



Australian Government

Australian Aged Care Quality Agency

Milpara Aged Care Facility

RACS ID 6930

147 St Bernard's Road

ROSTREVOR SA 5073

Approved provider: Aged Care & Housing Group Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 29 March 2019.

We made our decision on 23 December 2014.

The audit was conducted on 16 December 2013 to 18 December 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Milpara Aged Care Facility 6930

Approved provider: Aged Care & Housing Group Inc

Introduction

This is the report of a re-accreditation audit from 16 December 2013 to 18 December 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 16 December 2013 to 18 December 2013.

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

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

Assessment team

Team leader:	Cate Quist
Team member	Christine Hudson

Approved provider details

Approved provider:	Aged Care & Housing Group Inc
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Details of home

Name of home:	Milpara Aged Care Facility
RACS ID:	6930

Total number of allocated places:	92
Number of residents during audit:	92
Number of high care residents during audit:	86
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street:	147 St Bernard's Road	State:	SA
City:	ROSTREVOR	Postcode:	5073
Phone number:	08 8366 8000	Facsimile:	08 8366 8099
E-mail address:	jboylan@ach.org.au		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents/representatives	14
Clinical/care/lifestyle staff	14	Hospitality staff	5
Administration	2	Ancillary/maintenance staff	2

Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Care Plans	10	Resident Observation Charts	16
Wound Assessment Charts	10	Half Hour Safety Checking Chart	3
Dietary Requirement (Resident) forms	20	Contractor agreement	1

Other documents reviewed

The team also reviewed:

- 7-day Handover Sheet
- Accident and incident data/analysis/reports
- Allied Health Communication and Referral Folder
- Care Group and Daily Worksheet
- Cleaning Schedules and compliance records
- Communication Books
- Continuous improvement information/projects/evaluations
- Doctors Referral Folder
- Education information/competency tools/evaluations
- Equipment management
- External contractor information/evaluation/permits
- Fire and emergency manual
- Fire safety log book
- Food Safety Plan and compliance records
- Healthy Ageing Framework for Residents and Staff
- Healthy workplace plan/action list/reports/evaluations
- Human resource documentation/procedures/handbooks
- Maintenance information/scheduled maintenance
- Menu information book
- Milpara Residential Guide
- Observation Folder
- Regulatory compliance folder/licences/reporting register
- Resident Activities Attendance List
- Rosters and allocation sheets
- Schedule for Singing in Shower/therapeutic bath
- Skin Issue Maintaining Chart
- Strategic plan
- Triennial fire safety survey report and action plan

- Various meeting minutes/schedules/memoranda
- Various policies/procedures/guidelines
- Various surveys/audits/inspections with action and outcomes
- Volunteer handbook
- Welcome to Milpara books for residents and families
- Wound Care Folder

Observations

The team observed the following:

- Activities in progress
- Archiving system
- Café/internet/interactive areas
- Comments and complaints/register/actions
- Dance project DVD
- Equipment and supply storage areas
- Fire panel and equipment
- Information display/complaint and advocacy forms
- Interactions between staff and residents
- Living environment
- Medication round
- Nurses' station with resident information available
- Resident Luncheon
- Resident/staff Noticeboards
- Storage areas for food and medical supplies
- Storage of medications
- Systems for monitoring police certificates and registrations

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Milpara actively pursues continuous improvement using the Healthy Ageing Framework as a guide to evidence based practice. The leadership team identifies, plans, monitors and evaluates improvements with a focus on assisting residents and staff to adopt and utilise the healthy ageing approach. The Milpara community including staff, relatives, residents and visiting health services are encouraged and supported to contribute to the continuous improvement program. Opportunities to comment include meetings, feedback forms, direct consultation, surveys and case conferences. An easy to read plan for improvement is displayed, showing what was suggested and what was done in response. In addition there are notice boards with pictorial displays of improvements throughout the home. The Quality Committee guide and record the implementation, monitoring and evaluation of improvements. Residents, representatives and staff are satisfied the home pursues continuous improvement and they have the opportunity to contribute to the program.

The home demonstrated a wide range of researched and evaluated, resident focussed improvement initiatives across the Accreditation Standards. In relation to Standard 1 Management systems, staffing and organisational development, achievements include:

- Management recognised the need to strengthen the admission process and the information provided to new residents and consulted residents about ways to assist residents to settle into their new home. In partnership with residents, social work students developed a 'Welcome to Milpara' book. The book is colourful, easy to read and contains residents' stories about their transition into the home and their tips for settling in successfully. Staff contributed with information about themselves and their role in supporting residents to become part of the Milpara community and to appreciate the lifestyle offered in the home. Feedback from staff and residents shows the book has improved the transition process and residents who contributed to the book benefitted from the opportunity to help others.
- To optimise professional development for the key leadership team, the home facilitated a course to improve understanding of individual strengths and behaviour traits that produce success in their roles. The course included a validated leadership assessment tool to establish how each person interacts with others and how they respond when under pressure. A consultant reviewed results, discussed outcomes with each person and facilitated a group session to discuss how this information could be used. The team planned strategies to assist them to work cohesively and to contribute to the leadership team. Management staff indicate the course was beneficial.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The organisation and home has systems to identify and monitor compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home has a regulatory compliance log that captures all changes to legislation and guidelines. Regulatory information sent from corporate office to the site manager is distributed through the home's communication systems and mentioned in minutes of relevant meetings. Policies and procedures are reviewed and altered to meet current requirements. Staff interviewed are aware of legislative requirements relevant to their role. The home monitors regulatory compliance through a variety of means, including internal and external audits and review at corporate quality and work health and safety meetings.

The home advises residents and representatives about accreditation audits. There is a system to monitor all police certificate requirements and professional registrations are met for staff, external contractors and volunteers.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Milpara has an extensive education and staff development program to support staff with knowledge and skills to be able to perform their roles effectively. The home conducts an annual training needs analysis and this provides the basis for the education program. Mandatory training days are grouped into roles with full day workshops held throughout the year. Huddle style training is used throughout the year for small group and brief education sessions relevant to current identified needs. All training sessions are evaluated. Education and staff development programs include competency training with an on-site trainer available to mentor and support staff. The home has developed Healthy Ageing booklets and assessment tools that contain all information for staff to achieve competency in supporting the healthy ageing philosophy and how this relates to the four Accreditation Standards. Staff are encouraged and supported to develop personally and professionally. In relation to Standard One, training includes, Certificate 4 in Frontline Management, leadership training, documentation, the Accreditation Standards, regulatory compliance for nurses and incident reporting.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems that allow each resident and other interested parties access to internal and external complaints mechanisms. 'Please let us know' forms are displayed throughout the home with information regarding external complaint and advocacy services.

Residents have the opportunity to raise issues through the formal system, at the resident council meeting or directly with staff or management. Information about complaint mechanisms is outlined in the resident handbook and in resident council meeting minutes. The home encourages feedback through surveys, case conferences and through staff, management and healthy lifestyle team. All complaints are logged, responded to and monitored for trends. Residents and representatives are complimentary regarding the responsiveness of staff and management to any issues or suggestions they raise.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

Milpara has a consistent and documented vision for the home, including the organisation's values, philosophy and objectives. These are displayed in the foyer of the home, in resident and staff handbooks, annual reports and other key documentation. The home uses the Healthy Ageing Framework to guide practices, with a focus on innovation and services that respond to changing needs. Systems are built around quality, early intervention and activities that promote healthy ageing.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Milpara has systems to recruit, orientate, support and develop staff who have the skills to support residents to thrive in a healthy ageing environment. The home provides new staff and volunteers information through an induction and orientation program that includes competency testing, training and on the job supervision and support. Staffing numbers and resident acuity are monitored through daily shift reports and a variety of regularly scheduled meetings including clinical, early intervention and work health and safety. Staff are provided with clear instructions regarding the requirements of their role through policies and procedures, handover processes, ongoing support and on the spot training. Management use a comprehensive competency and appraisal system to assess and monitor staff skills on an ongoing basis. Staff who do not meet the home's skill requirements receive further training and monitoring. Residents and representatives are satisfied there are appropriately skilled and qualified staff to meet residents' care needs and provide appropriate hospitality and lifestyle services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system for identifying goods and equipment required to provide a quality service for residents and staff. The home has an asset register and a schedule for maintenance of all equipment. New equipment is risk assessed and evaluated. Regular worksite inspections and scheduled audits monitor there is sufficient supply of stock, equipment is clean, in working condition and stored appropriately. The home monitors staff and resident satisfaction with equipment through surveys, feedback forms and maintenance requests. Results of the resident satisfaction survey show residents are satisfied with the provision of appropriate aids and equipment to support their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Milpara has an effective information system to enable residents, staff and families to have access to accurate and appropriate information and to assist staff to perform their roles. Processes include a resident handbook, weekly activity brochures, resident meetings and a variety of displays throughout the home. There are communication books and information available for residents who do not speak English. Families are invited for consultation regarding care and other services. Staff information systems include an intranet system, clear and regularly updated care plans, daily shift reports and clear guidelines for all staff duties. There are comprehensive handover sheets incorporating risk management plans, sensory and early intervention programs. Confidential information is stored securely and electronic information backed up. There is an archiving and destructions system to meet regulatory requirements. Staff are satisfied they have sufficient information to assist them to perform their roles. Residents and representatives are satisfied they have access to appropriate information to make decisions about residents' care and lifestyle. Information systems are evaluated and monitored on a corporate and site level.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home uses a number of external contractors to provide services to meet care service needs and quality goals. The organisation provides the home with a list of accredited providers who have a contract and meet organisational requirements for police certificates and health and safety requirements. Contractors are required to sign in on entry and to complete a permit to work form. The organisation reviews contracts and monitors external provider services through feedback from the home. The home encourages resident and staff feedback regarding external services through surveys and discussion at meetings. Residents and staff are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the clinical management team encourage and support contributions and suggestions from residents, staff and allied health visitors. The senior clinical team at site and corporate level review and analyse clinical incident data and respond when the opportunity to improve is identified.

Residents and staff are satisfied the home actively supports and promotes improvement in residents' health and personal care.

Improvements initiatives implemented by the home in relation to Standard 2 Health and personal care include:

- To reduce resident falls and subsequent hospitalisation, the home participated in an Encouraging Better Practice in Aged Care project. The four aspects of care researched included resident and family awareness of falls prevention, interventions, including exercise for falls prevention, development and training of care staff and the assessment of falls risk. A multidisciplinary team attended six one day workshops to explore these themes and plan research and strategies for each area. Care staff developed a resource folder for carers about falls prevention and provided ongoing training using technology, care training huddles, visual displays and ongoing reminders about appropriate care interventions. Planned exercise programs for residents were implemented. Clinical staff reviewed and updated the falls risk assessment. Staff surveyed residents and families regarding their knowledge about falls prevention and produced a DVD and brochure on the subject. This available to all and provided to new residents and their families. Evaluation of the project is ongoing.
- In response to clinical data results, the home reviewed music (singing in the shower) as a way to reduce resistive and physical behaviours during activities of daily living. Staff discussed residents' music preferences with residents and their families and sourced CD's to match, including culturally specific music. A pilot project commenced with 10 residents identified as most likely to benefit from an increase in sensory stimulation during showering. Staff played selected music while showering the resident and resident engagement was measured using a validated tool. The home used a Quality of Life in Late Stage Dementia scale to measure residents' reactions prior to and after the program. An 88.4% improvement was noted. The program was then implemented for any resident who may benefit. The home conducts regular evaluations to gauge if staff are still using the music and how residents are benefitting. The December 2013 evaluation shows staff are using music and singing while showering 28 residents and report residents enjoy the music, sing along when they can and the music has a calming effect.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 2 Health and personal care, management provide clinical staff with current information on professional clinical guidelines through the intranet system, the education program, electronic systems and regular meetings. The home has a process for protecting the safety of residents and reporting and registering unexplained absences. Medications are administered and stored according to legislative requirements. Specialised nursing care is carried out by appropriately qualified staff. Management and staff are aware of their responsibilities in meeting legislative requirements in relation to health and personal care.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

In relation to Standard 2 Health and personal care, clinical, allied health and training staff monitor current resident and staff training needs through review of incident data, observation of staff practices and monitoring current resident needs. Regular group workshops are held and followed up with resource information and questionnaires to assist staff understanding of the topics covered. Staff competency in medication management and a variety of clinical skills is assessed on an ongoing basis through workshops, questionnaires and competency assessment tools.

Topics covered in relation to health and personal care include, oral health, continence, diabetes, pain/palliative care, wound care and dysphagia, early intervention, basic life support, pain assessment in advanced dementia and behaviour management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents are satisfied with the way the home supports their care needs giving consideration to their needs and preferences. There is a system to identify individual needs, preferences and general care needs. The process includes consultation with the resident, their family and relevant allied and medical health professionals to produce a comprehensive user friendly plan of care which provides detailed direction to care staff. Residents care is regularly evaluated and consists of a review of care needs in consultation with residents or their representative and allied health professionals. Clinical practice is monitored through the

regular clinical auditing system and the collation, analysis and monitoring of resident incidents and infections and supervision of staff practices. This data is reviewed and actioned at the monthly Quality meeting, Clinical meeting and early Intervention Working Party meeting.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents are satisfied they receive specialised care by suitably qualified nursing staff. Registered nursing staff assess specialised nursing needs and review assessment information documented by enrolled nursing staff. Residents specialised care needs are recorded in the care plan through the inclusion of specialised guidelines to direct care staff in the management of the specialised nursing care. As residents’ care needs change registered nursing staff undertake re-assessment and make alterations to the care plan as required. The home consults with the medical officer and other relevant allied or medical health professionals regarding specialised nursing care, such as pain management, wound care and medication management. Enrolled nursing staff undertake wound care under the supervision of a registered nurse who reviews wounds regularly. Enrolled nursing staff state there are registered nursing staff available to supervise and support them at all times.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are satisfied they are provided with opportunities to access specialist services when they require. The home is well served by a variety of allied health professionals who visit the home regularly, namely, full-time physiotherapist and occupational therapist, podiatrist visits each week, speech therapist each fortnight and dietician each month. The allied health professionals are notified of new residents or residents whose needs have changed, for example, following a fall via the allied health referral folder. Other allied health care services are accessed on a needs basis and include dental hygienist, optical and hearing. Staff are aware of the process for reporting changes in resident health status and referral to allied health services or acute services as required.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents are satisfied their medication is managed safely and correctly. The medication assessment identifies individual requirements, allergies and the assistance required for administration. There are policies and procedures to support registered nursing staff initiate medications and deliver medications according to legislative requirements. Staff are aware of their responsibilities with regard to medication administration. The home has current licence to administer Schedule four and Schedule eight medication. Medications are administered by

enrolled nurses from dose administration aid packs and there are procedures for communication with the pharmacy to facilitate a regular supply of medications. Staff practices are monitored by auditing, reporting and analysis of medication incidents and an annual drug calculation test. Medication charts are regularly reviewed by the medical officer and the pharmacy.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively. The home has processes for identifying, assessing, managing and reviewing the effectiveness of strategies used to manage residents’ pain. Staff are aware of non-verbal signs of pain in residents with cognitive impairment and use appropriate assessment tools. Strategies for managing pain describe residents’ specific needs and preferences such as repositioning, massage, hot packs and pressure relieving devices. The physiotherapist and occupational therapist are actively involved in assessing and treating residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Representatives are appreciative that palliative care can be provided at the home. There is a process in place to maintain the comfort and dignity of residents at the end of their life. On entry or when appropriate, residents and their representatives are asked to provide information about residents’ palliative care and end of life wishes. Specialist palliative care services are consulted when required. Residents and representatives are supported by staff during the end of life care phase.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the home’s approach in meeting their nutrition and hydration needs. Nutritional assessment processes, at least monthly weighs and consultation with the resident or their representative identify nutrition or hydration risk factors. Dietary needs, portion sizes, food and fluid preferences and requirements for meal assistance are documented and available to all staff who serve meals or drinks. Speech pathology assessment for residents with swallowing difficulties is arranged and reviewed as required, with food and drink consistency modified accordingly. Residents with specific dietary needs are accommodated and menu selection is modified to suit individual preferences. Dietary supplements and referral to a dietician is implemented when inappropriate weight loss is identified.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the care provided in relation to their skin care. The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents’ skin integrity. Planned skin care strategies and preventive measures are regularly reviewed and evaluated by a registered nurse. Staff receive relevant training and report changes in skin condition to the registered nurse. A podiatrist and hairdresser assist with regular improvements in residents’ skin integrity. Resident incident data and wound healing timeframes are analysed each month to identify factors that may impact on skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents are satisfied with the care and support provided to manage and support continence. Residents’ individual needs and preferences are identified with the use of assessment tools and flow charts. There is a process for documentation and monitoring of bowel care and supporting strategies, such as a high fibre diet to reduce the need for aperients. A care staff member is responsible for the ordering and management of supplies under supervision and consultation with the care manager. Communication books and documentation of extra usage of products assist the home to review and monitor the comfort of each resident. Urinary tract infections and skin integrity are recorded and reviewed at clinical meetings. Care staff are satisfied there are appropriate supplies of continence products available. The care review process, resident feedback, monitoring pad usage and the clinical audit process, assist the home to evaluate the effectiveness of the continence program.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the home’s approach in managing challenging behaviour. The home assesses and plans behaviour management strategies to meet the individual needs of residents. The causes of residents’ behaviour are identified and strategies to redirect residents are based on their personal interests or needs at that time. Strategies are developed and their effectiveness is reviewed in consultation with residents, their families and staff. This includes individual activities, lifestyle programs and adapting the environment. Care staff are able to verbalise specific strategies employed to manage individual resident behaviours. The home has a minimal restraint policy. The home seeks advice from external specialists as required and dementia training is provided.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents and their representatives are satisfied with the home’s support to achieve optimum levels of mobility and dexterity. Their needs and falls risk are assessed using a multidisciplinary approach. A physiotherapist and occupational therapist provide assessment, treatment programs and exercise plans for staff to follow. Strategies such as mobility, group exercises and individual walking programs assist to maintain or improve residents’ mobility and dexterity. Care staff are aware of each resident’s needs and manual handling precautions. Sensor alarms and low bed heights are used to minimise the risk of falls. Falls are monitored and addressed in consultation with care staff, residents and their representatives, general practitioners and the physiotherapist.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Residents are satisfied with the home’s approach to managing oral and dental care. An oral and dental assessment identifies individual needs and preferences which are documented on the care plan. Care staff support residents requiring assistance and monitor residents’ oral and dental hygiene. When dental care is required referral is made to the dentist and dental hygienist who visit the home regularly. Oral and dental care is monitored through resident feedback and the scheduled care review process.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Residents are satisfied with the way the home supports them to manage sensory loss. The assessment process identifies sensory loss in all five senses and the interventions required to manage loss is documented on the care plan. The home arranges for optical services to visit the site and will assist residents who require auditory services. Staff are aware of individual needs and the interventions required to lessen the impact of sensory loss and support residents to participate in the activities provided. Sensory experiences are promoted with aromatherapy, massage and musical activities. Care is monitored and evaluated on a scheduled basis and referral is made to the medical officer or allied health professionals when care needs change.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are satisfied with the assistance given to enable them to achieve normal sleep patterns. Individualised management plans include residents’ preferred settling time and sleep preparation needs. Residents who experience sleep disturbance are monitored and measures such as pain management, massage, hot drinks and snacks assist residents to settle. Any sleep disturbances are investigated and strategies are implemented.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the healthy lifestyle team, in consultation with management and all staff, monitor residents’ participation in the life of the Milpara community and respond to resident and representative suggestions, staff observations and lifestyle data to identify opportunities for improvement. The home demonstrated improvements implemented to support residents’ ability to be as involved in the life of the home’s community as they can be and to be able to live an engaged and meaningful life in the home. Examples of achievements in relation to Standard 3 Resident lifestyle, include:

- The home aimed to support staff to use person-centered thinking in their daily care of residents and to establish what is important to residents to improve their choice and control. Staff used a planning and thinking tool to identify what was most important to and for residents and to plan how to make that happen. Every resident was assessed using the tool and the data analysed. The healthy lifestyle team addressed individual preferences and established that the most important issue for the majority of residents was connection with family. The home sought ways to open the facility to family and to create a richer experience for residents when family visit. One initiative was to create a publically-open café at Milpara entrance to enable residents and their families to enjoy social time together. The café is open three days per week and for special occasions with a catering option available. In addition, the home organised special events to which families are invited. The home created a ‘Welcome to Milpara’ book especially for families to provide ideas on how to stay in touch with residents and the Milpara community. The home continually evaluates and monitors all initiatives and feedback from stakeholders shows the initiatives are successful
- The home participated in a living arts project to assist residents to express themselves through dance and art. A ‘You are Beautiful’ exhibition was planned. The resident art group presented an exhibition of visual and textural art displayed around the home showing residents’ interpretation of what it means to be beautiful. In addition, residents participated in a six week dance project aimed to encourage spontaneous dancing and to enjoy a fun way to exercise. Residents’ enjoyment and muscle strength was measured throughout the project which involved allied health, lifestyle and clinical staff. Dancing prompted residents to remember their dancing experiences and a DVD was made of individual residents telling their story about their love of dancing the associated memories. The success of the project and residents’ requests have prompted a replicated program at a sister site and the planning of a sustainable dancing 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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

In relation to Standard 3 Resident lifestyle, staff and volunteers receive education in elder abuse and mandatory reporting requirements during the orientation process. Resident rights and responsibilities are displayed and there is ongoing education for staff in respecting and protecting residents' privacy and confidentiality. This information is included in the staff code of conduct. Residents and families are given ongoing information about residents' rights through meetings, handbooks and displayed information. Management and staff are aware of legislative requirements in relation to resident lifestyle

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to resident lifestyle the home identifies staff training needs through the healthy ageing skills assessment tools and observation of staff practices. The home provides ongoing support and training for staff to enable them to partner with residents to create a lifestyle that supports 'health and wellbeing for all'. The healthy ageing team, senior clinical staff and consultant trainers provide information, resources and workshops to assist staff to support residents' lifestyle. A specialist consultant has been conducting training workshops for staff in validation therapy to give staff a deeper understanding of what it means to be an older person. The training covers dementia, understanding loss and behaviour management. The healthy ageing booklets include information on positive emotions and positive psychology and this is reinforced through displays, resource information and mentoring by the healthy lifestyle and management teams.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents are satisfied the home provides emotional support when entering the home and on an ongoing basis. The home has a system to monitor, implement and evaluate the emotional support provided. Activity evaluations, verbal and non-verbal feedback and 'My Wellbeing Plan' reviews, assist the Healthy Ageing Team to monitor and provide the appropriate support. This includes resident handbook, one-to-one support and assisting residents to maintain links with their family, friends and local community. Staff assist residents in

adjusting to the home by providing ongoing support, reassurance and compassion on a continuing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are satisfied staff support them to maintain their individual needs, links to the community and foster family friendships and social networks. The activity evaluations, resident feedback, my wellbeing plan and care reviews, assist the healthy ageing team to monitor and implement support as required. Residents are assisted to access social leave, maintain their voting rights and links to various local clubs and community groups. Residents are assisted in their independence through the provision of appropriate aides and equipment to promote resident independence, such as special crockery, limb splints, wheelchairs and walking frames.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied their privacy, dignity and confidentiality is recognised and respected. Policies and procedures guide and direct staff, and all staff sign a confidentiality declaration. Residents are provided with information about their rights and responsibilities on entry to the home. Their permission is sought prior to the publishing of photographs and sharing medical information. Files containing residents' personal information are stored in secure areas with access limited to authorised staff and visiting health professionals. Staff are mindful of appropriate practices, such as knocking on residents' doors and maintaining dignity when delivering personal care. Staff practices are monitored through feedback mechanisms, structured audit program and observations.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are satisfied with the activities available and the support provided to assist them to participate. On entry the lifestyle history, family history and planning goals for more choice and control form, identifies residents' interests, preferred activities and items which are important to them. Each week the residents receive the weekly bulletin which contains information about the activities for the coming week, news items, recent bereavements, special events and birthdays to celebrate. Residents are actively encouraged and supported to participate in individual and group activities. Activities offered are varied with a heavy emphasis on maintaining their mobility through walking groups, specific exercise programs and regular visits to the in-house gym. Other activities include gardening, fine dining, ball

room dancing, art group, one-to-one visits and board games. An early evening program caters for the residents who become restless during the late afternoon in the memory support unit. Audits and lifestyle activity program evaluations monitor residents' satisfaction with, and ongoing participation in the activities offered.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds. A lifestyle history, family tree, cultural assessment and my wellbeing plan, inform staff about residents' cultural and spiritual needs and preferences. Church services are held at the home and individual pastoral visits from various religions are available for residents on request. There is a designated prayer room within the home where church services are held or residents can participate in quiet meditation. The home recognises and celebrates residents' birthdays each month and significant cultural days such as ANZAC day and Grand Final Day. Public holidays and special days such as Melbourne cup day are celebrated and incorporated into the activities program. Residents are offered culturally specific meals on a regular basis. The healthy ageing team developed a cultural calendar which schedules events based on a country's music, food, dress and customs throughout the year. Families are invited to these events. Culturally specific information of the residents' country of birth is inserted in the care plan to make staff aware of residents' cultural and spiritual preferences and needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents are satisfied with the consultation, choice and support provided to make decisions around issues that affect their daily life. Information on residents' rights and responsibilities is displayed in the home and documented in the resident information book and the resident agreement. Authorised representatives or guardians are identified on entry where appropriate. Residents are encouraged to personalise their rooms, have choice in their activities of daily living and healthy ageing activities and raise issues or concerns at the regular resident council meetings or privately with staff. Staff respect and understand their responsibilities in providing residents with the opportunity to make choices about the services they receive. Individual discussions, audits and surveys assist the home in monitoring residents' satisfaction with the choices and decisions made available to them.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Milpara residents have secure tenure within the residential service and they understand their rights and responsibilities. The admissions officer undertakes the initial interview, explanation, tour and provision of information. Security of tenure is explained in the agreement and handbook. The smooth transitions admission process is guided by a check list and includes welcome books for residents and families and three separate meetings to support residents and families in understanding their rights and responsibilities. Information is provided in a clear and easily understood manner. Resident and family satisfaction with the process is monitored through the stepped admission process, case conferences and ongoing consultation. Residents and representatives are satisfied they have secure tenure and they are clear about their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to the Standard 4 Physical environment and safe systems the home identifies opportunities for improvement through review and analysis of hazard data, resident survey results and feedback from residents and staff regarding hospitality services.

Residents and staff are satisfied the home actively supports improvements to the environment and safe systems of work.

Improvements initiatives implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- Management review of staffing statistics identified 70% of the workforce are from another country and there are a total of 26 languages spoken by the collective workforce. Management identified the potential risk in managing conflict due to a misunderstanding of other languages and cultures and aimed to provide a healthy workplace by celebrating diversity in cultures. A cultural feast event was planned and held. The day included food, dancing, costumes and music. Training sessions were held on the barriers to cultural competence. Feedback via a staff survey shows staff appreciated the event, benefitted from the training and appreciated the recognition and value given to their culture. Staff have requested more cultural events.
- The home conducted a project to enhance residents’ dining experience through developing an understanding of residents’ dining preferences. In response to resident feedback a menu booklet was developed to give residents and staff easy access to information about the menu. In addition the home researched and sourced food moulds to use for residents who have modified or textured diets. The moulds allow modified meat and vegetables to be presented as they would look naturally. These initiatives were evaluated through resident and staff feedback. Staff report modified meals now look more appealing.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance and safe systems.

In relation to Standard 4 Physical environment and safe systems, the home has an externally audited food safety plan, an infection control program and work health and safety systems. Staff are provided training in safe work procedures and hazard identification. The home

maintains fire safety and building safety requirements and monitors these through internal and external audits. An external consultant updated the emergency manual and recommended the home implement an Emergency Planning Management Committee. This committee has been implemented. Staff are aware of their responsibilities in meeting legislative requirements in relation to the physical environment and safe systems.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to the Physical environment and safe systems, the Work Health and Safety Committee monitor staff incidents and hazards and related training needs. Staff attend mandatory training in food safety, safe work systems, manual handling, preventing infections, fire and emergency training and hazard identification. Fire drills are conducted on a scheduled basis. Nursing staff attend fire warden training. In addition, training is provided in chemical safety, keeping residents safe and work health and safety systems. The Healthy Workplace education for care staff is presented as training huddles, lectures, workshops, reading and reflection. The training covers systems related to work health and safety, clinical pathways and smooth transitions. Staff understanding of training attended is assessed and monitored. Trainers provide feedback to management when staff do not meet required standards and further training is arranged.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Milpara is a safe, comfortable environment and management work to enhance the quality of life and welfare of residents, staff and visitors. Maintenance staff follow a scheduled maintenance program to monitor and maintain plant and building equipment. Corrective and preventative maintenance functions are documented and monitored. Audits and worksite inspections are carried out in a programmed manner to identify hazards and areas that do not meet the home's documented standards. Non-compliance is documented and actioned as per an action plan. Audit and inspection results are analysed, trended and monitored through the Work Health and Safety meetings. Call bell audits are undertaken regularly. The home supports a minimal restraint policy through utilising risk management strategies to maintain resident safety. Resident satisfaction with the environment is monitored through feedback mechanisms and a resident survey and results show residents are satisfied with all aspects of 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 findings

The home meets this expected outcome

Milpara management actively work to provide a safe working environment that meets regulatory requirements by focussing on a healthy workplace. Health and safety programs are guided by an overarching Health/Safety and Workplace plan and monitored through the Health and Safety and Injury Management Committee who meet on a regular basis. Hazards and staff incidents are documented and a trend report reviewed every six months. Following staff incidents, action to prevent recurrence is documented and evaluated. Examples of health and safety initiatives implemented in 2013 include a best practice behaviour management project, staff fitness promotion through 'Come and Try' days and a Flu Vax promotion day. The education program includes four full day workshops covering manual handling, work health and safety responsibilities and fire and emergency training. The home has implemented the organisational smoke free policy. Staff are satisfied the home provides a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Milpara management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Preventative maintenance schedules and contracted fire service providers maintain fire and emergency equipment and fire systems. This includes inspections and testing. Fire management systems include a current resident list with mobility status, prompt lists for the chief fire warden and for staff and fire and emergency manuals. The home undertakes certification and triennial inspections and has a bushfire and evacuation plan. There is an evacuation pack with all instructions in the administration area. The home provides annual fire and emergency training and fire drills and code red training in small groups on a regular basis. Doors automatically lock in the evening and there are closed circuit television monitors in the nurses' stations. Emergency and security management is monitored through scheduled inspections in addition to the external inspection processes.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home demonstrates an infection control program which is guided by documented policies and procedures. Processes in place to contain infection include the clinical assessment, a vaccination program for residents, hand-washing stations and the availability of sanitising gel, staff education and a pest control program. The home has an audited food safety program. Care and ancillary staff interviewed are familiar with infection control principles and practices and indicate there are sufficient supplies and equipment for them to follow the home's practices. Infections are logged and monitored and reported at the clinical meeting every month. Infection statistics and pharmacy pathology reports are analysed and

monitored for trends. Staff practices are monitored through an audit process, observation of practice and resident feedback.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents are satisfied with the catering, cleaning and laundry services and confirm their needs and preferences are understood and respected. Catering staff are informed of residents' nutritional requirements and individual preferences. There are systems to regularly update this information. The home has an audited food safety program. Cleaning services are provided according to schedules and the living environment is clean and well maintained. Colour coded cleaning cloths and mops are used to ensure safe infection control practices. On-site laundry services manage resident personal laundry. Resident's personal clothing is labelled to help prevent loss. Staff confirm they have appropriate supplies, equipment and guidelines to support them to undertake their duties and provide quality services to residents. Residents comment on the hospitality services provided through feedback sheets, surveys, resident council meetings and speaking with staff.