Decision to accredit
Uniting Aged Care - Strath-Haven

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Uniting Aged Care - Strath-Haven in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Uniting Aged Care - Strath-Haven is three years until 31 August 2012.

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

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

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

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Uniting Aged Care - Strath-Haven
RACS ID:	3085

Number of beds:	94	Number of high care residents:	37

Special needs group catered for:	• Dementia Care

Street/PO Box:	131-149 Condon Street

City:	BENDIGO	State:	VIC	Postcode:	3550
Phone:		03 5442 3155	Facsimile:	03 5441 2744	
Email address:		s.gumley@strath-haven.com.au			

Approved provider

Approved provider:	Uniting Church in Australia Property Trust (Victoria)

Assessment team

Team leader:	Rhonda Whitehead
Team member/s:	Michael Holden
Date/s of audit:	16 June 2009 to 17 June 2009

Executive summary of assessment team's report		**Accreditation decision**

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations	Agency findings
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome		Assessment team recommendations	Agency findings
4.1	Continuous improvement	Does comply	Does comply
4.2	Regulatory compliance	Does comply	Does comply
4.3	Education and staff development	Does comply	Does comply
4.4	Living environment	Does comply	Does comply
4.5	Occupational health and safety	Does comply	Does comply
4.6	Fire, security and other emergencies	Does comply	Does comply
4.7	Infection control	Does comply	Does comply
4.8	Catering, cleaning and laundry services	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.

SITE AUDIT REPORT

Name of home	Uniting Aged Care - Strath-Haven
RACS ID	3085

Executive summary

This is the report of a site audit of Uniting Aged Care - Strath-Haven 3085 131-149 Condon Street BENDIGO VIC from 16 June 2009 to 17 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Uniting Aged Care - Strath-Haven.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 16 June 2009 to 17 June 2009.

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

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

Assessment team

Team leader:	Rhonda Whitehead
Team member/s:	Michael Holden

Approved provider details

Approved provider:	Uniting Church in Australia Property Trust (Victoria)

Details of home

Name of home:	Uniting Aged Care - Strath-Haven
RACS ID:	3085

Total number of allocated places:	94
Number of residents during site audit:	75
Number of high care residents during site audit:	37
Special needs catered for:	Dementia Care

Street/PO Box:	131-149 Condon Street	State:	Victoria
City/Town:	BENDIGO	Postcode:	3550
Phone number:	03 5442 3155	Facsimile:	03 5441 2744
E-mail address:	s.gumley@strath-haven.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Uniting Aged Care - Strath-Haven.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	17
Registered nurses division one	1	Volunteers	2
Registered nurse division two-care coordinators	4	Hotel services manager	
Care staff	3	Laundry staff	1
Administration assistant	1	Cleaning staff	2
Catering staff	2	Maintenance staff	3
Lifestyle coordinator	1	Clinical and lifestyle evaluation forms	10
Dementia care consultant-registered nurse division one	1	Executive director	1
Regional quality manager	1		

Sampled documents

	Number		Number
Residents' files	14	Medication charts	10
Summary/quick reference care plans	10	Weight charts	10
Wound charts	4	Personnel files	6
Blood glucose monitoring charts	3	Incident reports	15
Care assessment packs	10	Handover sheets	4
Physiotherapy plans	10	External service contracts	13
Bowel charts	5		

Other documents reviewed

The team also reviewed:
- Actions for regulatory change December 2008
- Activities calendar

- Admissions folder
- Allergies stickers
- Annual scheduled maintenance 2009 folder
- As required medication stickers
- Audits 2009 folder
- Benchmarking data
- Change of diet sheets
- Chemical data safety sheets
- Chemical use charts
- Cleaning audits folder
- Cleaning inspection folder
- Cleaning schedules
- Clinical policies and procedures
- Comments and complaints posters/forms
- Comments, compliments and complaints folder 2009
- Complaint reporting and follow up flow chart
- Contracts folder
- Current assessment folder
- Daily diary
- Days of week poster
- Dietary information sheets
- Education and training calendar
- Essential safety measures folder
- Evidence folders standards 1 to 4
- Fax folder
- Feed back forms
- Food handling certificates
- Food safety plan
- Goods and services contract
- Hand washing posters
- House keeping standard operating systems procedures
- Improvement register
- Improvement reports
- Influenza warning posters
- Mandatory reporting register
- Meeting schedule
- Memorandums and folders
- Minutes of meeting – health personal care and lifestyle committee
- Minutes of meeting – quality and safety committee
- Minutes of meeting – residents and relatives
- Monthly menu
- Nurse registration records 2009
- Occupation health and safety hand book, contractors and trades persons
- Occupation health and safety notice board
- Occupational health and safety folder
- Open quality first forms folder
- Operational policies and practice standards
- Our vision our values poster
- Outbreak management flow chart
- Palliative care plan
- Performance appraisal register
- Police check register – staff, volunteers and contractors
- Police record check application
- Quality first forms
- Regulatory compliance 2009 folder
- Resident agreements

- Resident drinks lists
- Resident newsletter
- Residents' information handbook
- Residents' information package and surveys
- Risk assessment folder
- Rosters
- Short term assessment folder
- Staff development – attendance review
- Staff education records 2009
- Staff handbook
- Staff meeting minutes
- Strategic plan 2007 - 2010
- Temperature charts/records
- Thickened fluid instruction charts
- Trend analysis-falls, infection, wounds and behaviour
- Wound care instruction posters

Observations

The team observed the following:
- Activities in progress
- Activities supplies
- Advocacy services brochure
- Aged care channel
- Aged care complaints investigation scheme brochure
- Annual essential safety measures report
- Chair scales
- Charter of residents rights and responsibilities
- Chemical storage areas
- Cleaning supplies
- Cold and dry food storage areas
- Colour coded mops
- Community/communal jig saw
- Continence aide supplies
- Dining room
- Education notice boards
- Electric beds
- Emergency response manual
- Equipment and supply storage areas
- Evacuation plans
- Evacuation slide sheets
- Feed back forms
- Fire fighting equipment within test date
- Fire orders
- Fire warden register on duty notice board
- Gastro kit
- Hand sanitising dispensers and disposable gloves
- Hand washing supplies
- Infectious waste disposal
- Influenza kit
- Interactions between staff and residents
- Key padded doors
- Kitchen
- Kitchenettes
- Labelling machine-clothing
- Laundry and associated systems
- Libraries

- Lifting equipment-fixed track and mobile
- Living environment
- Maintenance request sheets / diary
- Material safety data sheets
- Meal service
- Oxygen storage and use
- Personalised resident rooms
- Quality notice board
- Resident computer
- Resident photo boards
- Residents names and room numbers boards
- Sensory garden
- Storage of medications
- Suggestions boxes
- Theme day presentations and displays
- Tuck shop
- Volunteers information boards
- Water fountains
- Wing fire book and resident list
- Wound supplies

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 actively pursues continuous improvement and has systems in place that demonstrate quality practice. The home is supported at an organisational level and maintains an organisation based annual audit schedule measuring performance against the accreditation standards. The home uses quality first, and feed back forms (comments and complaints forms), audits, meeting minutes and incident reports to pursue continuous improvement programs and inform the monthly personal care and lifestyle committee of continuous improvement activities and progress in each area. Management regularly reports continuous improvement activities to resident and relatives and staff meetings. Residents and staff stated they are aware of the home's continuous improvement system and that management are responsive to their suggestions.

Examples of recent improvements relating to standard one include the following:
- A range of self directed learning packages have been developed and promoted with management encouraging staff to participate
- The Aged Care Channel has been reintroduced and promoted to staff to enhance the education and training initiatives of the home
- Improvements to the home's information systems have occurred to facilitate consistency within the home and across the organisation.
- Introduction of initiatives to improve staffing qualifications, these include a scholarship program and the promotion of staff training opportunities
- A staff training needs analysis has been conducted with identified gaps incorporated in the education training calendar
- Meeting agendas and terms of reference have been reviewed and include continuous improvement as standing items.

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 subscribes to a legislative update service and belongs to peak body associations at an organisational level. The organisation informs the home of changes to legislation, industry standards and guidelines relevant to the home's operation by intranet. The organisation together with the home reviews and updates policies and procedures as needed. Staff are kept informed by email, memoranda and at relevant staff meetings. A police check register is maintained by the home with staff, volunteers and external contractors furnishing the required checks. Staff and volunteers confirmed they are informed of regulatory compliance amendments and that they have current police checks.

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 maintains an annual training calendar with education programs developed from feedback from staff surveys, resident needs analysis, improvement activities and any legislative updates. The homes education program is further supported at an organisational level through assistance with mandatory education and management/leadership courses. The staff and training rooms are well stocked with resources including a self directed learning system and access to the Age Care Channel. Education programs are evaluated and attendance logs maintained. The education calendar is openly displayed, and staff are reminded of future sessions at staff meetings, all staff are encouraged to access the resources available. Staff confirmed their satisfaction with the home's professional development opportunities.

Recent education topics in Standard One include:
- A range of Aged Care Channel programs
- Accreditation
- Bullying and harassment
- Equal opportunity employment

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

Information regarding the home's complaints system is available throughout the home and in the resident's information kit provided to residents and their representatives before or on entering the home. Stakeholders have access to both internal and external avenues to resolve complaints or concerns. The feed back form (complaints forms) and the bimonthly resident meetings, or resident wing meetings are the established means for residents or their representatives to raise issues with management. A complaints register is maintained by the home and is regularly discussed as an agenda item at relevant staff and resident meetings. Minor issues are dealt with promptly, more complex concerns are included on an action plan which is then linked to the continuous improvement system. Residents stated they are aware of the comments and complaints systems in the home and feel comfortable in raising issues directly with staff and management.

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's "Our vision, Our values" are clearly documented in resident and staff handbooks and displayed throughout the home describing the home's commitment to providing residents with quality care. The home and the organisation's commitment to quality is reflected in the home's audit system, reporting mechanisms and comments and complaints systems. Feed back is communicated to all stakeholders. The homes strategic planning is overseen at an organisational level. Input from residents and other stakeholders of the home is encouraged and provides a frame work to promote short

and long terms goals. Residents and their representatives confirmed they are actively involved in future and past building programs and other developments.

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

Human resource management is supported at an organisational level from a human resource department. Management regularly assess and monitor staffing levels in line with care needs and service requirements of residents. The home uses an internal staff bank to fill vacant shifts on the master roster. Commencing staff undertake an orientation program, which includes mandatory training sessions for infection control, fire safety and occupational health and safety. Management encourage staff development and undertake annual staff appraisals. Staff stated they have enough time to attend to their duties and there are sufficient staff to provide safe and effective care to residents. Residents confirmed that staffing levels are satisfactory, that care assistance is prompt, caring and helpful.

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 there are adequate supplies of goods and equipment that is maintained and in good working order. Preventative maintenance programs are supported by an annual schedule to ensure reliability of equipment. The home has a maintenance diary system for staff and residents to record as needed maintenance requests. Review of the maintenance records indicated timely responses to maintenance issues/requests. A stock rotation system is in place for perishable items. A preferred suppliers list and external service provider register is maintained to ensure consistent service arrangements. Risk assessments are conducted on new equipment with staff receiving suitable orientation prior to its use. Staff and residents stated there are adequate supplies of goods and equipment to meet their needs and that management are responsive to requests for goods and services.

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

Team's recommendation
Does comply

Information management systems are in place to ensure stakeholders have access to relevant information through meetings, newsletters and policies and procedures. An administration officer maintains resident agreements and personnel files in lockable cabinets within a secured area. Computer systems are password protected with restricted access levels in place. The home maintains a combination of computerised and hardcopy resident documentation. Archived hard copy documents are stored in secure areas and electronic systems backed up regularly by an external provider. Staff stated that information is received and exchanged at regular daily clinical handovers, staff meetings and by memorandum. Residents confirmed that meetings, newsletters, and noticeboards inform them of relevant information.

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

External service providers maintain service agreements with the home who ensure contractors maintain the necessary qualifications and carry appropriate insurances as required to undertake their duties. Contractors are required to maintain a police check register and monitor compliance. Agreements are informally reviewed as they expire, key performance indicators are included in the agreements and monitored by the home/organisation for review at time of review or before if performance indicates. An approved supplier list together with an emergency services contact register is maintained by the home and is available to staff. Stakeholders confirmed their satisfaction with the service they receive.

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

An annual audit schedule measures the home's clinical performance against the accreditation standards using the organisation's universal auditing tools. Audits and incident reports are analysed and evaluated with the results trended and reported at the personal care and lifestyle committee meetings. Issues arising prompt an improvement activity with progress monitored on the continuous improvement system. Stakeholders are provided with feed back through informal discussions and at staff and lifestyle and meetings. Staff confirmed they participate in the continuous improvement system. Residents and relatives stated they are aware of the home's continuous improvement system.

Examples of recent improvements relating to Standard two include the following:
- The home has adopted the organisation's universal clinical assessment tools, audit tools and reviewed its audit schedule in line with organisational guidelines.
- A new medication competency for all clinical care staff administering medications has been developed to support medication management protocols in line with the exemption from the Nurse's Board of Victoria.
- Handover forms have been reviewed to include care plan updating and evaluation alerts.
- A new blood glucose monitoring chart has been developed to reflect the home's diabetic surveillance policy
- The home has introduced a new pain management tool. Associated flow charts assist staff with guidelines for the administration of as needed pain relief medication and evaluation of its effectiveness.
- The development of a new dietary requirements assessment form to better reflect resident dietary restrictions.

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

Policies and procedures are reviewed at an organisational level to reflect regulatory changes in accordance with current legislation, regulatory requirements, professional standards and guidelines about health and personal care. Changes to policies and procedures are relayed to the home and distributed to staff through memorandum or intranet service (see outcome 1.2). Stakeholders can access copies of policies and procedures in hard copy or on the organisation's intranet. The staff handbook includes guidelines covering privacy and confidentiality. Regulatory compliance is a standard agenda item at a range of staff and management meetings. A register and copies of professional registrations are held by the home.

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

Education opportunities to support clinical care are identified through staff surveys, staff appraisals and resident needs analysis. The Aged Care Channel and a library of digital video disks provides staff from all shifts with the opportunity to improve their clinical knowledge and skills. The facility manager oversees the clinical education program including the delivery of regular medication competencies. Training sessions and the self-directed learning packages are evaluated and attendance records are maintained. Staff confirm they are encouraged to participate in the education program.

Recent education topics in Standard Two include;
* First aid
* Sensory loss
* Dementia care
* Dealing with challenging behaviours
* Medication management
* Assessments and care planning

2.4 Clinical care
This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation
Does comply

Residents of Strath-Haven receive appropriate clinical care. Resident health and personal care is assessed using standardised assessment tools from which care plans are developed. Care plans are reviewed and evaluated second monthly by qualified staff in consultation with residents, families, staff and other health professionals. Staff receive appropriate training to perform their tasks and are supported in their role by registered nurse division one services. Residents' and their families confirmed that residents are happy with the care provided.

2.5 Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation
Does comply

Residents' specialised nursing care needs are identified on entering the home through the assessment process and reviewed and evaluated on a regular basis by appropriately qualified staff. Staff have access to education, articles, policies and procedures and work procedure manuals to assist in safely delivering specialised nursing care needs. Tracking of specific needs and evaluation is achieved using a variety of observation charts including wound, blood glucose monitoring and weight charts. Residents' families confirmed that appropriately skilled and qualified staff meet specific needs.

2.6 Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's recommendation
Does comply

Residents' have access to medical specialists and other health professionals in accordance with their needs and preferences. Referrals to physiotherapy, speech pathology, dieticians, mental health services, podiatrists and optometrists are made following assessment of residents or on families request. The home is also able to access the "in reach" clinical support program from the local regional health service. Arrangements are made for residents to attend external medical or specialist appointments when needed. Families confirmed that assistance is given by staff to make and keep appointments as needed.

2.7 Medication management
This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation
Does comply

Systems are effective in ensuring that staff are able to manage medications safely and correctly and in accordance with regulatory requirements. Registered nurse division one and medication endorsed division two nurses are responsible for the management of medication. Registered nurse division two and personal care staff administer and assist residents to take their medications. Medications charts are monitored and audited regularly. Records indicate that medication errors are minimal and corrective action to be appropriate. Each member of staff administering medications is subjected to regular competency testing and ongoing education is provided. Residents' and their families confirmed that medications are managed satisfactorily.

2.8 Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation
Does comply

Residents' pain issues both current and past are discussed on entry to the home. A pain assessment is completed and management strategies are developed. Residents unable to express pain are monitored using specific assessment tools. Strategies to treat residents' pain are documented and evaluated. Medical practitioners and allied health personnel assist with pain management and alternatives to medication such as heat, massage, repositioning and exercise are trialled for effectiveness where appropriate. Residents stated that they are assisted with any pain issues by the staff.

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

Team's recommendation
Does comply

On entry to the home residents are consulted about end of life wishes and these are noted in the residents' file. The home has a palliative care process that is overseen by the registered nurses division one and two. Individual specific palliative care plans are created to address end of life issues and individual spiritual requirements as the need arises. External palliative care specialists are available to assist with equipment and advice if required. Families confirmed that palliative care is managed sensitively and with empathy by the staff.

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

Team's recommendation
Does comply

Residents' nutritional requirements, preferences, likes and dislikes are assessed on entering the home and a care plan created. The home offers a seasonal, four weekly rotating menu and alternatives are offered at each meal time. Changes in dietary needs are relayed to the kitchen using change of dietary advice forms. A nutrition portfolio has been created and is overseen by a registered nurse division two who monitors residents' weights and changes to nutritional status. External specialists such as speech pathologists and a dietician further assist/direct nutrition interventions and specialist drinks and meals are introduced as needed. The team observe well-balanced attractive meals of good size and texture being served at the time of the visit and residents stated they were satisfied with the quality and variety of meals.

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

Team's recommendation
Does comply

Residents of the home are assessed on entry to the home for the condition of their skin and risk of injury or skin break down using a range of standardised assessment tools. A care plan is constructed and evaluated regularly by registered nurses division one and two. Residents skin integrity monitoring is supported by incident reporting, infection control data and regular audits. In the event of a wound occurring a wound chart is commenced to track the healing process. The home uses specialist wound products when needed. Residents' and families stated they are pleased with interventions put in place to promote healing and prevent injury.

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

Team's recommendation
Does comply

Residents of Strath-Haven are assessed for their continence needs using a three to seven day standardised assessment tool. Where a care need is identified, a care plan is developed including toileting times to optimise each resident's toileting needs and dignity. Residents benefit from each having access to a toilet and bathroom in their rooms. Interventions are monitored for effectiveness regularly and evaluated second monthly. Resident continence is further supported with the use of continence aids if required. A regime of additional fluids, a natural diet and exercise is included to each resident's tolerance. Residents and their families confirmed that continence needs are managed to their satisfaction.

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

Team's recommendation
Does comply

Those residents' of Strath-Haven who are recognised as having challenging behaviour reside in either the dementia specific unit or where safety can be assured in the other

units of the home. Assessment of care is undertaken, taking into consideration the individuals right to maintain independence, personality traits, friendships and associations with the community in tact. The team was able to observe that an environment respectful of residents' rights and preferences is maintained by staff. Resident care is regularly monitored and evaluated. Chemical and/or physical restraint is kept to a minimum and undergoes regular review by general practitioners and registered nurses division one. Aggressive behaviour is monitored using the incident reporting system, and residents can be referred to external specialist psycho-geriatric services if needed. Staff are educated in communicating with residents with dementia. Families confirmed that staff manage challenging behaviour in a empathetic manner

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 are assessed for mobility and dexterity on entry to the home, this includes a physiotherapist assessment. Resident's mobility deficits/requirements and risks are identified. A range of mobility assistive devices are available to support residents needs. Each residents needs are reviewed and evaluated second monthly. All resident falls are tracked using the incident reporting process, data collected is analysed to further improve outcomes for the resident and the home. Families are pleased with interventions in place to optimise mobility and safety for each resident.

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

Team's recommendation
Does comply

Residents of Strath-Haven are assessed for oral and dental care needs on entry to the home in consultation with each resident and their families. Independence is encouraged with support or monitoring by staff. Residents have access to external dentists or medical assistance as needed. Residents and families stated they are assisted to maintain oral hygiene and that staff provide assistance to access external appointments if necessary.

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

Team's recommendation
Does comply

Strath-Haven has systems in place to ensure that residents' sensory losses are identified and managed effectively. Assessed needs are evaluated regularly. Residents are referred to and encouraged to visit other health care professionals such as optometrists and audiologist if needed. Care staff are familiar with residents' sensory losses, communication needs and care requirements. Strategies to promote communication are included in each resident's plan of care. Residents and their families confirmed they receive assistance to optimise their communication needs.

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

Team's recommendation
Does comply

Residents of Strath-Haven are assessed for their sleep patterns and sleeping rituals on entry to the home. Care plans include individual rising and settling times, nightly rituals, pain control and other strategies to maximise comfort and natural sleep. Changes in sleep patterns are noted and evaluated. Each resident has their own bedroom and bathroom providing an environment for natural sleep and rest during the day. Residents confirmed they are able to achieve a rested sleep on most nights.

Name of home: Uniting Aged Care - Strath-Haven RACS ID 3085
Dates of site audit: 16 June 2009 to 17 June 2009
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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 maintains continuous improvement systems and processes to pursue a responsive, interactive lifestyle for all residents. Resident and relative surveys, meetings, and residents' focus groups provide mechanisms to prompt improvements in residents' lifestyle. Suggestions can be made using the feed back forms, these are reviewed by the facility manager and monitored by the personal care and lifestyle committee. Staff confirmed that they are encouraged to participate in continuous improvement stating that they assist residents in using the home's system when requested. Residents and relatives confirmed they are provided with feed back through meetings, newsletters and informal discussions.

Examples of recent improvements relating to Standard three include the following:
- A resident satisfaction survey has been conducted and evaluated against the existing activities calendar. Resident requests included gardening and cooking for inclusion in a new calendar.
- The volunteer program coordinator and the lifestyle coordinator are to regularly meet to discuss activities that can be incorporated onto the activities calendar.
- The newspaper reading sessions have been rescheduled following resident requests
- A craft and greeting card activity has been initiated by the volunteer program
- Numerous pin boards have been provided to display photographs of resident activities and special theme days
- A gardening group has been established with residents encouraged to participate, some bringing plants from their family homes and planting them within the home's gardens.
- The lifestyle coordinator is currently formalising all leisure activities into a process format to ensure volunteers and staff have clear instructions and objectives to follow when conducting a leisure program.

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

Changes to legislative, professional standards and industry guidelines relating to resident lifestyle are identified by the home with policies and procedures amended to ensure compliance at the home and on an organisational level. This is relayed to staff by intranet or memorandum. Security of tenure and residents' rights and responsibilities are respected by the home with policy clearly documented in the residents' handbook and residents' agreements. Resident files and agreements are located within a secure location. Stakeholders have access to both an advocacy and complaints mechanism at the home. The home conducts training sessions ensuring staff have access to relevant information in relation to staff mandatory reporting obligations. Staff stated they are aware of their responsibilities regarding mandatory reporting.

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

An education program is developed from staff input, resident needs analysis, improvement activities and initiatives to meet the accreditation standards. The home encourages staff to attend training sessions including those conducted externally. The organisation offers staff study leave opportunities. Staff confirmed the home's availability of educational resources and opportunities, stating that they are encouraged to expand their knowledge and skills levels. Residents stated that staff have the skills to meet their care needs.

Recent education topics in Standard Three include:
- Mandatory reporting
- Working with cultural diversity
- The aging process

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

The home has systems in place to provide emotional support for each resident. Entry data includes information to alert the home to emotional needs during this time of transition. Residents' life experience is included. Further assessment is undertaken on entry and a comprehensive care plan developed. Changes in circumstances of health and wellbeing are monitored and care plans changed to provide effective interventions on an ongoing basis. An extensive volunteer group, some of whom belong to the Christian church who are the approved provider for the home provides support for many residents. Residents also have access to community visitors and the Red Cross visitors' scheme. Residents and their representatives commented and the team observed that residents feel comfortable with staff and volunteers.

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 are assessed on entry to the home for their ability to maintain health and life style activities independently. A care plan is developed to promote self-care and independence. This is supported by a comprehensive risk assessment. Changes in needs are monitored and care plans regularly updated to reflect changes. Many residents of Strath-Haven have the benefit of continuing to be part of their regional community and church and are encouraged to maintain their community and spiritual involvements and activities after entering the home. Residents' of the home confirmed they enjoy independence with the support of staff and their friendships are able to be maintained.

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

Management ensure residents privacy, dignity and confidentiality is recognised and respected at all times. Residents' rooms are single with ensuit bathrooms. Staff are aware of the importance of respecting each resident's privacy and dignity. Staff were observed interacting with residents in a professional and respectful manner when attending to activities of daily living and assisting with meals and other tasks. Residents and relatives commented that staff treat them with respect and dignity at all times.

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

Team's recommendation
Does comply

The home's leisure and lifestyle program is centred on individual interests and activities and those which can be shared with others in group activates. Residents are asked about their interests and assessed for their capacity to participate on entry to the home. Residents are actively involved in the residents' committee. Volunteers assist residents to participate in a range of activities and make external social outings possible for many less able residents who would otherwise have difficulty attending. The program is regularly evaluated through resident meetings and surveys. Each resident's activity plan is evaluated bi-monthly and appropriate changes made. Residents are enthusiastic about the homes' activities, which is delivered by experienced and trained staff and a large group of volunteers

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' individual interests, customs, beliefs and cultural and spiritual needs are acknowledged and valued by the home. Information is collected prior to and on entry to the home and a plan of care developed. The home has a chapel where many residents actively participate in regular religious services. Residents are assisted to attend external services when requested. Residents confirmed that they are able to participate in religious observance and their cultural and spiritual needs are met and respected by staff.

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 of Strath-Haven commented and their representatives confirmed they are able to participate in decisions about their care, meals, leisure and lifestyle choices. Residents were observed by the team to express their right to participate in all aspects of the home's life to their level of interest and or ability. Information given to residents before or on entry to the home provides residents with information about their rights and obligations, avenues for complaint and ensures that those who are unable to

actively make decisions for themselves are supported by authorised persons to do so on their behalf.

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

The facility manager oversees the entry process to the home ensuring that new residents understand their security of tenure; rights and responsibilities; services provided; and fee structure. Information is detailed in a comprehensive information pack and hand book given to residents and or their representatives prior to or on entry to the home. This information includes complaints mechanisms and a contract for their consideration. Resident files reviewed by the team contained signed contracts with residents and relatives confirming that they were informed of fees and their rights and responsibilities prior to entering the home. Residents and relatives said they are satisfied with the information provided by the home and feel secure in their tenure.

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

Systems are in place to identify improvement opportunities ensuring that the physical, environmental and safe systems in the home provide quality of life to residents and other stakeholders. The quality and safety committee regularly meet and discusses the results of environmental audits, hazard reports and incident reports. Trends are monitored to enhance the safety and comfort of staff and residents, issues arising are included in the home's continuous improvement system. Maintenance and service work is provided using both scheduled and responsive systems to maintain the home's living environment. Stakeholders stated that their improvement requests are taken into consideration with feedback given in a timely manner.

Examples of improvement activities in relation to standard four include the following:
- New hand washing facilities have been established.
- A macerator has been purchased and installed
- New processes have been adopted to ensure residents dietary preferences are accurately conveyed to the kitchen
- Daily refrigerator temperature recording charts are audited on a weekly basis.
- Suitable skips, bins and trolleys have been purchased to assist with the management of an infectious outbreak.
- Issues concerning absconding residents and security have been managed by the installation of keypad security systems to external doors.
- In response to resident comments, menus are published in large print, laminated and displayed in resident dining areas.
- New infection control policies and procedures have been introduced to support surveillance systems and registers of infections.

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

Monitoring of legislative change is conducted at an organisational level and relayed to the home via email and the intranet. Staff have access to polices and procedures on the home's intranet and or in hard copy located in care offices and the administration office. Compliance is monitored through regular occupational health and safety and annual fire and safety audits. An annual essential safety report is constructed from audit results. The kitchen maintains a food safety plan and has a current registration certificate. Staff confirmed that they are notified of changes to the home's policies and procedures, stating that meetings, memorandum and intranet are used by management to advise staff of regulatory changes.

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

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Team's recommendation
Does comply

Training needs are assessed from incidents reports, legislation changes, residents need analysis and staff requests. All staff are required to attend mandatory training including fire and emergency, manual handling, infection control and hand washing. Chemical handling education has been provided for relevant staff. Suitable training and orientation of new equipment is provided on acquisition of equipment. Staff stated they are encouraged to participate in education opportunities and confirmed satisfaction with the education resources available. Staff confirmed an awareness of emergency and infection control practices.

Recent education topics in standard four include;
- Infection control
- Manual handling
- Food safety
- Fire warden
- Fire and emergencies.

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

Team's recommendation
Does comply

The home maintains systems to ensure that residents are provided with a comfortable and safe living environment. Environmental audits are conducted regularly and issues identified issues appropriately actioned and registered on the continuous improvement system. The home has five well maintained residential wings which provide residents with personalised single room accommodation, each with ensuites. The environment is comfortable and uncluttered with numerous intimate sitting and dinning areas available. These are centred around a large chapel, dining and lounge area for group socialisation. Staff stated that there are sufficient equipment storage areas and that maintenance requests are actioned promptly. Secure garden and external sitting areas are available to residents and visitors with residents stating they felt safe and were comfortable in their environment.

4.5 Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation
Does comply

Occupational, health and safety is supported at an organisational level with a committee meeting on a bimonthly basis at a local level. Meeting dates and minutes are displayed in the staff room with the home conducting regular internal and external audits of its environment, equipment, fire and safety systems. Falls and incident data is collected and analysed and reported at staff meetings. Compulsory training includes manual handling with suitable lifting machines and fixed track lifting equipment available in some residents' rooms. Chemical handling training is provided for staff with material safety data sheets located adjacent to chemical storage areas. Staff are encouraged to identify hazards in their work place and demonstrated an understanding of occupational health and safety.

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

Effective systems are in place to minimise fire, security and emergency risks with external contractors regularly maintaining all fire detection and fighting equipment. Emergency procedures and evacuation plans are clearly displayed throughout the building with emergency exits clear from obstruction. The emergency manual gives clear instructions for staff to follow and evacuation packs are located adjacent to each care office containing a resident list. Fire safety and evacuation training is included at staff orientation and on a regularly basis. Emergency fire drills are conducted at the home. The home has installed external door electronic access control systems to ensure residents are secure after hours. Staff stated that they receive fire and emergency training and residents confirmed an awareness of emergency responses.

4.7 Infection control

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

Team's recommendation
Does comply

The home has systems in place to monitor outbreaks of infection and proactively works towards minimising risk. Residents receive annual influenza vaccination as appropriate from their attending general practitioner. Staff receive infection control education on commencement of employment and on an annual basis. Monthly data collection is augmented by quarterly trend analysis and bench marking. The homes infection rate is consistently below the average of similar residential care homes. Supplies of protective clothing and equipment for the disposal of sharps and infectious waste are available to all staff.

4.8 Catering, cleaning and laundry services

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

Team's recommendation
Does comply

On entry to the home residents' dietary preferences and specialised requirements are recorded and details conveyed to kitchen staff. Any changes to residents' individual dietary needs are notified to the kitchen using a change of preference form. The menu is displayed daily for all residents and rotates on a monthly basis. Cleaning systems are supported by cleaning schedules and chemical dispenceing units to control amounts of cleaning liquids used and to promote infection control and safety. Refrigeration and food temperatures are recorded daily. The home uses external laundry services for all residents' personal laundry and linen requirments. Assistance is offered to residents to name clothing on enteing the home. Catering and cleaning staff have access to protective clothing, and have an understanding of infection control guidelines and controls. Equipment in the kitchen, laundry and cleaning stations is calibrated regularly and the home's food safety program is subject to third party audit. Residents and representatives were complimentary of the quality of the food and food service, laundry service and cleaning.