Australian Government

Australian Aged Care Quality Agency

Resthaven Mitcham

RACS ID 6807
48 Smith-Dorrien Street
MITCHAM SA 5062

Approved provider: Resthaven 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 09 March 2020.

We made our decision on 12 January 2015.

The audit was conducted on 01 December 2014 to 03 December 2014. The assessment team's report is attached.

After considering the submission from the home, including actions taken by the home, we decided that the home does now meet expected outcome 2.7 Medication management.

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

Audit Report

Resthaven Mitcham 6807

Approved provider: Resthaven Inc

Introduction

This is the report of a re-accreditation audit from 01 December 2014 to 03 December 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- Expected outcome 2.7 Medication management

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 December 2014 to 03 December 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Diane Mogie
Team member:	Jordan Toomey

Approved provider details

Approved provider:	Resthaven Inc

Details of home

Name of home:	Resthaven Mitcham
RACS ID:	6807

Total number of allocated places:	107
Number of care recipients during audit:	106
Number of care recipients receiving high care during audit:	46
Special needs catered for:	People with dementia or related disorders.

Street:	48 Smith-Dorrien Street
City:	MITCHAM
State:	SA
Postcode:	5062
Phone number:	08 8271 0639
Facsimile:	08 8271 0356
E-mail address:	mitcham@resthaven.asn.au

Audit trail

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

Interviews

Category	Number
Management	4
Clinical/care/Lifestyle staff	9
Clerical staff	1
Care recipients/representatives	11
Volunteers	2
Hospitality and environmental and safety staff	7

Sampled documents

Category	Number
Assessments/care plans/progress notes	5
Lifestyle assessments/care plans/progress notes	5
Medication charts	12
Personnel files	6

Other documents reviewed

The team also reviewed:

- Action plans

- Audits and surveys

- Care recipient evacuation list

- Care recipient welcome packs

- Cleaning records and schedule

- Clinical monitoring records

- Comments, compliments, complaints and register

- Competency assessments

- Confidentiality agreements

- Documented food preferences

- Drugs of dependency records

- Drug fridge monitoring records

- Duty lists

- Education attendance records

- Education calendar

- Emergency procedures

- Evacuation plans

- Handover records

- Job specifications

- Lifestyle documentation

- Lifestyle monthly planner

- Licence to possess drugs of dependence

- Maintenance records

- Maintenance service reports

- Mandatory education register

- Mandatory reporting documents

- Memoranda

- Menus

- Mission, vision and values statement

- Mitcham Matters newsletters

- Modified dietary guide

- New employee pack and handbook

- Orientation program

- Performance appraisals

- Police check register

- Policy and procedures manuals applicable to all standards

- Preferred supplier list

- Privacy statement

- Quality activity reports

- Quality improvement plan

- Residential service agreements

- Restraint assessments

- Risk assessments and hazard reports

- Rosters

- Safety data sheets

- Staff handbook

- Staff registrations

- Strategic plan

- Temperature monitoring records

- Vaccination chart

- Various meeting minutes

- Workplace, health and safety reports

Observations

The team observed the following:

- Activities in progress

- Anti-bacterial gel displayed

- Charter of care recipients' rights on display

- Cleaning in progress

- Colour coded equipment

- Emergency exits and assembly areas

- Evacuation plans and mimic boards

- Firefighting equipment, signed, tested and tagged

- Interactions between staff and care recipients

- Internal and external living environment

- Meal service

- Medication administration/storage

- Mobility/dexterity aids

- Notice boards and information displayed

- Personal protective equipment in use/outbreaks kits

- Care recipients assisted with meals

- Sharps containers

- Short group observation in Camellia secure area

- Staff practices

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 care recipients, 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

Resthaven Mitcham identifies opportunities for continuous improvement, in particular in management systems, staffing and organisational development using improvement forms, surveys, audits, care recipient and staff meetings, incident/hazard reports, staff appraisals, comments/complaints mechanisms and one on one with management/key personnel.

Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and care recipient meetings, newsletters or individual consultations are used to provide progress reports and feedback. Staff and care recipients verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes in a timely manner.

Examples of recent improvements relating to Standard One include:

- The home identified an opportunity to enhance their compliments, comments and complaints systems. Six new locked suggestion boxes have been placed throughout the home and stakeholders have access to 'I'd like to hear from you' forms. In addition to an open door policy, compliments, comments and complaints systems are a standing agenda item at meetings and highlighted in newsletters. Results show management has had a significant increase of feedback from stakeholders that maintains confidentiality and is actioned in a timely manner. Stakeholders said they are satisfied with this initiative.

- The new manager for residential services commenced at the home in March 2014 and identified a large number of temporary agency staff were being used to fill over 70 vacant shifts. Management implemented a focus group and feedback indicated care recipient dissatisfaction with the use of temporary agency staff. Management and corporate services have conducted a recruitment drive and have employed 30 new staff to fill vacant shifts. Whilst temporary agency staff are still being used to replace unplanned leave documentation shows a drop in temporary staff usage from 10 per cent to 4 per cent. Results show care recipients are satisfied with this initiative and said they are "happy to see familiar faces".

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 home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard One, through the organisation's corporate services, membership with advisory groups and industry bodies.

Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings. Requirements are implemented via new or revised work schedules, protocols and guidelines. Results show care recipients and their representatives are kept informed of legislative changes via meetings, newsletters and notices. Processes are in place to monitor staff's awareness and compliance with relevant legislation and these include: performance appraisals, competency audits, training questionnaires and education. Key personnel and corporate services monitor relevant staff and volunteers' police checks and registrations.

There is a system in place to ensure care recipients and their representatives are informed of accreditation audits. Staff feedback demonstrated knowledge of their legislative responsibilities.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance appraisals. New and temporary staff attend orientation on entering the home and are buddied with more experienced staff. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time or staff are renumerated for attendance outside working hours. Key personnel maintain records and use a program to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Results show and staff indicate they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

Examples of recent education and staff development relating to Standard 1 include:

- Corporate and site induction

- Leadership

- Aged care reforms

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

Care recipients/representatives and other stakeholders have access to the organisation's internal complaint processes. Information relating to internal and external complaint mechanisms is provided through the welcome pack, discussions at care recipient's meetings and in brochures displayed in the home. Management has an "open door" policy for care recipients wishing to use a less formal approach and comments forms are readily available and completed by staff on behalf of care recipients if necessary. Care recipients and representatives have the opportunity to raise issues of concern through satisfaction surveys, locked feedback boxes and at case conferencing meetings. Management and key staff are responsible for all complaints, logging and monitoring these through to completion ensuring feedback is provided with further review conducted as required. Staff said they are aware of the process in addressing concerns from care recipients/representatives who approach them with a complaint. Results show additional feedback boxes and frequent reviews of the comments and complaints system has encouraged stakeholders to express their views.

Stakeholders interviewed are satisfied they have access and can make compliments, comments and complaints should they wish to.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented its commitment to quality throughout the service and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents including the care recipient handbook and displayed throughout the home.

Strategic plans are in place and are currently under review. Results show strategic plans are in place until July 2015, a new strategic plan is currently being developed. Care recipients and representatives are aware of the home's vision, values, philosophy and objectives.

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

There are processes for the recruitment and selection of appropriately qualified and skilled staff. Staff roles are outlined in position descriptions which are reflected in work schedules.

Orientation processes ensure a shared understanding of the home's philosophy and vision, care recipients' rights and responsibilities and other relevant policies and procedures.

Staffing levels and skills mix are monitored using, but not restricted to, an organisational matrix, information from care recipients, staff and key personnel feedback and the monitoring of care recipients' care needs. A base roster is maintained with flexibility to increase hours as required. Planned and unplanned leave is covered by internal staff and external agency staff.

Staff performance is monitored and there are annual performance appraisals and agency staff are orientated and monitored for performance. Performance management and mandatory training requirements ensure consistency in the quality of service provision and these are undertaken as per the home's procedures. Results show a reduction in temporary agency staffing and continuity of service. Staff said they generally have time to complete all allocated duties. Care recipients/representatives interviewed are satisfied with the ability of staff to provide appropriate care and services in a timely manner.

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 processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management, maintenance and workplace health and safety personnel ensure that equipment is suitable for its intended use. Minimum stock levels are generally maintained across all areas of the home in consideration of variations in staff and care recipients' requirements. A preventive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and key personnel have procedures/authority to repair equipment and goods as necessary and have access to emergency contacts for urgent and after hours repairs. Results show monitoring systems of equipment and inventory is generally effective. Care recipients are satisfied that they have access to a consistent supply of stock and suitable equipment to meet their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home generally has processes to manage information effectively and ensure its security and confidentiality. Computer based information facilitates care recipient care provision and paper based information aids reporting requirements and supports service provision. Access to care recipients' and staff files is restricted and they are stored in a secure area or off site. Archived material can be retrieved readily and back-up systems are in place for computer records. Handover processes are generally communicated regarding care recipients' care needs. Information to nursing staff and all staff groups are kept informed with one-to-one directions, communication books, meetings, memos, meeting minutes, education and training reminders/schedules, policy updates, electronic mail and notice boards. Care recipients and representatives have meetings, newsletters, noticeboards and other correspondence to keep

them informed. Results show monitoring of information systems is generally effective. Care recipients/representatives and staff feedback indicates communication of information is timely and effective.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has a list of selected external providers with service agreements to ensure their compliance with the home's quality, workplace health and safety and legislated requirements. Arrangements are in place to ensure alternative and after hour's availability as needed. Key personnel monitor the activities of external providers; a register of scheduled servicing is used to track and ensure requirements are being met as planned. Service agreements are reviewed as required with input from relevant stakeholders. Management has a list of external providers and has authority to contact these providers when issues occur. Results show care recipient and staff feedback indicates satisfaction that external services are maintained to ensure a standard that meets their needs.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 process.

In relation to Standard 2 Health and personal care, clinical indicators such as care recipient falls, skin tears and medication incidents are generally monitored and analysed for trends. Clinical care audits and consultation processes during care reviews identify opportunities for improvement. Care recipients, representatives and staff are satisfied that the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- Due to a request from a representative and a review from management a dental project has been undertaken. Management contacted an external dental provider who is able to visit care recipients and conduct routine visits at the home. Care recipients and representatives have been informed of the project and if they choose to, no longer need to leave the home to visit a dentist. Feedback from stakeholders has been positive and as a further initiative information about this service has been placed in new care recipients admission packs. This is an ongoing project that has not yet been formally evaluated.

- As a result of the successful use of a new wound healing solution on a care recipient that presented to the home with a chronic wound. Management has initiated the ongoing use of the product to all care recipients should they require it. Results show that pain and healing time for chronic wounds is reduced. Management is yet to fully evaluate this ongoing improvement.

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.

Information on professional clinical guidelines and evidence-based practice is communicated and available to care staff. Staff understand reporting requirements for care recipients who abscond and are aware of reporting timelines. Results show guidelines have been put in place for the identification of deceased persons in accordance with new legislative requirements. Care and services for all care recipients are provided according to updated

Quality of Care Principles 2014. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 2 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 systems and processes.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to care recipients' health and personal care. Care recipients and representatives said they are satisfied staff understand care recipients' individual care needs.

Results show examples of recent education and staff development relating to Standard 2 Health and personal care include:

- Continence management

- Alzheimer's disease stages 1-7

- Dementia problem solving workshop

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients generally receive clinical care that is appropriate to their individual needs and preferences. Care recipients' care needs are assessed on entry by registered staff and a care plan is generated within eight weeks. This information assists in planning, delivering and monitoring of care recipients' individual health needs, including personal care needs and preferences. Care requirements are recorded in the electronic care plans and progress notes and relevant care information is accessible to all staff. Senior nursing staff generally monitor care recipients care through the 24 hour monitoring system and handover processes and clinical meetings. Results show care is generally monitored and evaluated through the regular care reviews, handover sessions, audits and surveys. Staff said they have access to care plans, and attend regular handover and staff meetings to assist them to keep up to-date information to guide them in the care recipients' individual care. Care recipients and representatives are satisfied with the level of consultation and their care needs are met.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients receive specialised nursing care from appropriately qualified nursing staff generally according to their identified needs and preferences. Care recipients' specialised nursing care needs are identified in consultation with representatives during assessments, via observations, staff reporting and consultation with medical staff. Specialised care needs are documented in care plans and generally in observation charts and medication charts.

Staff generally provide care in accordance with these documented requirements. Monitoring occurs through the home's auditing process, planned care reviews, the 24 hour reporting system and follow up by senior nursing staff, clinical meetings and clinical surveillance data and informally through handover processes. Results show specialised care is generally delivered as per instructions from medical staff. Staff said they have access to appropriate equipment to deliver specialised care to care recipients'. Care recipients are satisfied with the level of consultation and with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists when required. Care recipients are assessed to identify health needs requiring referral to an

identified specialist. Care strategies are reviewed and updated in line with allied health and specialist recommendations, in consultation with care recipients and representatives. Care is coordinated and provided by external health specialists. Staff have access to a variety of specialists, these include speech pathologists, behaviour management specialists, nurse practitioner and allied health staff. Care recipients are assisted to attend appointments for dental services, audiometry and optical services where required. Care is monitored through planned care reviews, 24 hour monitoring processes, handover meetings, clinical meetings and audits. Results show care recipients are regularly referred to the appropriate health specialist in a timely manner. Staff said they are aware of information provided from specialists and care recipients are satisfied with the level of access they have to other health and related services.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home does not meet this expected outcome

Care recipients are not always being administered prescribed medications to achieve therapeutic levels. Staff are not following medical orders in relation to ceased medications. The home does not always ensure sufficient stocks of medications to meet care recipients' needs. 'As required' medications are not monitored for their effectiveness. Pain relieving patches are not monitored as per the home's process. The home was unable to demonstrate staff are compliant with the home's medication system and staff do not report missed medications or provide effective follow up of care recipients medications needs. The home's monitoring process had not identified the gaps identified by the team.

2.8 Pain management

This expected outcome requires that "all care recipients are as free as possible from pain".

Team's findings

The home meets this expected outcome

The home has systems to assist all care recipients' are as free as possible from pain. Care recipients' are assessed by registered staff in relation to their pain management on entry, in consultation with the medical officer, allied health staff and the care recipient. A plan is developed, implemented and evaluated regularly, and as needs change. Registered staff are trained in providing massage and wax treatments to assist care recipients pain management and this is overseen by the physiotherapist, Care recipients pain levels are reassessed where required and further interventions may include positional changes and exercise regimes. Staff are provided with education to assist them to recognise symptoms of pain in care recipients with cognitive deficits. Monitoring of care recipients' pain management is conducted through regular care reviews, allied health and medical reviews, 24 hour monitoring process, clinical meetings, observation and feedback mechanisms. Results show care recipients have regular access to alternative treatments such as massage to relieve their symptoms of pain. Staff said they are aware of strategies to assist care recipients' pain management and care recipients are satisfied their pain is managed effectively.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. The home has processes to capture advanced care directives to identify care recipients individual palliative care needs and wishes and these are endorsed where possible. Staff are guided by palliative care plans to aid care delivery and comfort care. The home employs a nurse practitioner who provides additional advice to staff and care recipients where required. Palliative care is also supported by specific equipment such as pain relieving and pressure relieving equipment, including medication prescribed by medical staff. Comfort care is delivered according to care recipients individual needs and preferences and hospitality services are offered to representatives. Pastoral support is available from the on-site chaplain and an annual memorial service is conducted on-site, including a memorial book for care recipients and family members to access. Monitoring occurs through care recipient and representative feedback mechanisms, clinical monitoring and staff feedback.

Results show care recipients receive emotional support from pastoral care staff. Staff are aware of palliative care services that can be provided and representatives are satisfied with the way the home maintains care recipients' comfort and dignity.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration. Care recipients are assessed upon entry through a consultative process; this includes identifying care recipients who may be at risk of malnutrition and identifying current and ongoing nutritional and hydration needs. Each care recipient's dietary needs, food textures and requirements are communicated to the kitchen to guide staff. Monitoring process includes regular weights performed and referral to identified specialists if required. Staff assist care recipients with supplementary requirements and assist those care recipients with swallowing difficulties. Nutrition and hydration is monitored through audits, regular care reviews, weight monitoring, and feedback from the allied health specialists and staff. Results show care recipients are regularly reassessed and monitored to ensure they receive adequate nourishment and hydration. Staff said they have access to current and accurate information to deliver care recipients nutritional needs. Care recipients and representatives are satisfied with the home's approach in meeting the care recipients' nutrition and hydration needs.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' skin integrity is consistent with their general health. Assessment processes, screening tools, hydration and malnutrition risk assessments and monitoring charts are used to identify at-risk care recipients, skin care strategies and treatments. Care plans are formulated and wound assessment charts completed with detailed information to provide staff with the relevant information to assist in maintaining care recipients skin integrity. Other strategies include using pressure relieving equipment, positional changes and moisturising creams are applied as directed. Skin integrity is monitored through medical reviews, incident reporting, regular planned care reviews, clinical care meetings, regular reviews by registered staff, observation and feedback from staff. Results show an improvement in wound management since the implementation of a new product and increased monitoring of wounds. Staff said they have access to sufficient supplies to assist in maintaining care recipients skin integrity. Care recipients and representatives are satisfied with the care provided to maintain care recipients skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has systems to identify care recipients' continence is managed effectively. Care recipients individual continence needs are assessed and a continence risk screening tool is completed by nursing staff. Care plans identify individual levels of independence, assistance required and dietary needs as required. The continence nurse and continence link nurses assist in monitoring continence aids required. Incidence of urinary tract infections are monitored monthly by senior clinical staff. Monitoring occurs through regular planned care reviews, clinical meetings, trending of infections, audits, and observation. Results show there are sufficient supplies of care recipients 'continence products. Staff are aware of care recipients individual continence requirements and care recipients privacy and dignity needs. Care recipients and representatives are satisfied that care recipients continence needs are met.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure the needs of care recipients with behaviours of concern are managed effectively. Individual assessments and behaviour monitoring are conducted as required to identify triggers and care recipients' behaviour management needs. Care plans identify strategies and interventions to assist staff in managing behaviours of concern.

Planned strategies and equipment are used to assist in maintaining care recipients' safety these include sensor alarms and low beds. The home has a secure area to assist in providing a safe environment for care recipients who have a tendency to wander and a minimal restraint policy. Behaviour management is monitored through clinical meetings, regular planned care reviews, incident reporting, behaviour monitoring processes and consultation with behaviour management specialists. Results show care recipients behaviours of concern are managed effectively. Staff are aware of individual care recipients needs in relation to managing behaviours of concern. Care recipients and representatives are satisfied with the home's approach to managing causes which prompt behaviours of concern.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients mobility and dexterity needs are assessed by registered nursing staff and the physiotherapist on entry, including a falls risk assessment completed. Care plans identify individual mobility requirements, transfer plans and fall's prevention strategies to assist care recipients' mobility needs. Results show the incidence of falls are monitored and analysed by senior clinical staff. Care recipients' mobility and dexterity is monitored through incident reporting, clinical meetings, observation, audits, feedback and evaluation from allied health specialists. Staff said they are supported with an ongoing manual handling training program and are aware of strategies to assist care recipients' mobility and dexterity needs. Care recipients and representatives are satisfied with the home's approach to optimise care recipients' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' oral and dental health is maintained. Oral health assessments are conducted by registered staff on entry and on an ongoing basis to identify individual oral and dental care needs. Care recipients who are identified at risk of poor

oral health are referred to the appropriate health specialist. Care plans provide individual oral and dental hygiene strategies. Care recipients are actively supported to access visiting dental service on-site and their private dentist as required. Oral and dental care is monitored through planned care reviews, nutrition and pain monitoring processes, and consultation with care recipients and representatives. Results show care recipients have access to appropriate dental servcies. Staff are aware of care recipients oral and dental care needs and care recipients and representatives are satisfied that care recipients' oral and dental health care is maintained.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' sensory losses are identified and managed effectively. Care recipients are assessed by registered staff to identify any sensory deficits in relation to their hearing, vision, touch, taste and smell. Care plans identify strategies and aids to support and improve any sensory loss identified. Consultation occurs with hearing, vision specialists as required and assistive devices are provided such as large print books, talking books and dexterity aids to assist vision impaired care recipients. Activities such as textured wall displays and pet therapy are promoted to enhance sensory enjoyment. Staff assist care recipients' with appropriate aids to reduce their sensory loss and improve function. Sensory loss is monitored through regular care reviews, medical and allied health reviews, care recipient and staff feedback and observation. Results show care recipients have access to appropriate equipment to assist their sensory loss. Staff are aware of care recipients individual needs. Care recipients and representatives are satisfied care recipients' sensory losses are identified and managed appropriately.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are able to achieve natural sleep patterns. Assessment processes are completed, including a detailed history obtained by registered staff regarding care recipients natural sleep patterns, environmental routines, preferred settling times. Individual care plans include interventions and strategies to promote a comfortable environment. Ongoing monitoring identifies any sleep disturbance and strategies are reviewed to address them. Planned care reviews, audits, observations and feedback from care recipients assist evaluation of care recipients' needs. Results show care recipients individual needs are supported and staff are aware of strategies to assist care recipients to achieve a restful sleep. Care recipients are satisfied they are assisted to achieve a natural sleep pattern.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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 process.

In relation to Standard 3 Resident lifestyle, the home captures suggestions and improvements from feedback, care recipient meetings and care recipient and representative surveys. Staff contribute to improvements through meetings, complaints and suggestions.

Results show care recipients are encouraged and supported to provide feedback and suggestions.

Examples of improvements related to Standard 3 Care recipient lifestyle implemented by the home over the last 12 months include:

- To celebrate the beginning of spring, the home organised a spring high tea event for care recipients and their families. One hundred and twenty stakeholders participated in the high tea and enjoyed the festivities including a decorated spring themed hall and singers. Management said the event was so successful they have decided to make it an annual event. Feedback from stakeholders is very positive and care recipients said they are looking forward to next year's event.

- As a result of a care recipient request, the home has purchased a card shuffler and card holders. Care recipients have formed card groups and now initiate the activity themselves. Interviews with card players confirm their satisfaction with this initiative and they said they are happy for the additional assistance in maintaining their independence.

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 care recipient 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.

Results show there is a system in place to manage mandatory reporting in accordance with regulatory requirements. Staff feedback demonstrates knowledge of their legislative responsibilities, security of tenure and compulsory reporting requirements.

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 systems and processes.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to care recipients' lifestyle.

Examples of recent education and staff development relating to Standard 3 Resident lifestyle include:

- Privacy and dignity

- Cognitive decline and challenging behaviour

- Special needs groups

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to support care recipients in adjusting to life in their new environment. On entry care recipients are orientated to their new surroundings by nursing and lifestyle staff and a tour is provided. Lifestyle and care plan assessments identify individual emotional support required for care recipients' including supportive networks identified. Care staff, lifestyle staff, social worker, volunteers and the chaplain support care recipient' emotional needs and assist them to maintain relationships, recognise significant days and celebrations.

Family, friends and community visitors are encouraged to visit accordingly to care recipients' individual wishes. The home monitors care recipients satisfaction with emotional support through surveys, care recipients meetings including one- on-one feedback meetings and staff observation. Results show there is a social worker and chaplain available to assist in supporting care recipients' emotional needs. Staff are able to provide examples of providing care recipients with emotional support. Care recipients and representatives are satisfied that care recipients' emotional needs are met.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the home and community. Care recipients' lifestyle preferences, interests and abilities are identified during the care and lifestyle planning process. Physiotherapy assessments including regular reviews and mobility aids identified support care recipients' independence requirements. Care recipients are actively encouraged and supported to participate in group activities, maintain links with family, friends and community groups and attend outside interest groups regularly. The home supports care recipients' civic and social rights by assisting care recipients who wish to vote. Monitoring of care recipients independence occurs through surveys, regular lifestyle reviews, staff and allied health feedback. Results show care recipients are actively supported to maintain their independence. Staff are aware of care recipients individual needs to assist care recipients' independence needs. Care recipients and representatives are satisfied with the assistance the home provides care recipients to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems that recognise and respect each care recipient's right to privacy, dignity and confidentially. Care and lifestyle plans identify care recipients individual privacy and dignity needs and requests. Care recipients have access to private lounges and garden areas to have private time with their family and visitors. There is provision made for secure storage of care recipients' personal information. Staff support care recipients' privacy, dignity and confidentiality by knocking on doors before entering and signing a confidentiality declaration on commencement of employment. Monitoring of care recipients' privacy and dignity needs occurs through observation, regular lifestyle reviews, surveys, audits and feedback mechanisms. Results show staff were observed to be knocking on care recipients doors prior to entering. Staff interviewed are aware of individual care recipients privacy and dignity needs. Care recipients and representatives are satisfied that care recipients' privacy, dignity and confidentiality is recognised and maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are encouraged and supported to participate in a range of activities and interests appropriate to their needs and preferences. Care recipients including representatives are consulted on entry to the home and a social history is obtained regarding care recipients current and past interests and hobbies. Lifestyle care plans are developed from information provided to identify current individual lifestyle, cultural and spiritual needs. Activities are developed to meet one-on-one individual needs and group sessions are conducted. The monthly lifestyle calendar is available to all care recipients with a wide range of activity programs identified. Evaluation of lifestyle needs occurs through regular lifestyle reviews in consultation care recipients and representatives. Monitoring of the lifestyle program occurs through evaluation of quality activity reviews, feedback at care recipients' meetings and surveys and audits. Results show care recipients have access to a wide range of activities relating to their needs and preferences. Staff said they have enough resources to facilitate the lifestyle program. Care recipients and representatives are satisfied that care recipients have access to a varied lifestyle program to meet care recipients' individual needs.

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

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Care recipients individual cultural, ethnic and spiritual preferences are identified through initial and ongoing assessments. Care recipients are assisted to maintain their individual religious beliefs through church services at the home and in the community. The on-site chaplain provides spiritual support through individual visits and memorial services are conducted annually. Monitoring of care recipients' cultural and spiritual needs occurs through discussions with the chaplains and social worker, regular lifestyle reviews, care recipients' feedback and surveys. Results show care recipients' are supported in their individual spiritual beliefs. Staff are aware of individual care recipients preferences in relation to their religious and cultural needs .Care recipients and representatives are satisfied that care recipients' individual interests, religious and cultural needs are met.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each care recipient or their representative is able to make decisions about the services care recipients' receive, and are enabled to choose and take control regarding care recipients' lifestyle. Care and lifestyle assessment processes identify care recipients preferences for activities of daily living, leisure and lifestyle choices, civic interests and details of persons nominated to provide advocacy. External complaints mechanisms and advocacy agencies information is included in the care recipients' handbook and residential agreements. Feedback is obtained from care recipients via surveys, feedback forms and care recipients meetings. Results show care recipients are able to make informed decisions regarding exercising their right in making choices in their care needs and lifestyle. Staff assist care recipients to exercise choice and control over their lifestyle, menu choices, rising and settling times. Care recipients and representatives are satisfied that care recipients have the right to exercise choice and control according to their needs.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and representatives are supplied with written and verbal information regarding service provision prior to entering the home. The documents provided contain information about security of tenure, internal and external complaints mechanisms, fees, orientation processes as well as information regarding each care recipient's rights and corresponding responsibilities. Management ensures that all stakeholders understand the terms of the agreement and prospective care recipients/representatives are encouraged to seek independent advice on these terms prior to accepting the contract. Care recipients/representatives are consulted should any changes in the care recipient's care needs require a room or hospital transfer. Results show there are monitoring systems in place and ongoing information is provided through letters, newsletters, emails and discussions at care recipient/representative meetings. Care recipients and representatives said care recipients' feel secure in their tenure and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 process.

In relation to Standard 4 Physical environment and safe systems, improvements are monitored via electronic maintenance programs. Staff incidents and hazards are collated monthly. Analysis of results is used to identify improvements, trends and any corrective actions with progress reports presented to the home's quality and planning committee and work place health and safety committee.

Examples of improvements related to Standard 4 Physical environment and safe systems implemented by the home over the last 12 months include:

- Management identified a hazard that resulted in a continuous improvement. A temporary freezer unit was used by staff and required steps to access. Management had specialised steps built that included a hand rail to enhance safety. The temporary freezer has since been replaced and the mobile stairs have been utilised throughout the home and is available to be lent to other approved provider homes. Staff confirmed the usefulness of the stairs and said they feel safe when using them. No step/stair injuries have been recorded with the introduction of this initiative.

- Management identified an opportunity to create additional sitting areas. Areas previously used for equipment storage have been renovated and new furniture has been purchased and installed creating private sitting areas for care recipients and visitors. Management said feedback from stakeholders has been positive. We observed care recipients and visitors using these areas.

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

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

Results show there is a system to ensure building certification and other environmental requirements are met, including a food safety plan, safe work procedures and fire safety certification. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 4 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 systems and processes.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to care recipients' physical environment. Care recipients and their representatives said they are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of recent education and staff development relating to Standard 4 Physical environment and safe systems include:

- Rational oven training

- Fire and emergencies

- Program manager input sessions: injury management, induction systems and workplace health and safety.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Care recipients have single rooms with ensuite and shared rooms with shared bathrooms and are able to personalise their space. The home provides a variety of meeting areas available to care recipients and their families, with seating and amenities that are maintained via preventive/reactive maintenance and cleaning routines. Environmental audits, hazard and risk assessment processes are in place to identify potential risks and these monitoring systems support decisions concerning the living environment. Staff store mobility aids and furnishings safely when not in use. Security procedures including close circuit monitoring, a swipe/key card access system, staff lock up procedures and sprinkler systems promote care recipient and staff safety. Results show there are effective monitoring systems in place and the home is actively working to provide a safe and comfortable environment. Care recipients/representatives and staff are satisfied with the level of comfort and safety at the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems in place to orientate and train staff in workplace health and safety at induction and re-assess this on an ongoing basis. There are processes to assess the workplace using environmental and housekeeping audits. Hazard reporting and risk assessment processes guide appropriate actions, including monitoring, management and evaluation of care recipients' and staff incidents/risks. Signage and information posters alert care recipients, visitors and staff to safety issues and appointed safety representatives monitor work practices and provide support as required. Staff are updated through staff meetings, notice boards and mandatory training. Results show management is actively working to provide a safe working environment that meets regulatory requirements.

Staff demonstrate knowledge and understanding of workplace health and safety obligations and use of incident reporting processes as required.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure management and staff are actively working to provide an environment and safe systems that minimise fire, security and other emergency risks. There are firefighting and evacuation procedures in place and records of maintenance of fire equipment, fire safety inspections, certification inspection reports and education and fire drills are available and current. There is a system to monitor staff attendance at training for fire and other emergencies, and equipment and procedures are in place to guide staff response in the event of an emergency such as power failure, personal threat, chemical spills, fire and other natural disasters. Staff are aware of security and other emergencies procedures as they relate to their position and have practiced the specific firefighting procedures required to be implemented until support from emergency services arrives.

Results show there is a system in place to monitor incidents in fire, safety and other emergencies and no incidents have occurred. Stakeholders interviewed said they feel safe in the home and have confidence in the emergency procedures in place.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems to ensure an effective infection control program is in place.

Staff have access to national guidelines in relation to infection control. Recent updates of infections identified in the community which may pose a concern to care recipients are supplied to staff by management. Outbreak kits, hand washing facilities, sanitising gels and personal protective equipment is available for staff to use to minimise the spread of infection. A vaccination program is also offered to care recipients and staff. Refrigeration and food temperatures are tested and food is stored accordingly to the food safety plan. Monitoring of care recipients infections is conducted by the care coordinator and reported monthly through the Quality Work Health and Safety Committee. Results show infections are identified and monitored as per the home's process. Observations showed staff adhere to the home's policies in relation to infection control and staff said they have access to appropriate infection control equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering services are provided to meet care recipients' dietary needs and preferences. The four weekly cycle menu reflects changes made in response to care recipient feedback; a dietitian ensures that the menu meets care recipients' nutritional requirements. Meal alternatives are available at care recipients' request or if changes to their health status require it. Staff follow safe food handling practices throughout preparation and meal service. Routines and schedules are in place to guide cleaning of care recipients' rooms, common areas, high surfaces, windows and external areas. All care recipients' personal clothing is serviced on site and returned in a timely manner. Flat linen is serviced off site by external contractors who monitor imprest systems and ensure there is available back up should it be required. Housekeeping staff demonstrate an understanding of the infection control principles related to cleaning processes. Results show key personnel monitor the effectiveness of services, and skills and knowledge of staff, using audits, competency assessments and observation of practice and provide support as required. Care recipients are satisfied with the catering and housekeeping services at the home.