



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Abbeyfield House Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Abbeyfield House Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Abbeyfield House Hostel is three years until 17 August 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Abbeyfield House Hostel				
RACS ID:	3164				
Number of beds:	31	Number of high care residents:	6		
Special needs group catered for:	Nil				
Street/PO Box:	30 Shaw Street				
City:	MORTLAKE	State:	VIC	Postcode:	3272
Phone:	03 5599 2901		Facsimile:	03 5599 2796	
Email address:	info@abbeyfieldmortlake.com.au				

Approved provider

Approved provider:	Abbeyfield Society (Mortlake) Inc
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Assessment team

Team leader:	Adrian Clementz
Team member/s:	Karen Ray
Date/s of audit:	2 June 2009 to 3 June 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Abbeyfield House Hostel
RACS ID	3164

Executive summary

This is the report of a site audit of Abbeyfield House Hostel 3164 30 Shaw Street MORTLAKE VIC from 2 June 2009 to 3 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Abbeyfield House Hostel.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 2 June 2009 to 3 June 2009.

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

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

Assessment team

Team leader:	Adrian Clementz
Team member/s:	Karen Ray

Approved provider details

Approved provider:	Abbeyfield Society (Mortlake) Inc
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Details of home

Name of home:	Abbeyfield House Hostel
RACS ID:	3164

Total number of allocated places:	31
Number of residents during site audit:	31
Number of high care residents during site audit:	6
Special needs catered for:	Nil

Street/PO Box:	30 Shaw Street	State:	Victoria
City/Town:	MORTLAKE	Postcode:	3272
Phone number:	03 5599 2901	Facsimile:	03 5599 2796
E-mail address:	info@abbeyfieldmortlake.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Abbeyfield House Hostel.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Executive officer	1	Residents/representatives	7
Nurse care manager – registered nurse division one	1	Administration assistant	1
Care and quality co-ordinator	1	Laundry staff	1
Personal care assistants	9	Cleaning staff	1
Catering staff	2	Maintenance staff	1
Diversional therapist	1		

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Deceased resident files	1	Personnel files	5
Resident care plans – electronic and paper	5	Incident reports	7
Interim care plans	8	Bowel activity monitoring records	5
Restraint authorisations	3	Resident medication reviews by consultant pharmacist	2

Other documents reviewed

The team also reviewed:

- 'Feel good' booklet
- Abbeyfield House resident care history forms
- Abbeyfield Mortlake Governance
- Activity attendance monitoring sheets
- Activity completion sheets
- Activity diary
- Activity evaluations
- Aged care funding instrument completed documents
- Annual report 2007/8

- Best practice folder
- Board meeting folder
- Care planner
- Care policies and procedures
- Cleaning charts
- Clinical care planner
- Completed lifestyle questionnaires
- Completed medication administration competency assessments
- Compulsory reporting register
- Continence aids use
- Docket book
- Duty sheet
- Electrical appliance checklist
- Electronic police check registers
- Emergency procedure action plan
- Fire evacuation list
- First aid register
- First day orientation induction and checklist
- Floor plan
- Food and fluid intake forms
- Food safety plan
- Hazard report form and register
- Housekeeping planner 2009
- Information folder for residents and visitors
- Instructions for making thickened fluids
- Kitchen incident book
- Kitchen monitoring checklist
- Letter and instructions from other health professionals in resident files
- Maintenance log
- Maintenance planner 2008 and 2009
- Medication incident register
- Medication policy
- Medication prompt sheet on medication trolley
- Menu
- Menu and activity daily program
- Menu choice list
- Menu for week
- Menu review report
- Minutes of resident meetings
- Mission statement and philosophy
- Newsletter
- Nurses register
- Occupational health and safety inspection checklist
- Official comments form: comments and complaints
- Organisational structure
- Policy and procedure folder
- Preferred supplier list
- Privacy policy
- Procedures to switch to emergency power
- Protocol for contractors and external services
- Purchase order book
- Quality assurance activity report
- Reference chart – “signs of pain in older people”
- Report of alleged or suspected assault
- Report of missing or wandering residents
- Request for improvement feedback to staff folder

- Residency agreement
- Resident diet preference / special needs
- Resident information booklet
- Resident meal orders
- Resident meeting minutes register
- Resident orientation booklet
- Resident personal details
- Resident weight reports
- Routine maintenance book
- Shift alteration form
- Spills management system book
- Staff care prompt sheets, for example, identifying pain in older people
- Staff competencies folder
- Staff education records 2008 and 2009
- Staff information booklet
- Staff meetings folder
- Strategic plan 2009/11
- Supplier agreement
- Tender forms
- Test details book
- Tradesman sign in register
- Volunteer questionnaire
- Weight loss/gain management flow chart
- Wound charts and progress reports
- Written feedback from families

Observations

The team observed the following:

- Activities in progress
- Activities programme
- Branded staff uniforms
- Charter of resident rights and responsibilities
- Dietary aids in use during lunch time
- Emergency exits
- Entertainment by musician
- Equipment and supply storage areas
- Evacuation map
- External complaint mechanisms
- External living environment
- Hairdressing room
- Interactions between management and residents
- Interactions between staff and residents
- Internal living environment
- Mobility aids and equipment
- Pressure relieving devices in use and in storage
- Signage
- Staff identification name tags
- Staff room
- Stakeholder information tables
- Storage of inventory for low and high care residents
- Storage of medications
- Storage of resident clinical information
- Stores of dietary supplements

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous improvement system that operates within the quality framework of Abbeyfield House and shows improvements in management, staffing and organisational development. The system draws from a variety of stakeholders and source documents, including ‘request for improvement’ forms, meetings, incident reports, audits and surveys. Continuous improvement issues are logged on a register then captured electronically, prioritised and delegated to the most appropriate forum or individual. Progress is monitored against target dates and outcomes are recorded and evaluated. Feedback is given to the initiator of the improvement and results or changes are communicated through staff and resident meetings, memorandums and the newsletter. Staff stated they are aware of and are encouraged to contribute to continuous improvement at the home. Residents confirmed the home is responsive to their changing needs.

Improvements that have been achieved relating to Standard One over the past twelve months include:

- Employing a registered nurse division one as nurse care manager, as it has allowed the home to provide a higher level of care for residents.
- Putting in place an electronic resident care documentation programme to enable the accessibility of quality information for care staff and thus more responsive care.
- Developing a comprehensive orientation procedure for new staff.
- Adjusting number of staff and hours worked on an ongoing basis to meet resident need. An example is the recent employment of an assistant for the activities co-ordinator.
- Providing the opportunity for six personal care assistants to sit the entrance examination for a division two nursing, from which two personal care workers will commence part-time study towards a nursing qualification followed by the next two personal care workers 18 months later.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and required changes to practice. Information and updates are received via mechanisms including peak body membership and legislative update services and are communicated to stakeholders through strategies that include stakeholder meetings, memoranda, training and changes in policy and procedure. Compliance is monitored through mechanisms including audits, surveys, performance appraisal and observation. Police check processes are in place for staff and volunteers and monitored by an electronic register, with external contractors who have not presented police checks being accompanied on site. Records show and staff confirm that they are informed about regulatory compliance and receive timely reminders in relation to their compliance obligations. Stakeholders were informed of the accreditation audit.

1.3 Education and staff development:

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

Team's recommendation

Does comply

Management shows staff have the knowledge and skills to effectively perform their roles. The home has a formal scheduled training program which is derived from multiple sources and processes, including survey and audit findings, incidents, observation, changes in legislation, competency testing and performance appraisals. The Aged Care Channel is also used as a formal training tool and for individual personal development. A comprehensive orientation program is in place for new employees. Staff are informed of forthcoming education programs via meetings and an education planner. Records of attendance at training are maintained electronically and training is evaluated through post-course feedback and competency testing. Staff are satisfied with the education available and confirm the home supports ongoing learning and development.

Education opportunities completed by management and other staff that reflect the expected outcomes of Standard One include the following:

- Bond and financial management.
- Aged care funding instrument in practice.
- Accreditation overview.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has formal and informal comments and complaints mechanisms that are accessible to residents, relatives, visitors and staff. Information about the internal and external complaints processes is communicated via the resident entry pack, staff orientation and handbooks and through policy and procedure, with relevant forms and brochures displayed prominently throughout the home. The system includes 'Comment and complaints' forms, resident surveys, an open door to management policy, and is a standing item on staff and resident meetings. Comments and issues raised are recorded on the continuous improvement register and documents show management acts in a timely manner, tracks the issue to resolution and provides feedback to relevant parties. Staff reported they can raise complaints and advocate on behalf of residents. Residents and relatives are aware of internal and external complaint processes and report they feel comfortable to use these processes.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's mission, philosophy and objectives carry a commitment to quality and place the resident firmly at the centre of all the home's decisions and activities. This message is consistently communicated through management, staff and resident documentation. Observations and interviews confirmed that staff and management live and breathe the home's philosophy.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has appropriately skilled staff to deliver clinical and non-clinical services. Management meets on a regular basis to review staffing levels and skill mix to ensure that it matches resident profile and needs. Strategies to manage human resources include human resource planning, consistent and transparent recruitment, selection and orientation processes, training and performance appraisal processes and support for employees. As there is very low staff turnover and most staff, by choice, work less than a full week shift, temporary replacements and shift alterations are filled internally and no agency staff are used. The 'double up' system used by the home ensures that at least one other staff member knows each job in the home. Position descriptions are up to date and staff qualifications are monitored. Staff stated that staffing levels are adequate and responsive to resident need, and residents confirmed that staff provide individual care and promptly respond to their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place to ensure that stocks of appropriate goods and equipment are available and sufficiently maintained. Consumables are purchased from approved suppliers to a regular order cycle and appropriate stock levels and utilised using effective stock rotation methods. Storage areas were found to be secure, clean and well ordered and adequate for both inventory and any equipment not in use. There are processes to ensure equipment is maintained in optimal condition that include an external and internal preventative maintenance program and reactive maintenance procedure. Staff and residents participate in providing input and recommendations for the purchase of equipment. Staff, residents and relatives confirmed their satisfaction with the amount of supplies and quality of equipment available to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place. Policies, procedures and other resource files guide staff work practices and are current and accessible. Privacy, confidentiality and security of staff and resident information is maintained. Files are ordered and checklists ensure relevant and updated information is captured and generally maintained. Electronic systems are password protected and backed up regularly, and archived material is stored securely pending destruction according to legislative procedures. Appropriate sharing of information occurs through mechanisms including the continuous improvement quality system, regular meetings, resident and staff handbooks, communication books and handovers and memoranda. Staff and residents are satisfied with access to information and with the communication, consultation and feedback mechanisms available to them.

1.9 External services

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

Team's recommendation

Does comply

There are systems in place to ensure the quality and suitability of externally sourced services. The home contracts with external suppliers to provide a wide variety of services to the home including fire protection, medication and aids, chemicals, plumbing and electrical. Signed service agreements are in place which set out the scope and standard of the services to be provided and where relevant tenders are carried out annually. A protocol for contractors and external services governs the home's expectations for on-site behaviour. Allied health services are mostly provided through the district health service. Contractors' performance is assessed against these standards and on the basis of staff and resident feedback. Management, staff and residents confirmed that they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has a quality framework which includes monitoring and continuous improvement activities in relation to residents' health and personal care. Results for residents are monitored through mechanisms including care plan reviews, audits, incident reviews, resident consultation and analysis of collated data for trends. Outcomes of monitoring are used to improve practices and processes when opportunities are identified. Staff confirmed that improvements have occurred in resident health and personal care. Residents said that staff are attentive and committed to their care and regularly seek their feedback and opinion on ways to improve.

Improvements that have been achieved relating to Standard Two over the past twelve months include:

- Developing a resident skin assessment form.
- Developing a weight loss flowchart that assists care staff to identify weight loss triggers and provides strategies to maintain weight.
- Developing a diabetes flowchart, in consultation with the dietitian that sets out the triggers and management strategies for care staff.
- Developing a 'best practice' education folder for care staff.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place to ensure that regulatory compliance obligations are identified and met. Regulatory compliance related to health and personal care is conveyed to staff through meetings and memoranda and monitored via audits, observations and competency testing. A registered nurse is on site five days per week and the nurse care manager is on call to provide any required advice and support. Care planning and review activities are overseen by an appropriately qualified person according to legislative requirements. Medications are stored and administered according to legislated processes. The registered nurses division one and two provide the home with annual registration certificates and these are maintained on a qualifications register. Staff said they are informed about legislative and regulatory requirements.

2.3 Education and staff development

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

Team's recommendation

Does comply

Management shows staff have the knowledge and skills to provide health and personal care to residents. Staff selection and recruitment practices ensure staff have appropriate clinical qualifications to perform their roles. The home's clinical training program is informed by

incident results, opportunities for improvement, regulatory compliance, resident clinical changes, clinical indicators and competency testing. Clinical and care staff are satisfied with the education available and confirmed that the home supports ongoing learning and development.

Education opportunities completed by management and other staff that reflect the expected outcomes of Standard Two include the following:

- Diabetes education.
- The ageing skin, skin tears and management.
- Nutrition and dietary needs.
- Medication administration for care staff.
- Medication update.
- Care planning and documentation.
- Challenging behaviours.
- Clinical skills.
- Incident investigation and reporting.
- Bowel management.

2.4 Clinical care

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

Team’s recommendation

Does comply

Abbeyfield House has effective systems in place to ensure residents receive appropriate clinical care. All residents admitted to the home are low care and an interim care plan is put immediately into place based on the resident history, medical diagnosis, aged care assessment form and input from the resident and family. Over the next month through observation, interviews and input from other health professionals, staff document identified care needs and develop strategies to assist and support these needs. Processes are in place to actively engage residents and representatives in decisions about care, and subsequent documentation is clearly individualised to each resident. Records show regular medical reviews and increased monitoring of residents when they are of poor health. Residents and representatives confirmed that their input is actively sought and said they are extremely satisfied with the care and support provided by the nursing team at the home.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Specialised nursing care needs are appropriately identified and met by qualified and skilled staff. Residents with identified specialised nursing have guiding documentation outlining their particular requirements and timeframes. Other health professionals from the community are regularly utilised to ensure continuity of care over the weekend, when a registered nurse division one is not on duty. All specialised nursing care is coordinated by the nursing care manager (registered nurse division one) who is on site five days a week, and on call on the weekends. Resident documentation demonstrates that specialised nursing care is given on a consistent, timely basis by appropriately qualified nursing staff. Residents and representatives expressed satisfaction with all aspects of clinical care, including the support given by the home and other health professionals in relation to any specialised needs.

2.6 Other health and related services

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

Team's recommendation

Does comply

Abbeyfield House Hostel has processes to ensure residents are referred to specialists as required and as preferred. Documentation shows staff identify requirements and residents are referred to a wide range of allied health services. Residents are supported to ensure suitable transport and appropriate referral information is taken to the appointments if external. Resident files show any subsequent treatment regimes as a result of appointments are incorporated into the resident's care. Residents and representatives advised they are assisted to attend external appointments and are satisfied with the range of allied health services available to them both within and outside the home.

2.7 Medication management

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

Team's recommendation

Does comply

Policies and procedures are documented and effectively utilised to ensure the safe and correct administration of residents' medication. Residents' medication is managed by the nursing care manager (registered nurse division one). Administration aids are used by competency assessed (annual) personal care workers to administer medications to residents. Options for residents to self medicate are available with the necessary medical and nursing assessments. Processes are in place for ordering, disposal and storage of medications, including schedule eight drugs. Residents' individual medication regimes are monitored and reviewed by doctors and pharmacists. Medication incident reporting is effectively utilised to ensure quick response to any potentially adverse medication events, and demonstrate that packing errors have been identified prior to administration. Residents are satisfied their medications are managed appropriately.

2.8 Pain management

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

Team's recommendation

Does comply

Abbeyfield House is effectively managing residents' pain. Residents' progress notes contain details of pain experienced (verbal and non verbal signs were documented), any changes to pain experienced by residents and outcomes of pain management interventions. Staff practices have improved through the use of 'when necessary' medication notes which ensure all pain relief given is followed up to monitor effect and documented in the notes. The nurse care manager coordinates pain management charting for residents when this type of review is indicated. Progress note entries by staff demonstrate that they notice and document any changes in residents that may indicate pain. Residents interviewed spoke highly of the care and support given by staff in assisting them with pain.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure the comfort and dignity of terminally ill residents is maintained. Residents' terminal care wishes are established at an appropriate time (as decided by the resident and their family) in consultation with the resident's medical practitioner. Records show that the residents' doctor identifies when palliative care regimes are required and care is changed to accommodate these instructions. Residents requiring palliative care are monitored by appropriately qualified staff in consultation with the resident's

medical practitioner and other health professionals as required. The team reviewed written feedback from families indicating high satisfaction with the palliative care to their loved ones.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure residents receive adequate nourishment and hydration. Residents’ nutrition and hydration needs are assessed upon entry and individual dietary needs are noted on care plans. Documents in care files and catering areas identify nutritional and hydration needs, food likes and dislikes, special diets, consistency of fluid and required use of dietary aids. Residents with weight changes, decreased appetite or swallowing difficulties are referred to the appropriate specialists. Residents were observed utilising dietary aids and were assisted in an appropriate manner. All residents/representatives interviewed said meals/drinks are varied and tasty, and provided generously. This was observed by the team during the site audit.

2.11 Skin care

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

Team’s recommendation

Does comply

Abbeyfield House uses effective systems to ensure timely and appropriate assessment of skin integrity and implementation of strategies to maintain and improve skin integrity. Skin care plans are developed from the assessment information and referrals are made when appropriate. Wound management is documented and supervised and evaluated by registered nurses division one and division two. Each incident of breakdown through injury or pressure is reviewed through the incident reporting process. The home seeks advice from doctors and other health professionals to ensure wound management regimes in place are contemporary and appropriate. Wound care required over the weekend is delivered by the district nurse – registered nurse division one. Residents’ and their representatives were pleased with the wound management systems in place and the treatment received.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence management plans are compiled following assessment over three to seven days when incontinence is, or becomes, a problem for residents. Generally toileting regimes are used initially, with the use of continence aids following if required. If required, residents bowel activity is monitored, and pharmaceutical and other interventions used to assist regularity. Continence is further promoted by exercise, a balanced diet and adequate or additional fluids to each resident’s tolerance. Specialist continence products and bedding are available to further provide physical comfort and dignity for residents. Residents and their representatives were pleased with the assistance given to them to maintain their independence and maximise existing function.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Abbeyfield House has processes in place to assess, manage and review residents with challenging behaviours. Management state and staff confirm that communication of residents' changing needs occurs to enable them to manage resident behaviours as required. There is an area within the home that can be secured and is provided for residents who need extra support. Residents and representatives advised they are satisfied that behavioural issues are managed effectively within the home. Staff interviewed and documentation reviewed indicated a high level of patience is used by staff, and once effective strategies are determined they are communicated between staff and recorded in resident files.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Each resident provides information on entry to the home about their current level of mobility and any problems they are experiencing. Residents and their representatives are included in planning of interventions and a physiotherapist reviews care needs and develops plan if required. Incident report analysis demonstrates that falls are acted on appropriately and quickly and strategies developed to minimise further events. The activity program includes physical programs to assist residents in maintaining muscle strength, such as a well attended exercise program and walking program. Residents and their representatives all reported satisfaction with support received to maintain or improve their mobility.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has processes and systems in place to ensure that residents oral and dental care needs are met. Residents' are encouraged and supported to maintain their independent ability to maintain oral hygiene, with staff assisting and prompting according to plans of care if required. Dietary, mouth washes, provision of palate cleansing fruit juices and specific mouth care for very ill residents are strategies used by staff to assist with residents' oral health. Residents have access to their own dentist with assistance from staff and family. Interviews with family and residents confirmed and the general appearance of residents confirmed that oral and dental health is maintained to an optimum level.

2.16 Sensory loss

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

Team's recommendation

Does comply

Systems are in place to ensure that residents' sensory losses are identified and managed effectively. Residents are referred to and encouraged to visit other health care professionals such as optometrists and audiologist to promote sensory ability. Care staff are familiar with residents' sensory losses, communication needs and care requirements, and stated strategies used on a day to day basis to promote their quality of life and ensure safety. Residents and their families confirmed they receive assistance to optimise their communication needs.

2.17 Sleep

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

Team's recommendation

Does comply

Residents provide information about their sleep patterns on entry to the home, and discuss any existing problems or barriers to sleep with staff. Care plans include individual rising and settling times, nightly rituals, pain control and other strategies to maximise comfort and natural sleep. Changes in sleep patterns are noted and the team identified that referrals and strategies are extensively trialled and implemented to assist residents achieve sleep. Each resident has their own bedroom and access to a bathroom directly off their bedroom providing an environment for natural sleep and rest during the day. Residents confirmed and entries in progress notes demonstrated, that staff are very attentive in assisting residents with any sleep disturbance. Residents spoke highly about the patience and support delivered by night duty staff of the home, and said they feel safe and secure at Abbeyfield House.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous improvement system that demonstrates improvements in resident lifestyle. The system draws on staff and resident and relative feedback through ‘requests for improvement’, meetings and survey results. Results show residents are supported to maintain their choice and decision-making ability and to experience improvements in their lifestyle at the home. Staff and residents are satisfied with improvements in resident lifestyle.

Improvements that have been achieved relating to Standard Three over the past twelve months include:

- Purchasing a bus equipped with a hoist to improve access for residents with limited mobility to outside activities.
- Hosting the local Returned serviceman league meetings at the home to enable the participation of residents, who would otherwise not have been able to attend.
- Establishing a sensory garden situated in the outdoor living area attached to the high care residential unit of the home.
- Adapting the resident menu to include large, medium and small meal size requests.
- Changing the format of the evening meal to provide residents with a choice of starter, main, dessert or other at the time of taking their meal.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identifying relevant legislation, regulations and guidelines, and for monitoring compliance in relation to resident lifestyle. Residents sign a residential agreement on entry to the home and receive information about their rights and responsibilities. Records and staff confirm that relevant information is disseminated through meetings, training and changes to policy and procedure. The home has systems, policy and registers for the mandatory reporting of elder abuse and missing residents to police and the Department of Health and Ageing.

3.3 Education and staff development

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

Team’s recommendation

Does comply

The home shows staff have the knowledge and skills to effectively perform their resident lifestyle roles. Multiple sources and processes inform training needs analysis and include performance appraisals, lifestyle audits, resident surveys, observation and continuous improvement. The training programme for lifestyle workers covers mandatory training and is responsive to staff requests. Staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by management and other staff that reflect the expected outcomes of Standard Three include the following:

- Dementia and recreation
- Understanding behaviour.
- Dementia – the respect approach.
- Mandatory reporting: elder abuse and missing residents.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has systems in place to provide emotional support for each resident. Entry information includes an opportunity for written information to be given to the home from the resident or their representative prior to entry. Residents' life experience is included. Care plans, progress notes and interviews with residents identify that staff incorporate emotional support into all areas of care given. Staff interviews confirm that staff are attentive to even the most subtle emotional needs and changes that residents experience. Residents and their representatives commented that residents feel very supported by management and staff, and that living in Abbeyfield House is like living with a big family.

3.5 Independence

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

Team's recommendation

Does comply

Each resident provides information on entry to the home about their ability to maintain health and life style activities independently. Care plan strategies are built around optimising independence for residents in care and lifestyle. Changes in needs are monitored and care plans altered regularly to reflect those changes. Residents' of the home confirmed they enjoy independence with the support of staff and their friendships are maintained and new friendships made within the home. Where possible, residents' continue to contribute to the community individually or as a group. The home has organised for the local Return Serviceman League to hold their quarterly meeting at Abbeyfield House so that residents can continue to attend. Residents' and their representatives expressed delight at the activities in the home which promote self determination and community participation

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Management and staff ensure residents' privacy, dignity and confidentiality is recognised and respected at all times. Consent forms are used prior to the taking of photographs, placing names on doors and sharing clinical information. Staff are orientated and informed of the importance of respecting each resident's privacy and dignity and cultural differences. Staff were observed interacting with residents in a professional and respectful manner. Residents' and relatives' commented that staff treat them with great respect and dignity at all times.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home's leisure and lifestyle program is centred on individual interests and activities and those which can be shared with others. Prior to moving to Abbeyfield House residents' are asked about their interests and assessed for their capacity to participate in a range of programs. Community activities held both within and outside the home are well attended by residents of Abbeyfield House. Community volunteers contribute to the activity program, many being former staff or relatives of existing residents. The program is well supported by trained and dedicated staff who gave the team many examples of how individual resident needs are identified and embraced within the lifestyle program. All residents/representatives interviewed spoke highly of the activities provided and stated that the home often hosts community activities. The program is regularly evaluated through resident meetings and surveys.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home identifies the role cultural and spiritual life plays in each resident's life through information sought prior to and after entry to Abbeyfield House. Policies that impact on cultural/spiritual aspects of residents' lives ensure that notification to external clergy and others is part of the processes followed by staff. Religious services are conducted regularly, cultural events are celebrated and community visitors are involved regularly in one to one visits with residents with diverse cultural backgrounds. Families' and residents' expressed satisfaction in the opportunities the home offers to residents' to not only foster their own needs and beliefs but share in the life of others around them.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Each resident at Abbeyfield House participates in decisions about the services and individual care and lifestyle regimes. Residents are consulted about their individual preferences on entry to the home and these are reviewed regularly. Residents presenting with reduced decision-making capacity are identified and their authorised representatives are involved with making decisions on their behalf. Care plans, progress notes and staff interviews all strongly support that the residents preferences are a high priority at the home. This is reflected in the home's philosophy and objectives. Pre-entry and ongoing information is provided to ensure residents are aware of their rights, and of the variety of avenues available to them to voice their choices and preferences. Residents/representatives interviewed said that at all times their individual preferences are sought and respected.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents' agreements and information packs provide evidence of the home's commitment to security of tenure. Information on security of tenure, rights and responsibilities, complaint processes, privacy/dignity and required care and services is in these documents. This information is explained to residents and their representatives prior to their admission. If a resident changes from low care to high care information is provided to ensure they are aware of their changed entitlements. Residents and representatives report they feel secure at the home, and one resident interviewed who had changed rooms, said that this had been done in full consultation and agreement with them.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a system that shows commitment to ongoing improvements in the area of physical environment and safe systems. The system includes incident and hazard reporting, maintenance programs, audits and staff education. Documentation indicates follow up actions occur in response to issues identified as a result of monitoring processes. Staff and residents are satisfied with the safety and comfort of the home’s environment and are satisfied improvement occurs.

Improvements that have been achieved relating to Standard Four over the past twelve months include:

- Installing a generator at the home and a procedure for coping with interruptions in electricity supply.
- Purchasing a bar fridge for storing milk in the self-service tea area outside the kitchen.
- Purchasing a food warmer for ensuring that the food served in the high care need area is kept at an appropriate temperature.
- Purchasing a new lifting machine for residents.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The organisation’s management has systems in place to identify and ensure that the home maintains regulatory compliance in relation to the physical environment and safe systems. Regulatory information is appropriately communicated to stakeholders via meetings and training. Regulatory requirements are reflected in safe work practices, external third party reports, fire and emergency and infection control policy and procedures, occupational health and safety, infection control and food safety programs. Records reflect that education takes place and staff confirmed that appropriate systems are in place.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The home demonstrates management and staff have the knowledge and skills in relation to the home’s physical environment and safety systems. Training needs in relation to the physical environment and safe systems are identified through mechanisms including risk assessments, audits and surveys, legislative changes, external reports and feedback from staff and residents. Staff attend initial and ongoing training in relation to fire and emergencies, manual handling and infection control. Staff are satisfied with the education available.

Education opportunities completed by management and other staff that reflect the expected outcomes of Standard Four include the following:

- Food hygiene for food handlers.
- Chemical handling.
- Manual handling.
- Nutrition and food service.
- Fire evacuation.

4.4 Living environment

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

Team's recommendation

Does comply

The home accommodates predominantly low care residents in a bright, comfortable and homelike environment that is spacious and well-maintained through routine and planned maintenance programs and regular checking of the residents' generous en-suite rooms and communal areas. The home is well ventilated, kept at a comfortable temperature and free of clutter. Residents and representatives have access to large and small lounge areas, a self-service kitchenette, a hair salon room, well-maintained paved external living areas and there are a number of small lushly planted courtyards. The home has a comprehensive and scheduled preventative maintenance system to maintain the buildings and equipment in optimal working order. Requests for maintenance and repairs are recorded by staff in maintenance books and rectified efficiently. Observations and interviews reveal that staff practice ensures the safety and comfort of residents. Residents said they enjoyed living at Abbeyfield House and appreciated its homely atmosphere.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Management of the home works actively to ensure residents and staff are living and working in a safe environment. Systems to manage and maintain a safe working environment are in place and the home has an active occupational health and safety committee which includes board, management and staff representation. The committee discusses progress and results of health and safety audits, hazards and incidents and workplace inspections. There are two designated staff members to oversee the occupational health and safety program and who have attended accredited training. There is a preventative maintenance program that includes electrical tagging, and staff report that maintenance issues are dealt with promptly. Occupational health and safety is a standing agenda item at monthly staff meetings and is part of staff orientation and ongoing staff training programmes. Staff confirmed management provides a safe working 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 recommendation

Does comply

Abbeyfield House has effective systems and processes in place to minimise fire, security and other emergency risks. The home is equipped with emergency fire fighting and detection systems, fire extinguishers and a generator, which are all maintained and serviced regularly by external contractors. Emergency evacuation procedures are documented and displayed throughout the home and emergency exits are clearly indicated and accessible. Monitoring

takes place through regular audits, incidents reports and inspections, and the home has an acceptable rating for certification of fire and safety. Staff must attend fire and emergency training annually and this is also included in orientation training for new staff, while mandatory training in chemicals handling also takes place. Residents stated they feel safe and secure at the home and are made aware of evacuation procedures at orientation and regularly at resident meetings.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program to minimise the risk of infection. Infection control is a standing agenda item at the staff meetings and policy, procedure, manuals and infection information is available to staff. Other infection prevention strategies are in place and include a food safety program, anti-bacterial gel and hand washing facilities, pest control measures, vaccination programs for residents and staff, availability of protective equipment, colour coding, safe sharps and contaminated waste disposal. Data on the number of infections and wounds are recorded, trended, monitored, audited and appropriate action is taken. All staff, including hospitality staff, receive infection control training and competency training is conducted. Observations and interviews with staff demonstrate that staff practice is consistent with relevant infection control guidelines. Residents and relatives are educated in the ways to minimise the risk of spreading infections through resident meetings and newsletters.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home's hospitality services are provided in a friendly and generous manner to residents. Catering, cleaning and laundry are performed on-site by appropriately qualified and designated staff employed by the home. Dietitian approved menus are prepared according to residents' dietary needs and preferences and served with choice and at resident-responsive times, for example breakfast is served from 7.30am to 9am, dinner at 6pm and snacks are available at any time during the day. Cleaning of the home occurs across the week according to documented procedures and schedules and the home was clean during the visit. Linen and personal clothing is laundered on-site across the week and systems are in place to ensure clothing is not lost. Staff confirmed the effectiveness of the home's hospitality services in enhancing the working environment. Residents are satisfied with the home's cleaning and laundry services and are complementary about the quality and variety of food.