



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit The War Veterans Home Myrtle Bank Inc

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit The War Veterans Home Myrtle Bank Inc in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of The War Veterans Home Myrtle Bank Inc is two years until 18 August 2012.

The Agency has found the home complies with 42 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency found that the home did comply with expected outcome 4.4 Living environment after reviewing actions taken by the approved provider at the site audit.

The accreditation period will provide the home with the opportunity to demonstrate that it is capable of monitoring systems, evaluating the effectiveness of actions taken, and establishing and maintaining compliance with the Accreditation Standards.

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

Matters of non-compliance have been referred to the Secretary, Department of Health and Ageing, in accordance with the Accreditation Grant Principles 1999.

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

ACTIONS FOLLOWING DECISION

Subsequent to the accreditation decision, the Agency has undertaken support contacts to monitor the home's progress and has found that the home has since rectified the earlier identified non-compliance.

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

MOST RECENT AGENCY FINDINGS

Since the accreditation decision we have conducted a support contact. Our latest findings are below.

Standard 1: Management systems, staffing and organisational development	
Expected outcome	Agency's latest findings
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care	
Expected outcome	Agency's latest findings
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Standard 3: Resident lifestyle	
Expected outcome	Agency's latest findings
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply

Standard 4: Physical environment and safe systems	
Expected outcome	Agency's latest findings
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Home and approved provider details

Details of the home

Home's name:	The War Veterans Home Myrtle Bank Inc		
RACS ID:	6211		
Number of beds:	95	Number of high care residents:	53
Special needs group catered for:	<ul style="list-style-type: none"> • People with dementia and related disorders 		
Street:	55 - 59 Ferguson Avenue		
City:	MYRTLE BANK	State:	SA
		Postcode:	5064
Phone:	08 8379 2600		Facsimile:
			08 8338 2577
Email address:	warvets@warvets.com.au		

Approved provider

Approved provider:	The War Veterans Home Myrtle Bank Incorporated
--------------------	--

Assessment team

Team leader:	Amanda Altman
Team member:	Suzette Hayter
Dates of audit:	31 May 2010 to 2 June 2010

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does not comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does not comply
Does comply
Does comply
Does comply
Does comply

Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does not comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does not comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does not comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	The War Veterans Home Myrtle Bank Inc
RACS ID	6211

Executive summary

This is the report of a site audit of The War Veterans Home Myrtle Bank Inc 6211 55 - 59 Ferguson Avenue MYRTLE BANK SA from 31 May 2010 to 2 June 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 41 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 2.13 Behavioural management
- 3.7 Leisure interests and activities
- 4.4 Living environment

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit The War Veterans Home Myrtle Bank Inc.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 31 May 2010 to 2 June 2010

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

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

Assessment team

Team leader:	Amanda Altman
Team member:	Suzette Hayter

Approved provider details

Approved provider:	The War Veterans Home Myrtle Bank Incorporated
--------------------	--

Details of home

Name of home:	The War Veterans Home Myrtle Bank Inc
RACS ID:	6211

Total number of allocated places:	95
Number of residents during site audit:	93
Number of high care residents during site audit:	53
Special needs catered for:	People with dementia or related disorders

Street:	55 - 59 Ferguson Avenue	State:	SA
City/Town:	MYRTLE BANK	Postcode:	5064
Phone number:	08 8379 2600	Facsimile:	08 8338 2577
E-mail address:	warvets@warvets.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit The War Veterans Home Myrtle Bank Inc.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Residential care services manager	1	Residents/representatives	12
Registered nurses	1	Chaplain	1
Clinical nurse	1	Lifestyle manager	1
General services manager	1	Lifestyle staff	2
Quality coordinator	1	Care staff	4
Hostel supervisor	1	Maintenance staff	1
Enrolled nurse	1	Catering staff	1

Sampled documents

	Number		Number
Residents' files inclusive of pain, nutrition and hydration, skin, continence, behavioural, mobility, falls risk, oral and dental, sensory and sleep assessments.	9	Medication charts	2
Care plans inclusive of treatment sheets, reposition charts, and bowel flow charts	9	Personnel files	4
Progress notes	9	Wound care plans	2
Palliative care plan	1	Lifestyle care plans	10

Other documents reviewed

The team also reviewed:

- Comments and complaints documentation
- Continuous improvement documentation
- Duty statements

- Education records
- Grapevine newsletter
- Incident data
- Job and person specifications
- Lifestyle documentation
- Maintenance schedules and checklists
- Menus
- Mission, vision and quality statement
- Orientation checklists
- Police clearance register
- Quality improvement schedule
- Regulatory compliance records
- Resident orientations
- Rosters
- Training needs analysis
- Triennial Fire Inspection
- Various audits and results
- Various forms
- Various letters and memos
- Various policies, procedures and flowcharts
- Various reports
- Various staff and resident meeting minutes
- Various surveys and results
- Work schedules

Observations

The team observed the following:

- Activities in progress
- Activity room
- Chemical storage
- Cleaners' trolleys
- Cleaning in progress
- Communication (DECT phone) system
- Courtyard with flag pole
- Dining rooms and lounges for small group
- Evacuation kits
- Equipment and supply storage areas
- Fire and emergency signage
- Interactions between staff and residents
- Keypad security
- Kitchen
- Laundry
- Linen storage
- Living environment
- Meal service with residents being assisted
- Notice boards with information for staff and residents
- Nurses stations
- Residents ambulating with aids
- Secure units
- Storage of medications

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems to identify, implement and evaluate improvements in management systems, staffing and organisational development. The home uses incident data, audit results, feedback from staff, residents, representatives and other stakeholders to identify areas that can be improved. Improvements are logged on a quality improvement plan. The homes’ Quality Improvement Committee reviews the quality improvement plan and discusses the data from the home’s monitoring systems. Staff and residents are encouraged to be involved with comments and complaints systems, staff and resident meetings, verbal feedback and surveys. Staff, residents and representatives feel confident and encouraged to contribute ideas and suggestions and are provided with regular feedback.

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

- The home identified through their incident monitoring process that an increase of falls had occurred in the evenings in the Lower Kapyong area. The staff skill mix in this area was adjusted to include an enrolled nurse shift to assist with the medication round and supervise staff. The evaluation of this initiative showed a decrease in falls in this area and staff report improved communication and leadership.
- In order to improve staff knowledge regarding terminology and general systems and processes, the home developed the ‘Accreditation compliance education’ program (ACE). With the Accreditation audit approaching, staff expressed a desire to understand processes more clearly and to feel confident about answering questions that may be asked. The ACE program covers topics, such as, continuous improvement, regulatory compliance, comments and complaints, incident forms and emergency procedures. The sessions are facilitated in small groups or one-to-one for staff from a non-English speaking background where required and staff knowledge is evaluated at the end of each session. Staff report a greater understanding and improved confidence in their knowledge.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system for identifying and complying with relevant legislation, regulatory requirements, professional standards and guidelines. Updates are received from peak body memberships and are transferred to regulatory compliance log. Changes are made to policies and procedures as appropriate and disseminated to the relevant staff. Police clearance certificates are sighted and recorded on a spreadsheet which is monitored by administration staff for expiry. Residents' personal information is stored securely and destroyed appropriately. Compliance is monitored through various audits and monitoring of staff practices. Staff are informed of changes to guidelines and legislation via memo's, meetings and education sessions.

1.3 Education and staff development:

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

Team's recommendation

Does comply

The home has systems to provide appropriately skilled and qualified staff to perform their roles. The home has an orientation program for permanent staff and agency staff. Training needs are identified through a training needs analysis, staff appraisals, audit results, observation and staff and resident feedback. Examples of training relating to Standard One include, the ACE training program and computer training. The Board of Management have purchased the Agency's governance and accreditation toolbox to further their knowledge and skills. Attendance at training sessions is monitored and recorded and staff knowledge is monitored through questionnaires. Staff are satisfied that they are receiving the education they need to perform their roles. Residents and representatives are satisfied that they receive appropriate care from qualified staff.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and representatives are satisfied that the home provides them with access and information regarding internal and external complaint mechanisms. The home has systems to assist representatives and residents to feel comfortable to make a complaint and ensure they are aware of the processes available to them, such as the home's 'tell us what you think' forms. Information is provided in the resident handbook and agreement, newsletters, resident meetings and internal and external comments and complaints information is on display and on notice boards. The home has a Resident Advisory Committee that residents are encouraged to go to if they do not wish to raise a concern themselves. Verbal complaints are transferred to a complaints form for follow up or actioned immediately if possible. The home monitors the effectiveness of these processes through surveys, resident meetings and a quarterly analysis of complaints. Complaints are followed up, appropriate action is taken and feedback is provided to the complainant and other stakeholders.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has a documented mission and vision that sets out its commitment to quality. These documents are included in documentation supplied to residents, representatives and staff and are displayed on noticeboards throughout the home.

1.6 Human resource management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with staff availability and their responsiveness to their needs. The home has processes for identifying the number of appropriately skilled and qualified staff required to deliver resident care and services. Master rosters are reviewed and adjusted as required to ensure appropriate numbers of staff each shift. Absentees are replaced using the home's own staff or agency staff. The home monitors staffing levels and performance using appraisals, reports on agency usage, complaints, incident data and observation. Staff are generally satisfied with the adequacy of staffing levels at the home.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place to ensure adequate supplies of appropriate goods and equipment are available to meet staff and resident needs. The home has maintenance systems that includes a planned replacement program, a preventative maintenance schedule, reactive maintenance and access for all staff to report maintenance issues. Staff are delegated the responsibility for ordering various supplies. Levels and quality of goods and equipment is monitored through regular audits and staff and resident feedback. Results indicate that the home maintains adequate stocks of appropriate goods and that equipment is kept in good working order. Staff confirm they have the appropriate goods and equipment to perform their roles effectively. Residents are satisfied with the goods and equipment provided by the home.

1.8 Information systems

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

Team's recommendation

Does comply

The home generally has processes to provide management and staff with sufficient and appropriate information to enable them to perform their roles. The home has procedures for the secure storage and archiving of resident and staff information. There are systems to collate, analyse and use data from resident and staff assessments, incidents, infections, and hazards. These are collated on a three monthly basis. The home uses a computerised documentation system however this has not been fully implemented and staff use both computerised and hard copy documents. The computerised documentation system is accessible by personal identification only. This system is backed up daily. There are processes for informing staff of changes to resident care plans, needs, legislation, policies and procedures, and the operations of the home. The home provides residents and their representatives with access to information to assist them to make decisions about their care and lifestyle on entry to the home, and on an ongoing basis. Staff, residents and their representatives are satisfied with their access to information to assist them to make decisions.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

The home has systems in place to ensure that all external providers deliver appropriate and satisfactory services that meet the needs of the home and the residents. The home has contracts and agreements with external providers that specify the services and level of quality to be provided. The home monitors and reviews external services using feedback from management, staff and residents, audits and meetings. If a service is not being delivered in accordance with the home's needs, a review will take place and issues are either resolved in consultation with the supplier or a new supplier will be sought. Residents are satisfied that they are provided with quality care and services from externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has systems to identify, implement and evaluate improvements in residents' physical and mental health and their personal care. The home uses incident data, feedback, residents' individual health care needs and preferences and audit results to identify areas that can be improved. Staff and residents are encouraged to be involved in the continuous improvement system through the comments and complaints system, meetings, verbal feedback and various surveys. Residents and representatives are satisfied that the home is consultative and that feedback is provided.

The home demonstrated results of improvements in relation to health and personal care, including:

- Due to some complaints at a resident meeting regarding consistent delays in the medication round, the home has reviewed their process. Staff were consulted regarding the manageability of the current process and while experienced staff found the timeframe manageable, they agreed that it would be difficult for agency staff or new staff. The medication rounds will be adjusted to even out the workload and improve the timeliness of medication delivery. This initiative is still in progress.
- Due to a suggestion from a registered nurse, the home has implemented improvements to their palliative care process. A palliative care trolley has been developed and includes items such as tea and coffee for relatives to allow them to stay with their family member and support them through the dying process. This initiative is due to be evaluated in September, but the palliative care trolley has been used on several occasions and has made the process more comfortable for families and improved time management for staff.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has processes to identify changes to legislation, regulations and guidelines. The home identifies any changes through industry peak body membership. Registered nurses are rostered over a 24 hour period and are directly involved in the assessment of residents' care needs. Nursing registrations are monitored and copies are kept in personnel files. Residents are provided with the appropriate equipment, medication and services according to specified care and services for high care residents. The home has current licences for the medications held on site. Various audits and the supervision of staff practices are used to monitor compliance with legislation. Relevant information is disseminated to staff as required through meetings and memo's.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home has systems to ensure that appropriately skilled and qualified staff are recruited and are able to perform their roles effectively. Training needs are identified through legislative requirements, staff requests and in response to residents’ needs. The training program is developed each year and is flexible if needs change or gaps are identified. The home utilises the education programs offered by product suppliers, such as continence training and various other education sources, such as an industry education channel and external. Staff practice is monitored through competency testing, observation, feedback, appraisals and incident and audit results. Staff are satisfied with the training offered by the home. Residents and representatives are satisfied that they receive suitable care from appropriately qualified and skilled staff.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and their representatives are mostly satisfied with care and services provided.

The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents’ needs and care strategies are regularly reviewed and evaluated. Information regarding each resident’s care needs is documented in care plans that are easily accessed by staff. Handover and discussion are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Audits are scheduled and where issues are identified these are followed up.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences. The home has assessment processes to identify resident’s specialised nursing care needs and appropriate care plans are implemented. Registered nurses and enrolled nurses under direct supervision of the registered nurse attends to all specialised nursing care, including complex wound management, bowel and pain management. Enrolled nurses and carers work within their role and function, reporting to the registered nurse when changes in residents’ health or care needs require re-assessment. Residents are referred to general practitioners and external specialists when additional expertise is required. General practitioners visit the home on a weekly basis. Specialised care needs are evaluated in consultation with residents and representatives.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s response to sending them to appropriate specialists as needed. The home has processes to refer residents to allied health professionals and specialists in response to their changing health needs. Information and instruction following visits is stored in resident’s files. A physiotherapist, podiatrist, and several general practitioners visit the home on a regular basis. Referrals to other health professionals and services such as speech pathologists, dietitian and palliative services are initiated in consultation with residents and their representatives as required. Residents are assisted to attend external appointments when necessary.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the management of their medication. The home has systems to monitor staff practice and generally for the safe administration and storage of medications . Regular medication reviews are conducted and incidents monitored, analysed and followed up with corrective action. Frequent reviews by the medical officer and pharmacist occur. Registered and enrolled nurses administer medications. The home has a medication advisory committee which meets regularly.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents and their representatives are generally satisfied with their pain management. The home uses validated assessment tools to identify and manage resident’s pain on entry to the home and on an ongoing basis however these are not always used consistently. Staff are aware of non-verbal signs of pain in residents with cognitive impairment. The use of ‘as required’ medication is monitored and changes to regular pain medication regimes amended by the medical practitioner as required. Alternative non-pharmaceutical strategies are used to manage pain and are evaluated. Referrals are made to the residents’ medical officer when required.

2.9 Palliative care

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

Team’s recommendation

Does comply

Residents' and representatives are satisfied with the manner in which the home manages terminally ill residents. Palliative care wishes are obtained when a resident enters the home and updated as required. The home introduces palliative care plans which generally reflect changes in health status and needs when residents enter the final stages of their life. The services of palliative care specialists are used as necessary. Facilities for residents and/or their representatives are available to promote dignity and comfort.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the variety, choice, presentations and amount of foods and fluids provided by the home. The home uses their entry assessment, planning and review processes to identify and manage residents' dietary needs and preferences. Information from assessments is communicated to the main kitchen and individual pantries from where food is served. Consideration is given to preferences and individual likes and dislikes. Residents are weighed frequently and strategies implemented to manage weight loss over a period of time. When required residents are referred to dietitians, speech pathologists and/or general practitioners and commenced on supplementary drinks, food and fluid charts. Residents requiring assistance with meals are generally treated in a dignified manner whilst being encouraged to maintain their independence. Modified cutlery is provided where necessary. Staff have received training in food safety.

2.11 Skin care

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the management of skin integrity. The home assesses resident's skin integrity using validated assessment tools. Residents at risk are identified and strategies to manage the risks are documented in resident care plans. These include pressure reducing equipment and emollients. Wound management is monitored by the registered nurse and data is captured to monitor the healing of wounds.

2.12 Continence management

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

Team's recommendation

Does comply

Residents and representatives are satisfied their continence needs are being met. Information regarding the residents' continence is obtained via assessment and flow charts which provide guidance for the home when planning continence care. Continence management strategies on the care plans include level of assistance a resident requires to manage their toileting, toileting schedules and aids required. The effectiveness of the continence program is evaluated through the home's care review process and infection data. Staff practices are monitored by observation and residents feedback.

2.13 Behavioural management

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

Team's recommendation

Does not comply

While the home has systems for behaviour management, processes are not effective or implemented consistently. Assessment processes do not identify triggers or further assessment. are plans contain generic information about behaviour management. While staff are aware of generic behaviour management plans, strategies are not implemented consistently or are inappropriate. Behaviour management reviews and monitoring systems are ineffective. Residents are not all satisfied with behaviour management strategies.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the home's approach in assisting residents to maintain optimum mobility and dexterity. The home has processes for the assessment when they enter the home and on going review. Exercise programs are initiated as required to enhance and maintain resident's mobility and dexterity. Residents are assessed for their falls susceptibility. Hip protectors are recommended when risk is identified and residents are encouraged to wear them. Resident falls are documented on an incident form. Assistive aids are provided to residents and staff training is provided in manual handling techniques.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents are satisfied with the management of oral and dental care. The home assesses residents on entry to the home to identify and manage resident's oral and dental needs on admission. Care plans identify individualised strategies to meet needs and preferences. Provision of equipment to assist in the cleaning of dentures occurs for all residents.

Resident's individual care plans identify interventions needed to maintain healthy oral care. Monitoring by staff identifies the need for referrals to dentists or to change regimes on care plans.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents and their representatives are satisfied that their sensory losses are managed effectively. Deficits are identified on entry to the home and as required. Care plans are developed to manage sensory deficits which include the use of aids to enhance resident independence. Leisure and lifestyle activities generally consider sensory deficits and include activities that have the ability to stimulate and enhance deficits. Regular review of these needs occur. Consultation with residents/representatives about their preferences occurs. Referrals to allied health professionals such as podiatrists, audiologists, optometrists and physiotherapist occur.

2.17 Sleep

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

Team's recommendation

Does comply

Residents and representatives are satisfied the home provides an environment conducive to natural sleep as well as the assistance offered by staff to assist them to sleep. The home's entry, assessment, planning and review processes identify residents' individual needs and preferences to assist them to achieve natural sleep. Care plans reflect residents' needs and preferences around sleep. Observation, resident feedback and audits assist the home to monitor and review the effectiveness of strategies to support residents' sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems to identify, implement and evaluate improvements in Accreditation Standard Three. The home uses resident and staff feedback and suggestions and activity evaluations to identify areas that can be improved. Staff and residents are encouraged to be involved in the continuous improvement system through the comments and complaints forms, meetings, verbal feedback and surveys. Residents and representatives are satisfied that their personal, civic, legal and consumer rights are maintained.

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

- The home has developed a next of kin consent form to ensure residents, who cannot make their own decisions, have access to outings. Previously, lifestyle staff would be required to ring a resident’s representative to ensure they were comfortable for their relative to be taken out of the facility for lifestyle activities on each occasion. If staff could not get in contact with the representative, the resident may be required to stay behind. This new form has been included in the admission pack and has improved time management for lifestyle staff and access to outings for residents.
- The home purchased an interactive game console for residents to use as entertainment and exercise. A trial has been conducted with one resident who then presented an information session to other residents at a residents meeting. This initiative is in progress.
- It was identified during Remembrance Day celebrations at the home last year that a new flag pole would be of benefit. The new flag pole was purchased from grant money from the Department of Veterans Affairs. Remembrance Day celebrations were difficult the previous year as the ceremony was unable to be held outdoors due to weather conditions. The benefit of the new flag pole is that it can be seen from several areas from indoor locations and the ceremony can be conducted without the need to go outdoors.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system for identifying and complying with relevant legislation. Updates are received from peak body memberships and are transferred to a regulatory compliance log and changes to any policies or procedures are made as needed. Information regarding residents' rights, responsibilities and entitlements are documented in the resident handbook and resident agreement. There is a process for the mandatory reporting of abuse and staff have received education to make them aware of their responsibilities.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems to ensure that appropriately skilled and qualified staff are recruited and are able to perform their roles. Training needs are identified through a training needs analysis, staff requests and staff appraisals. Lifestyle staff are given opportunities to attend external training sessions as required. Performance is monitored through observation, staff appraisals and feedback. Residents and representatives are satisfied that their needs are provided for from appropriately qualified and skilled staff.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents and representatives are satisfied that they receive adequate emotional support. The home has various systems to ensure residents receive support before and after they move into the home and on an on-going basis. Residents are orientated to the home by lifestyle staff and strategies, such as religious support, various activities or one-to-one visits are generally implemented to provide the appropriate level of support to the resident. The home reviews care plans, conducts post admission surveys and uses information from general surveys to monitor processes. Monitoring processes show that residents are satisfied with the support offered by the home.

3.5 Independence

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

Team's recommendation

Does comply

Residents and representatives are satisfied that they are assisted to maintain their independence inside and outside of the home. The home has systems to support residents to achieve maximum independence physically, financially and socially. The home assesses residents' needs and abilities on an on-going basis and provides allied health services, staff assistance, access to their personal finances and appropriate equipment to encourage residents to be independent for as long as possible. Care plans are reviewed and information from surveys is used to measure resident satisfaction.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents and representatives are satisfied that the home respects their privacy, confidentiality and dignity. The home has procedures to ensure staff respect residents' rights and are aware of their individual preferences. The home assesses residents' choices and preferences on entry and on an on-going basis recording this information in care plans. Privacy and dignity is monitored through formal and informal observation of staff practices, surveys, audits and complaints. Staff generally demonstrate respect for the residents and are aware of the appropriate procedures such as, knocking before entering a residents room and dressing residents appropriately.

3.7 Leisure interests and activities

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

Team's recommendation

Does not comply

While the home has a system for identifying residents' leisure interests and activities, processes are not being implemented consistently and are ineffective. Residents are not being supported to participate in their chosen leisure interests and activities. Review processes do not evaluate the effectiveness of individual residents' leisure interests and 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 recommendation

Does comply

Residents and representatives are satisfied that the home respects and values their cultural and spiritual beliefs. The home has systems to generally ensure that residents' needs and wishes are respected and acknowledged. Church services are held regularly in the home and other spiritual support, such as Holy Communion, last rites and religious visitors are accessed regularly or as requested. The home celebrates the veteran culture which is significant at the home. The home monitors its processes using evaluations, surveys, audits and feedback from residents and representatives. Staff show respect for residents individual needs and cultural identities.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and representatives are satisfied that the home provides them with opportunities to make decisions and choices about their care and lifestyle. The home provides residents with information in the resident handbook and resident agreement, noticeboards, regular resident meetings and one-to-one consultation. The home monitors the effectiveness of its processes using surveys, comments and complaints and feedback from resident meetings. Staff consult residents regularly about their needs and are informed of choices and decisions of the resident or their authorised representative.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents and representatives are aware of their rights and responsibilities, feel secure in their tenure and are aware of how to access information. The home has processes to ensure residents and representatives understand their rights and responsibilities, including their right to secure tenure, and all other aspects of the residential care service agreement. The agreement outlines the rights and responsibilities of the resident and the approved provider and provides information regarding available services, fees payable and complaints mechanisms. The home consults all relevant parties if a resident is required to move rooms within the facility. The resident agreement is reviewed regularly to ensure that information remains current and in line with legislation requirements. Staff are aware of and respect residents' 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 recommendation

Does comply

The home has systems to identify, implement and evaluate improvements regarding the physical environment and safety. The home uses feedback and audit results to identify areas that can be improved. Improvements are logged on a quality improvement plan. Improvements are discussed and are a standing agenda item on meeting agendas, including resident meetings, occupational health and safety and staff meetings. Staff and residents are encouraged to be involved in the quality improvement system.

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

- Due to information received through industry networks, the home created a disaster plan with the assistance of an external consultant. Evacuation kits and checklists were developed and are kept in a central area. Staff were informed of the new processes and educated as part of the compulsory emergency training sessions. Management is still in the process of liaising with local hospitals to finalise evacuation procedures.
- The home has upgraded their security systems to include active security cameras and closed circuit television monitors in the nurses stations. Previously, if a visitor rang the front door bell after hours, staff would have to attend to the front door to view the visitor. Staff are now able to see visitors from the monitors at the nurses stations and decide whether or not to allow them access and can remotely unlock the front door.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system for identifying and complying with relevant legislation, regulatory requirements, professional standards and guidelines. Updates are received from peak body memberships. The home has implemented a food safety plan and provided staff with education. The home has systems to ensure compliance with legislation, regulations and guidelines such as, fire safety, infection control and building certification. The home monitors their processes using internal and external audits which show the home is currently compliant. Staff are informed of changes to guidelines and legislation via memo’s and meetings.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has systems to ensure that staff receive the appropriate training and education to be able to perform their roles effectively. The home offers training related to Standard Four, such as infection control, outbreak management, food and hygiene safety, emergency procedures and manual handling. Performance is monitored through observation, feedback, staff appraisals and various internal and external audits. Staff are satisfied with the training offered by the home. Residents and representatives are satisfied that the home is safe and comfortable and services are provided by appropriately qualified and skilled staff.

4.4 Living environment

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

Team's recommendation

Does not comply

While the home has systems for providing and maintaining a safe and comfortable environment, processes are not effective or implemented consistently. The home's monitoring processes do not ensure a safe and comfortable environment consistent with residents' care needs.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has systems to identify, address and monitor occupational health safety and welfare (OHS&W) issues, to provide an effective and safe working environment. Staff receive mandatory training through orientation and on an ongoing basis, and are guided in daily practices by policies and procedures. OH&S and quality committee meetings discuss OHS&W issues and monitor safety issues. The maintenance officer attends to planned maintenance schedules and daily requests logged for attention. Management monitor the working environment through resident, representative and staff feedback, and audits. Staff are provided updated policies and procedures, and training in accordance with relevant legislative changes. Staff are aware of their responsibilities and are satisfied with the safe working environment provided.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has safety systems and emergency procedures to minimise the risks associated with fire, security and other emergencies. Staff attend mandatory fire safety training and are familiar with their responsibilities and duty of care in the event of a fire or other emergency. Emergency procedures manuals are available and evacuation maps are displayed throughout the home. An external contractor regularly checks and maintains the emergency lighting, fire detection, and containment and suppression systems. Emergency exits are clearly sign-posted, well lit and free from obstruction. The home has a current triennial fire certificate. Electrical equipment is tested and tagged. The home is secure at all times, visitors sign in/out, lock-up procedures, external lighting, monitored internal and external security provide a safe environment for residents and staff at all times.

4.7 Infection control

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

Team's recommendation

Does comply

There are processes to provide infection control in all areas of the home. The clinical nurse consultant is responsible for the infection control program. There is a surveillance program to identify infections and this information is analysed to identify trends. Staff are provided training in infection control and food safety. Processes, including hand-washing, the use of personal protective equipment, temperature monitoring and colour-coded cleaning processes are implemented. Immunisation programs are available to residents and staff. External contractors provide pest control and waste management programs.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the cleaning, catering and laundry services provided at the home. The seasonal and rotating menu is created in consultation with a dietitian. Choices are available for residents. Work schedules ensure services are provided consistent with residents' needs and preferences. All meals are cooked on site. Cleaning services are provided at the home seven days a week. All residents clothing is laundered on-site. The laundering of linen is outsourced to an external provider. Feedback and consultation processes, such as surveys and residents' meetings provide a system for residents to have input into the services provided at the home and monitor their satisfaction with these services. Staff are provided with supplies and equipment to support them to undertake their duties and provide quality services to residents.