitor their ongoing performance. Recruitment and employment processes screen employees to ensure they meet the requirements of the position and have the appropriate attitude for their roles. A training needs analysis is conducted every year which is reflected in the education program, both site and corporately. Staff are able to attend education and training at other sites managed by the Italian Benevolent Foundation. The home has access to enrolment in certificate courses through the Italian Benevolent Foundation College. All training is documented, including staff attendance numbers, and information from feedback is evaluated. Training evaluations are used to measure effectiveness of training providers and to identify and allow for forward planning. A training database is maintained corporately to monitor staff attendances and ensure appropriate training is provided. Management and staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Management and staff have attended education on various topics in the last 12 months, such as Accreditation, computer skills, front line management and documentation.

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

There are internal and external mechanisms in place for residents, resident representatives and other interested parties to put forward comments, suggestions and complaints. Information on internal and external complaint options is included in the resident handbook and resident aged care agreement. External complaints information brochures and internal complaint forms (English and Italian) are accessible throughout the home. There are boxes throughout the home to lodge forms confidentially. Complaints data is recorded and measured and review shows a substantial improvement in the number of internal and external complaints being made. Residents, representatives and staff interviewed are aware of the home's comments and complaints system and are generally satisfied with how complaints are managed.

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's corporate vision statement is "to enhance the wellbeing and quality of life for older people from Italian and other communities". The organisation has also documented its mission, objective and philosophy statements and these are displayed within the home. Documentation provided to residents and staff includes information about the home's commitment to quality and their vision and mission. Staff interviews confirm their awareness of the home's commitment to quality and that they are involved in quality initiatives.

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

Staff are recruited according to specific criteria and orientation processes are in place to provide support and to monitor their performance. The supervisor coordinates the rosters for all services except cleaning, which is managed by an external contractor. The care manager and supervisor use a formula based on resident care needs to determine the number of appropriately qualified and skilled staff required to deliver resident care. Although there is a set roster, alterations in staffing levels are made if resident needs change or if workloads increase. Planned and unplanned leave is covered by internal staff and external agency staff. The home has increased hours in care, lifestyle and hospitality due to resident and staff feedback. A registered nurse is on duty at all times. Italian speaking staff are available on all shifts to assist with translating and understanding of all needs. The home has systems and processes to monitor and record police clearances and professional registrations and ensure these are updated as legislated. Personnel files are kept secure. Staff performance is monitored, there are annual performance appraisals and agency staff are orientated and monitored for performance. Call bell response is monitored and analysed every month. Residents and representatives are satisfied with the ability of staff to provide appropriate care and services in a timely manner. Staff are satisfied with staffing levels and management are responsive to changes that may require additional staff.

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 sufficient goods and equipment to provide necessary care in the home. Designated staff are given responsibility for ordering, storing and rotation of stock. All new equipment is risk assessed prior to use and electrical equipment tested and tagged in line with Australian standards. A preventative and reactive maintenance system is used to maintain equipment through regular checks and servicing. Monitoring occurs through the home's auditing processes and stakeholder feedback. Staff are consulted and satisfied they have access to sufficient goods and equipment to provide the required care. Residents and

representatives are satisfied the level of goods and equipment provided by the homes meet their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

A process is in place for management and staff to access and gain assistance in managing information required by them to perform their roles. Processes used to provide staff and residents with information and feedback include communication books, checklists, induction programs, memorandums, noticeboards, meetings, newsletters, resource documents and training programs. Statistical data is collated, analysed and reported to relevant committees. Policies and procedures are reviewed on a scheduled basis at corporate level. Documents have appropriate control and undergo regular review. Information, including confidential records, is stored securely and there are procedures to guide staff in the retention and disposal of records, and the control of documents used by staff. Electronic information is password protected with restricted access and backup procedures are in place. The home has reviewed the handover sheet, improved the information and ensured that all staff are aware of changes to residents' care needs. Residents and representatives and staff have access to information in English and Italian to assist them in making decisions about their care and lifestyle. Residents and 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. Staff are aware of their responsibility in maintaining confidentiality and are satisfied they have current information relating to resident care and lifestyle needs to fulfil their roles and meet legislative reporting requirements.

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 established processes to identify the provision of external services based on resident needs and operational requirements. Supplier agreements outlining the service and quality expectations are initiated and monitored at an organisational level. These include criminal history and licence checks as required. Staff at the home have opportunity to give feedback on provided services. Residents and staff are generally satisfied with the quality and delivery of the externally provided contracted 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 findings

The home meets this expected outcome

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

The home has quality management systems in place to identify, pursue and plan improvements relating to residents' health and personal care. The home uses resident surveys, clinical care and documentation audits, and the reviewing of staff practices and resident incidents to monitor residents' clinical care outcomes. The home follows up identified issues. There are processes for providing feedback about improvement activities. Staff and residents are aware of the continuous improvement system and receive relevant feedback from the home about continuous improvement activities, outcomes and activities.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months are:

- The organisation reviewed its process of using chemical restraint. The registered staff have developed a checklist to be used prior to using chemical restraints. The checklist has various options to be implemented prior to administering 'as needed' medications. The Alzheimer's Association has adopted this checklist. There has been a decrease in the use of 'as needed' medication.
- As a result of feedback from resident representatives regarding the waiting time in the emergency departments of hospitals, the home has developed a partnership with the medical practitioner group on strategies concerning ambulance avoidance. The registered staff will have access to a clinical assessment workshop in May 2012. There has been a reduction in the frequency of utilising the emergency department.

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

The home has a system to identify changes and monitor compliance with relevant legislation, regulations and guidelines relating to the operation and management of the home. Corporate processes inform management and site-specific processes advise staff about relevant changes to regulatory requirements. Management identify the impact on their systems and processes and adjust or develop policies and procedures to support staff. Education is used to remind and inform staff of their roles and responsibilities for maintaining appropriate practices, such as reporting mechanisms and medication management. The home has processes for monitoring compliance relating to regulatory compliance, health and personal care. The home has processes to meet the requirements of specified care and services related to health and personal care, checking and recording of nurses' registrations, and

medication management. Nursing and care staff are aware of their individual responsibilities and of legislation that impacts on their area.

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

The home has processes for identifying and planning staff education and training needs relating to health and personal care and these are based on residents’ needs, staff requests and organisational requirements. There are processes for selecting staff with the appropriate knowledge and skills, and for maintaining these skills. The home conducts competency-based testing for registered staff to ensure nurses are able to fulfil the requirements of their role. Staff and management attendances are recorded onto a database which is now able to identify staff who have not completed mandatory training. Management and staff have attended education on various topics in the last 12 months, including behaviour and continence management, medication competencies and diabetes management. Nursing and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. Qualified staff assess residents on entry using information from residents and/or representatives, health professionals and entry documentation. This information is used to generate care plans which are reviewed in consultation with the relevant stakeholders. Staff are advised of changes to care using the home’s communication processes. These include handovers, progress notes, care plans and summary sheets. The home is able to communicate care needs or changes to care when external agencies are involved through transfer letters. Staff practices and assessment tools are monitored using care plan reviews, incident and infection data analysis, clinical management meetings, ‘opportunity to improve performance’ forms and audits. Incidents are documented, addressed and analysed to identify trends. Residents and representatives are satisfied residents receive clinical care according to their assessed need.

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

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Using consultative processes residents are assessed to identify their specialised nursing care needs and strategies to manage these needs are documented in care plans and treatment sheets. Medical practitioners are kept informed of changes and are asked to review residents when health needs change. Staff practices and assessment processes are monitored using audits, care plan reviews and clinical management meetings.

Residents and representatives are satisfied residents receive specialised nursing care from qualified nursing staff.

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 when needed. Using consultative processes, residents are assessed for their need for referral to allied health specialists and others. Urgent referrals are managed through referral to residents’ medical practitioners. Information is transferred to and from external agencies and health professionals using the home’s communication processes. Staff are advised of changes through progress note and handover processes. The home is able to arrange complementary services when requested by residents. Monitoring of referral processes and assessment tools occurs through audits, care plan evaluations and clinical management meetings. Residents and representatives are satisfied residents are referred to health specialists when needed.

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

Residents’ medication is managed safely and correctly. Residents are assessed for their ability to manage their own medication and strategies are identified to assist when needed. These are documented on medication charts. Residents, self medicating, are reviewed on a regular basis for their ability to manage. Medical practitioners are involved in the assessment process. Staff have policies and procedures to guide administration and the dispensing of ‘as needed’ and nurse initiated medication. The home has secure storage with dating and refrigeration as required. Monitoring of medication management and staff practice generally occurs through audits, analysis and trending of incidents and the medication advisory committee. The home has processes to manage the disposal of out of date, ceased, contaminated and damaged medication. Residents and representatives 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

Pain management strategies used in the home are effective. Consultative assessment processes are used to identify residents at risk or experiencing pain, and strategies to manage this pain are documented in resident care plans. Non medication treatments used include creams, heat packs and massage. Over the counter medications chosen by residents are reviewed by the medical practitioner and included on medication charts. Monitoring occurs through audits, care plan reviews, pain charts, evaluations and verbal feedback. Residents and representatives are satisfied with pain management strategies used in the home.

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

Palliation strategies used in the home bring comfort and dignity to terminally ill residents. Residents and/or representatives are consulted and have input into palliative care plans. Residents are encouraged to complete their end of life preferences when they enter the home. Palliative care plans are developed using a multidisciplinary approach and involving complementary therapies and spiritual support. Palliation specialists are consulted as necessary. Monitoring processes include clinical management meetings and stakeholder feedback. Representative feedback shows satisfaction with care in the home for terminally ill residents.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive adequate nourishment and hydration. Using consultative assessment processes residents’ nutritional and hydration needs are identified and communicated to the kitchen and documented in care plans. Staff interviewed are aware of residents’ textured dietary needs. The home has systems to monitor weight variations and refer residents to allied health professionals as needed. Residents are provided with assistance to eat, given assistive devices as required and referred for dental and oral assessments if needed. Staff interviewed are aware of textured diets and consistency of foods and fluids. Staff practice and assessment tools are monitored through audits, care plan reviews, stakeholder feedback and weight recordings. Residents and representatives are satisfied resident receive adequate foods and drinks.

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

Residents’ skin integrity management is consistent with residents’ general health. Residents are assessed on entry to the home for their skin care management, taking into account their health care needs, mobility and continence levels. Care plans are developed and include strategies to improve or maintain skin integrity. Residents with complex wound care are referred to health specialists for advice and support as required. Registered nurses monitor wound care treatments and use photography to assist in identifying progress and changes. Staff practice and assessment tools are monitored through incident and accident analysis, audits, and care plan reviews. Residents and representatives are satisfied with skin management strategies used in the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively. Using consultative processes the home assesses residents to ascertain their continence needs. Strategies are implemented and documented in care plans to assist in improving or maintaining social continence. Staff interviewed are aware of these strategies and documentation required to identify changes in urinary and bowel patterns. Infection data is collated and analysed to identify trends and monitor staff practice. Residents and representatives are satisfied residents’ continence needs are managed in an appropriate way.

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

Challenging behaviour of residents is managed in an appropriate way. Residents are assessed on entry to home to identify their potential for exhibiting behaviours that are challenging to others. Triggers and strategies to assist in minimising the impact of these behavioural traits on others is documented in care plans. Staff are aware of and able to describe these strategies. Specialised services are accessed for advice and support in behaviours of concern. Physical and chemical restraint use in the home has been reduced and guidelines introduced to trial alternative strategies prior to using ‘as needed’ chemical restraint. Staff practices and assessment tools are monitored using the home’s monitoring processes. Residents and representatives are satisfied with the home’s management of 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 able to achieve optimum levels of mobility and dexterity. On entry to the home residents are assessed to identify strategies to maximise independence and prescribed exercise regimes to assist in this process. These strategies are reviewed by health professionals on a regular basis and following falls. Residents are provided with aids as required and given opportunity to attend regular exercise programs. Falls and incidents are recorded, analysed and trended. Staff practice and assessment tools are monitored using the home’s monitoring systems. Residents and representatives are satisfied the mobility and dexterity levels of residents is managed and optimised.

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 health is maintained. The home assesses residents on entry to the home and reviews their oral and dental needs on a regular basis or when changes occur to health status. Strategies to assist in maintaining oral health are documented in resident care plans and changes made to diets if residents are unable to manage foods. Residents are referred and supported to attend appointments with dentists or speech pathologists as needed. Staff practices and assessment tools are monitored using the home’s monitoring processes. Residents and representatives are satisfied with residents’ oral and dental health management.

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. The home assesses residents’ vision, hearing, taste, touch and smell ability when they enter the home and identify strategies to assist in managing these losses. Strategies are documented in resident care plans and reviewed on a regular basis. Residents are referred to health specialists as necessary. Staff practices and assessment tools are monitored using the home’s monitoring systems. Residents and representatives are satisfied resident sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Using consultative assessment processes residents are assessed on entry to the home to identify strategies which assist them in sleeping comfortably throughout the night. These strategies, documented and reviewed on a regular basis, include preferred rising and settling times, lighting requirements and nutritional and hydration settling preferences. Staff practices and assessment tools are monitored using the home’s monitoring processes. Residents and representatives are satisfied residents are able to achieve natural 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 findings

The home meets this expected outcome

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

The home has quality management systems in place to identify, pursue and plan improvements relating to resident lifestyle. The home monitors resident lifestyle and develops continuous improvement action plans. The lifestyle coordinators committee meets every two months and develops action plans for improvements. Improvement activities are responsive to resident needs and suggestions. Management have logged improvement activities and achievements relating to resident lifestyle that are responsive to resident needs and have resulted in benefits for residents and staff. Residents are satisfied their suggestions for improvement are followed up.

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include:

- Following resident requests for more physical activities, the home has introduced a walking group. Attendance at the walking group has increased from five to 15 residents. Resident feedback is they “enjoy the walking group and going outside in the sunshine”.
- Feedback from residents showed the activity program did not provide sufficient activities for residents on weekends. An occupational therapy staff has been employed on the weekend and a program developed. This improvement is ongoing and yet to be evaluated.
- Following a project review undertaken by occupational therapy students to encourage socialisation through participation in activities, the project identified that some activities being offered at the home had limited opportunity for resident participation. The cooking, craft and gardening activities were modified to enable more opportunities for the residents to participate. A resource was also developed on “Participatory Cooking Book”. Residents stated they “enjoyed being involved in making things and using their past skills”.

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

There are systems to identify changes to legislation, notify management, staff and residents and to confirm changes are implemented at the home. Lifestyle decisions and choices are identified and documented as residents move into the home. Information about levels of care and service entitlements, use of personal information, security of tenure and resident rights is provided in English and Italian. Staff are aware of regulations and professional standards relating to mandatory reporting as well as resident privacy, dignity, confidentiality, choice and

decision making and security of tenure. The home has processes for monitoring its compliance with legislation and regulations relating to resident lifestyle. Residents are aware of their entitlements.

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

Corporate and site-specific systems provide and monitor the education, training and professional development of staff and management to undertake duties and perform roles effectively. Regular audits, surveys and observance of staff practice monitor the knowledge and skills staff require to perform their roles effectively. Management and staff have undertaken training relating to resident lifestyle in the last 12 months, such as elder abuse, rights and responsibilities of residents, privacy, confidentiality and independence, mandatory reporting and dementia. Lifestyle and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care and lifestyle assessment processes identify the emotional support needs of residents. The home's processes include the use of staff, clergy, volunteers and other residents to assist new residents to settle into the home. Residents are provided with information about the care and services available to them on entry. The home organises a welcome function for all new residents and resident feedback was positive toward this initiative. Residents are encouraged to personalise their rooms and families are encouraged to visit at any time. Residents are supported through emotionally difficult times by staff who provide comfort and contact family and spiritual support as required. Established processes, such as individual consultation, meetings and surveys, provide residents and representatives with the opportunity to confirm if the emotional support they receive is effective. Staff are aware of processes to support residents' emotional needs on entry and on an ongoing basis. Residents and representatives are satisfied the home consistently supports their varied emotional support needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes for assessing, implementing and reviewing strategies to optimise residents' independence. Physical activities, exercise, and physiotherapy programs are achieving improvement to residents' mobility which enables them to participate in increased lifestyle activity. Residents are also provided with mobility aids, cutlery and crockery aids to enhance independence. Several residents attend cultural community groups and training

institutes to learn computer systems. Other residents have special tasks to utilise their skills within the home, such as feeding the cat and dog, watering the garden, folding napkins, calling bingo numbers, and assisting in the laundry resulting in a sense of pride and involvement. Residents are supported to vote, are assisted with personal shopping, and transport is organised as required. The home organises bus trips that provide residents the opportunity to go to community outings. Staff are aware of the home's focus on maintaining or increasing residents' independence levels and on encouraging them to be independent. Resident satisfaction is monitored and this information is used to evaluate the service provided. The home has a large function room that is utilised by the community. Residents are satisfied with the support they receive to retain their independence, attend family and community activities and establish or maintain meaningful relationships in the home and the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Systems and processes monitor the effect of the physical environment and delivery of care and services on residents' privacy and dignity needs and preferences. Residents reside in single and double rooms. Where residents accommodate share rooms, staff practices respect residents' privacy and dignity. The environment provides residents with personal space and private areas to meet with family and friends. Confidential information is stored securely and is accessible to appropriate staff. The home uses surveys to monitor that residents' rights to privacy, dignity and confidentiality are recognised and respected. A recent resident survey indicated that privacy and dignity is maintained at all times. Staff are aware of strategies to maintain residents' privacy and dignity, through orientation and induction processes, performance management processes and staff training. Residents and representatives are satisfied with strategies staff use to respect their individual needs and preferences, including using their preferred name, respecting their personal space and ethnicity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to identify, plan, encourage and support residents' leisure interests and activities, taking into consideration cultural and language diversity. A social history, 'Preparing for your future', is completed for residents to identify activities they prefer and enjoy. The social history information is situated at the front of each resident care plan with individual lifestyle information for all staff to access. Activity calendars are displayed throughout the home. The home made changes to the lifestyle program and extended the lifestyle hours and activities based on resident requests. A walking group has increased leisure options and added interest to programs offered. Lifestyle programs have recently been increased to seven days a week. Information obtained from reviews, audits and surveys indicates that the home provides activities of interest based on residents' preferences and assessed needs and residents are supported to participate in them. Staff and volunteers support and encourage residents to take part in leisure activities that assist in meeting residents' social and leisure interests and needs in the home and community.

Residents and representatives are satisfied with the activity program and the support provided to facilitate their participation in leisure activities.

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

While there is a high percentage of residents who are Italian, the home caters to each resident's needs. The home has processes to identify, assess and review residents' spiritual, religious and cultural needs on entry to the home. The home's processes enable residents to continue cultural and spiritual activities consistent with their individual preferences, including leisure activities, meals and decorating their rooms with items of cultural or spiritual significance. The home uses a range of cultural and spiritual resources to meet the needs of residents from diverse backgrounds. The monthly activities calendar includes religious celebrations of significance to the Italian community, and national holidays and cultural celebrations. Italian concerts are held on site and activity programs include Italian radio and video programs. Newspapers and other reading material are available in English and Italian. The home employs a majority of staff who speak Italian or another language to communicate and are aware of residents' cultural needs. The home consistently uses processes to monitor and communicate residents' changing needs and preferences and to monitor staff practices, including the annual resident survey. Residents are satisfied that their cultural needs and preferences are being met and appreciate having access to staff who speak their language and understand their culture.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems for residents and representatives to participate in decisions about the services and care provided at the home. Processes identify representatives who act on behalf of residents who are unable to make their own decisions. Bi-lingual staff assist residents who do not speak English by providing information and feedback about choice. Further information about choice and decision making is available in the handbook and resident agreement. The home encourages and provides meetings for residents to discuss and provide feedback on care, lifestyle, environmental and catering issues. A food focus group has commenced as well as a relative focus group. The home uses surveys to monitor that residents' choices and decision making are supported and valued. A recent resident survey indicated that residents feel satisfied that they can make informed decisions and are able to exercise choice regarding the care and services provided by the home. Residents and representatives are satisfied with the way they are encouraged and are able to make decisions and choices about care needs and issues affecting 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 home provides information about resident rights and responsibilities, levels of care and services, moving of rooms, security of tenure, hospital, and social leave and complaint mechanisms. A formal interview including financial information, orientation into the home and a resident agreement are offered to all residents and their representatives. An administrative officer translates to ensure there is full understanding for all concerned. The home has streamlined the information provided to prospective residents. There are processes for consulting with residents and their representatives regarding identified changes in the level of residents' care needs when they occur. This information is then recorded on the resident agreement regarding the relocation. The home displays the '*Charter of Resident's Rights and Responsibilities*' throughout the home, in English and in Italian. Auditing and survey processes monitor resident and representative satisfaction with the level of information and consultation about security of tenure and rights. Residents and representatives are satisfied with the information provided and the 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 about the home’s continuous improvement systems and processes.

The home has a framework for regularly monitoring compliance against the Accreditation Standards and identifying opportunities for improvement relating to physical environment and safe systems. Safety and hospitality services are monitored and improved through regular work practice audits, inspections and resident feedback. The home responds promptly to correct identified issues which require attention. Residents and staff are aware of the continuous improvement program, and their suggestions are acted upon by the home.

Examples of improvements initiatives implemented by the home over the last twelve months include:

- A fire drill identified poor response time from internal staff and contractors. The home developed a pocket size fire procedure booklet, provided further training and increased the frequency of fire drills. A recent fire drill showed a reduction in response time. Staff feedback was they “found the booklet informative and a good reference point”.
- Following feedback from residents about the meals at the home, the home has developed a resident food focus group. This improvement is ongoing and yet to be evaluated.
- As a result of staff feedback the handover sheet has been updated to include information about manual handling and occupational health and safety issues. Feedback from staff indicates the information clearly identifies residents’ manual handling requirements.

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

The home has processes for identifying relevant legislation, regulations and guidelines, receiving updates and informing staff about relevant changes, and for monitoring compliance. Recent examples of changes to legislation have been received and implemented. Internal and external processes monitor compliance relating to physical environment and safe systems. These systems are understood and consistently implemented by staff at the home. Staff are aware of regulatory requirements relating to the physical environment and safe systems, including implementing occupational health and safety regulations, food safety, monitoring and maintaining fire safety systems, and maintaining appropriate storage and identification of chemicals used in the home.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has processes to provide staff with the necessary skills and knowledge to perform their roles effectively, and to monitor their ongoing performance. Processes monitor changes to the work environment and resident needs to identify additional training requirements. Attendance lists are maintained to ensure staff receive training in mandatory topics. Reviewing attendance rates for 2011 the home is providing full day training and this has resulted in an increase of attendance rates. The home has processes for following up staff attendance to ensure all staff have sufficient knowledge of manual handling, fire and emergency procedures, infection control, food handling, chemical management and safe work procedures. Management and staff have undertaken training relating to physical environment and safe systems in the last 12 months. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work 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 findings

The home meets this expected outcome

The home has systems in place to provide residents with a safe and comfortable living environment and access to communal and outdoor protected areas. Residents are encouraged to individualise their rooms. Staff are aware of their obligations to provide a welcoming, safe environment with call bell access, assistive aids, assistance to residents and cleaning programs. The home has a preventive and reactive maintenance program with audits and visual checks to monitor the environment. The use of chemical and physical restraint is closely monitored and only used if alternative options are not suited to maintain resident safety and security. The home has protocols to follow when restraint is deemed necessary and protocols in place regarding absconding residents. Residents and representatives are satisfied the home is safe and comfortable.

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

The home has systems in place to monitor and improve health and safety to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff in their daily work and staff are provided with training in regard to their obligations to maintain a safe work environment. Using a risk management approach, incidents, accidents and hazards are recorded and analysed by the care manager and reported through the operations committee. The home monitors the health and safety of staff through audits, meetings, inspections and observation. Staff have been provided with education about work and safety issues relevant to their work areas, and staff interviewed are aware of their obligations in relation to maintaining a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has implemented systems to provide a safe environment through minimisation of fire, security and emergency risk. All staff are given information at orientation and provided with mandatory training in fire and emergencies on a regular basis. External contractors maintain fire and emergency systems through regular monitoring and testing. The home has a current Triennial Fire certification inspection report and resident evacuation lists. Fire, security and emergency management is monitored through incident analysis, audits and stakeholder feedback. The home is currently working to refine its disaster management plan. Staff are aware of emergency procedures and have participated in emergency response drills. Residents and representatives are aware of what to do in an emergency situation and have instructions printed in both English and Italian on the back of their room doors as reminders.

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 implemented systems and processes to provide an effective infection control program. Staff are provided with mandatory training in infection control measures and competency hand washing audits assist in monitoring practice. Infections are recorded and analysed to identify trends. Information, plans and equipment are available for infection control management in the event of an infectious outbreak. Staff and residents have access to the influenza vaccination program. The home has pest control management and food safety program, and processes for managing contaminated waste and spills. Staff have access to personal protective equipment, hand-washing facilities and gels, and are confident with guidelines to manage infection control issues that may occur.

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

The home provides catering, cleaning and laundry services to residents in a way that enhances their quality of life and assists the staff working environment. Resident food preferences and needs are communicated to the hospitality staff on entry to the home and when changes are made. Meals are prepared and cooked on site and menus are chosen based on resident preferences and feedback. Residents are given choice at each meal and residents with special needs generally have these needs met with modified or prescribed choices. The home adheres to scheduled cleaning routines and attends to ad-hoc cleaning as required. Laundry services are provided on-site for all personal clothing and linen. The home monitors hospitality services through resident and staff feedback, food focus groups, audits and reporting processes. Staff are guided in their duties by policies and procedures. Staff are aware of their daily responsibilities and are satisfied with their working environment. Residents and representatives are generally satisfied with the catering, cleaning and laundry services provided by the home.