



Aged Care
Standards and Accreditation Agency Ltd

Acacia House Residential Aged Care Service **Approved provider: Shepparton Retirement Villages** **Inc**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 7 December 2014. We made the decision on 10 October 2011.

The audit was conducted on 13 September 2011 to 14 September 2011. The assessment team's report is attached.

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

Home and approved provider details

Details of the home

Home's name:	Acacia House Residential Aged Care Service				
RACS ID:	4348				
Number of beds:	60	Number of high care residents:	58		
Special needs group catered for:	• Nil				
Street:	9 Batman Avenue				
City:	Shepparton	State:	Victoria	Postcode:	3630
Phone:	03 5821 0594		Facsimile:	03 5832 0860	
Email address:	Nil				

Approved provider

Approved provider:	Shepparton Retirement Villages Inc
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Assessment team

Team leader:	Margaret Edgar
Team member:	Beverley Ballantyne
Dates of audit:	13 September 2011 to 14 September 2011

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	Accreditation 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

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	Accreditation 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

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		Accreditation 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

Principle:

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Acacia House Residential Aged Care Service 4348

9 Batman Avenue

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Approved provider: Shepparton Retirement Villages Inc

Executive summary

This is the report of a site audit of Acacia House Residential Aged Care Service 4348 from 13 September 2011 to 14 September 2011 submitted to the Accreditation Agency.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 13 September 2011 to 14 September 2011.

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

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

Assessment team

Team leader:	Margaret Edgar
Team member:	Beverley Ballantyne

Approved provider details

Approved provider:	Shepparton Retirement Villages Inc
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Details of home

Name of home:	Acacia House Residential Aged Care Service
RACS ID:	4348

Total number of allocated places:	60
Number of residents during site audit:	58
Number of high care residents during site audit:	58
Special needs catered for:	Nil

Street:	9 Batman Avenue	State:	Victoria
City:	Shepparton	Postcode:	3630
Phone number:	03 5821 0594	Facsimile:	03 5832 0860
E-mail address:	kevinb@sheppvillages.com.au		

Audit trail

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

Interviews

	Number		Number
Management	6	Residents	6
Clinical care and lifestyle staff	8	Representatives	10
Allied health professionals	2	Hospitality, environmental and service staff	9

Sampled documents

	Number		Number
Residents' files	15	Personnel files	10
Summary care plans	9	Resident occupancy agreements	6
Medication charts	10		

Other documents reviewed

The team also reviewed:

- Audit tools and schedules
- Care information on computer
- Cleaning schedules
- Comments and complaints register
- Communications/ memoranda
- Education resource folders
- Education schedules and records
- Elder abuse register
- Essential services manual
- External contractors documentation
- External food audit
- Food safety plan
- Handover
- Hazard forms
- Incident reports and register
- Infection control data
- Lifestyle documentation
- Lifestyle program
- Maintenance documentation and request book
- Material safety data sheets
- Medication Reflective practice forms
- Meeting minutes
- Occupational health and safety manual
- Occupational health and safety newsletters
- Plan for continuous improvement
- Police check registers
- Policies and procedures
- Position descriptions
- Quality Assurance audits, reports and corrective actions
- Quality improvement register

- Recruitment policies and procedures
- Resident dietary information
- Resident mobility listing
- Resident satisfaction survey
- Residents' information package and surveys
- Roster
- Staff education attendance records
- Staff handbook
- Staff succession plan
- Strategic plan
- Vision, mission and values statement
- Visitor sign in register

Observations

The team observed the following:

- Activities in progress
- Administration and management areas
- Brochures such as the complaints system on display
- Charter of rights and responsibility on display
- Chemical storage and cleaners room
- Cleaning in progress
- Clergyman visiting for church service
- Cook-chill kitchen
- Dressing and skin care products
- Equipment and supply storage areas
- Fire equipment
- Fire exits
- Medication Imprest system
- Interactions between staff and residents
- Laundry in operation
- Living environment
- Medication trolleys and storage room
- Noticeboards
- Palliative care room
- Resident living environment
- Security systems
- Servery
- Stock and equipment storage areas
- Vision, mission and values statement on display
- Video camera monitoring and recording system
- Waste management system.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has mature processes and systems in place to actively pursue continuous improvement. Opportunities for improvement are sourced from audits, improvement strategies and feedback, comments and complaints, incidents, resident and staff surveys, policies and procedures and work practices. Each improvement is identified, referred to the relevant person, consultation follows with a plan for action and timeframes and after implementation, results are reviewed and evaluated. There is a register for quality improvements and a plan for continuous improvement for key improvements. Quality is discussed at the bi-monthly staff meetings and resident and family meetings. Audits are conducted across the four standards and forty - four outcomes. Staff and representatives were able to provide examples of recent improvements.

Examples of improvements under standard one include:

- It was identified that staff appraisals were often not completed and future goals and achievements not identified. Consequently a new performance and review sheet was developed, together with a new form to document goals and education needs and a new timetable introduced. There is now evidence that appraisals are being conducted and recorded.
- The creation of a 2009 – 2014 strategic plan for the organisation, including a scorecard system for monitoring progress.
- Due to the success of the home, staff were provided with a remuneration award in recognition of this achievement.
- In recognition of staff, management are planning a staff appreciation day latter in the year.
- In response to staff requests, the home is currently trialling a change of shift from 1600 – 2030 to 1600 – 2130 hours.

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 in place to ensure compliance with all relevant legislation and regulatory requirements, professional standards and guidelines. It subscribes to a legislative update service and is a member of a number of peak bodies. All policies and procedures, are developed, reviewed and updated according to legislation, regulations, standards and codes of practices. Relevant regulatory compliance is discussed at staff and resident and representative meetings. Information regarding regulatory compliance is also distributed through memoranda, newsletters and education. Police check registers are in place for staff, external contractors and volunteers and are monitored on an ongoing basis. Education relating to regulatory compliance includes elder abuse, manual handling,

occupational health and safety, fire and safety and infection control. Staff interviewed confirmed that they were kept informed of all regulatory changes.

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 promotes a learning and education culture actively encouraging and supporting staff to upgrade qualifications and participate in internal and external education. The staff orientation program covers key knowledge and skill requirements and includes mentoring shifts prior to staff commencing on the regular roster. Training needs are identified through feedback from residents and representatives, staff using the appraisal process, recommendations from management, clinical data and audits, and legislative requirements. Training is divided into two major areas, paid mandatory training and highly recommended training. Mandatory training days are held each month and attendance is closely monitored with non attendance followed up to ensure compliance. Multiple opportunities are available for staff to access education including corporate programs, internal and external education and the organisation provides student placements in partnership with local training providers. Residents and representatives stated that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education completed and planned relating to Accreditation Standard One include:

- Accreditation and quality processes
- Three day accreditation course
- Policies and procedures
- Funding instrument and documentation
- Governance seminar for senior staff
- Mandatory reporting of elder abuse.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems in place that allow all residents, representatives and staff to feel comfortable and free to make comments, suggestions and complaints. A resident satisfaction survey is conducted every two years to determine areas for improvement. Every alternate year a staff satisfaction survey is also conducted. Comments, suggestions and complaints are logged on the quality improvement register. Issues arising from comments, suggestions and complaints are discussed at resident/representative and staff meetings. Information regarding internal and external complaints systems are documented in key documentation including the resident occupancy agreement and brochures are available throughout the home. Representatives and staff are aware of the processes for raising an issue however; most issues are discussed freely and comfortably with staff and management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has an organisational mission, vision, and values statement, which are displayed in the home and documented in all key documentation. The residents' charter of rights and responsibilities are also displayed prominently within the home and is provided to residents through the resident occupancy agreement. The organisation has a comprehensive strategic plan in place and a master plan to upgrade all services on the site.

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

The home has appropriately skilled staff to deliver clinical and non-clinical services. Recruitment and selection policies, procedures and practices are in place and are followed to ensure that appropriate staff are employed. Position descriptions are in place for each role and recruitment includes advertising internally and externally mainly via the local media. Selection includes a panel interview and reference checks. To improve career pathways for staff, traineeships have been offered to enrolled nurses to upgrade to a diploma of nursing, thus resulting in increased skill level, qualifications and improved resident care. Staff interviewed confirmed that staffing levels generally reflect the changing needs of the residents. Representatives interviewed said that staff provide consistent and individual care.

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 effective systems and processes in place to identify and source furniture, equipment and supplies from approved suppliers. The purchasing process includes trialling of equipment and staff education for use. A register of assets, inventory and stock rotation system ensures there is sufficient stock available. Preventative and reactive maintenance systems are managed by the organisation and includes monitoring the outcomes of planned and unplanned visits from external contractors. Qualified contractors attend to electrical servicing, testing and tagging of equipment. There are designated stock equipment and storages areas which are spacious and allow for safe and organised storage. Staff, residents and representatives confirmed satisfaction with the provision of supplies and felt the equipment was appropriate for its purpose.

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

Communication processes for disseminating information include, policies and procedures, meetings, memoranda, notices, newsletters, handovers, communication books and informal discussions. All care documentation is available through a fully computerised system including palm pilots which are accessible for all care staff. There is a secure backup system for all computers. There is a system for routinely collecting and recording information that identifies residents' care needs to ensure appropriate delivery of care and all information is dated and signed appropriately. Resident and staff records are stored and archived in a manner that maintains privacy, dignity, confidentiality and security needs. All policies and procedures are reviewed and updated regularly and there is an organised system of document control. Staff stated that communication systems are good and residents and representatives stated that they had easy access to staff and management.

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

There is an established list of approved suppliers and providers. External service agreements have been established with major contractors of goods and services such as essential services, physiotherapy, pharmacy, hairdressing and podiatry. A police check register is maintained and kept up to date for all external contractors. Each external contract is reviewed against performances such as safety, competence and timeliness. All external contractors must sign on and off when they enter and leave the home. Staff, residents and representatives are satisfied with the service provision from 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 findings

The home meets this expected outcome

The home conducts continuous improvement activities for all aspects of residents' health and personal care. Residents and representatives are very satisfied with the care provided by the staff. Refer to Expected outcome 1.1 Continuous improvements.

Examples of improvements in Standard two include:

- Installation and ongoing updates for a computerised software package for all resident documentation.
- In consultation with the speech pathologist there has been a major review of all textured modified diets. Work is currently underway to develop texture modified snacks. The speech pathologist conducted education sessions for staff, residents and friends. These changes are being reviewed through feedback and reviewing resident weights.
- A midnight menu has been developed as a method of reducing weight loss for residents, especially the ones with dementia who may wake up in the middle of the night.

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

The home has effective regulatory compliance systems in place to support resident health and personal care. Staff have relevant qualifications and current registrations. Personal care and practice guidelines, including medication management have been developed in accordance with legislative requirements. Staff training is provided with appropriate staff and competencies undertaken annually or whenever there are changes in the regulatory environment. Representatives confirmed their high satisfaction with the care provided by the service. Refer to Expected outcome 1.2 Regulatory compliance.

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

The home has education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for a description of the home's overall system.

Examples of education completed and planned relating to Accreditation Standard Two include:

- Advanced care planning
- Palliative care update
- Specialist medication pumps
- Pain management
- Cardio pulmonary resuscitation
- Medication management
- Wound care
- Oral and dental care
- Catheter and continence care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure residents receive appropriate clinical care that meets their needs and preferences. Residents are cared for by registered and enrolled nurses. Care needs are assessed and used to formulate the resident care plan, using an electronic documentation system, which provides an individual daily care summary for staff to follow and report on. Care is reviewed bi monthly or as required by the registered nurse in consultation with staff and the resident or representative. Medical practitioners and other health professionals contribute to the resident care as required. Clinical incidents are documented and responded to in an effective and timely manner. Staff demonstrated a good understanding of resident care which reflected the information in the care plan. Residents and their representatives spoke highly of the care saying their needs and requests were responded to by staff in a professional and caring manner.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home cares for residents who require management of diabetes, oxygen therapy, complex pain, wound and catheter care. Registered nurses manage all specialised nursing care in consultation with the resident or their representative and other health practitioners as appropriate. Care plans provide appropriate instructions and guidelines for specialised care and include specialist’s instructions and review. Resources available to staff include clinical policies and procedures, specialist consultation and education updates. Residents and their representatives confirmed their needs were being met and gave examples of care given to them.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate health specialists according to their identified need and preferences. Assessment and care plans include details of visits and ensuing treatment and the care system ensures updates occur as a result of referrals. Allied health professionals such as dietitians, wound specialists, speech pathologists, podiatrist, physiotherapist, dental practitioners, mental health services and palliative care attend at the home on a regular basis

or as requested. Residents and their representatives spoke positively of the services available and the assistance they received from the home to access services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There are strong processes in place to ensure medications are administered safely and correctly. Medication is managed by the registered nurse and monitored using outcomes of medication incident reports, audits, pharmacy reviews, staff clinical competency checks, and through observation of practice. Medication blood levels and vital signs are monitored where indicated and there is a process in place to ensure the medication regime is altered according to results and prescribers orders. Medication documentation is legible and includes resident identification and allergy details, cease dates, reasons for use and a review process for the use of as required medication. Medications are stored securely and managed within legislative requirements. Staff demonstrated good knowledge and skills for medication procedures and practice, and residents or their representatives said they are satisfied with the home’s management of their medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

An initial pain assessment is completed on admission in consultation with the resident and representative. Consideration is given to past pain experiences, effective strategies, cultural, spiritual and individual preferences. Pain charting is completed for all resident experiencing pain and evaluated regularly. Comfort measures include gentle exercise, massage, heat, medical review, medication and spa bath. Residents and their representatives expressed their satisfaction with the assistance provided to them in the management of their pain and residents who are unable to verbalise their experience were relaxed and positioned comfortably.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents’ end of life wishes and preferences are acknowledged on entry to the home. An advanced care wishes documentation program is completed in consultation with the resident or their representative as they wish to do this. The home has facilities to enable residents and families to remain together in private and appropriate equipment and staff skills to provide quality end of life care. Support is provided to the home from the local palliative care group as required. Documentation and family members confirm that residents’ end of life wishes were met including emotional, spiritual and physical needs.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The admission process includes assessment of dietary preferences, identification of allergies, special dietary needs, swallowing concerns, weight issues and likes and dislikes. Assessment information and any subsequent changes are documented and provided to the catering staff. Consideration is given to cultural preferences, special diets and medical conditions when developing the nutritional care plan which is then ratified with the resident or their representative to ensure their needs and preferences are met. Residents’ weights are monitored and additional dietary needs such as supplements, assistive devices, textured modified diets are introduced as required. Staff were observed assisting residents to eat and drink in a dignified and calm manner. Residents and representatives said they were happy with the meals, had no complaints and there was plenty to eat.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Systems are in place to ensure residents’ skin care is assessed and managed according to individual needs and preferences. Residents’ care plans are developed by the registered nurse from skin and risk assessments in consultation with the resident or their representative. Strategies include detailed hygiene care, a range of pressure relieving products such as mattresses, cushions, limb protectors, emollients, and continence care and position changes for pressure relief. Individual skin care and wound care plans are developed implemented and reviewed daily by the registered nurse for all residents with a wound. Staff have access to specific and appropriate wound care products, specialist advice and education.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has processes in place to ensure residents’ continence needs are identified and managed effectively. Assessment includes a continence history, mobility, nutritional and hydration issues and the need for aids. Care plans detail resident preferences, the level of independence, comprehension, toileting needs, known habits and strategies to maintain comfort and dignity. Staff confirmed they have adequate supply of aids and equipment and educational support. Residents and their representative said they were satisfied with the care staff provided to meet residents’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has effective systems in place to manage residents’ behaviours of concern and to develop strategies and management plans. Triggers to behaviours and successful management strategies are identified using behaviour charting, assessment and observation. Documentation show that regular consultation with representatives, medical practitioner and staff occurs and indicates appropriate and successful behaviour management strategies are in place. Strategies include referral to specialised services such as Aged Care Mental Health Services, dietary and pain review. All resident beds are low to the floor beds and the home monitors any medication usage that could be considered as chemical restraint. Education has been provided to staff on management and symptoms of challenging behaviours. Representatives spoke highly of the way staff cared for their family member who had behavioural problems.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Initial and regular assessments ensure residents mobility and dexterity status is known to staff and appropriate strategies are in place to promote residents independence and mobility skills. Assessments are completed in consultation with the physiotherapist, medical staff and resident or their representative and form the basis of the mobility and dexterity care plan. Fall incidents are reviewed by the physiotherapist and additional strategies are employed for residents identified at risk of falling. Care plans include direction for staff regarding mobility and lifting aids. The allied health assistant provides residents with individual exercises and group classes using the physiotherapist’s guidelines and designated exercise equipment. Staff attend manual handling education annually and are trained in the safe use of mobility aids. Residents were observed moving around the home using wheelchair, walking aid or with staff intervention.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems in place to maintain residents’ oral and dental health. Oral and dental assessments are completed and individualised details included in the care plan. Care plans include details of dental status, oral care preferences, level of staff assistance required and any specialised mouth care. The home assists residents to maintain their oral and dental health by organising a visiting dentist and appointments to external dental services. Oral and dental care is included in staff orientation and mandatory training programs. Residents and their representatives confirm their satisfaction with oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Initial and ongoing assessments identify residents’ sensory care needs and include an assessment of touch, taste, vision, hearing and communication. Residents’ usual health care providers are documented and staff initiate referrals to specialists such as audiologists, optometrists and speech therapists in consultation with the resident and their representative. Care plan strategies include the level of assistance required from staff and details for care and maintenance of aids. Residents with sensory loss indicated that they are happy with the level of support they received.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and repeated when sleep difficulties are identified. Care plans contain individual sleep and rest management strategies, which reflect the resident’s needs and preferences. These include maintaining usual settling and rising times, pain management, sedation, comfort strategies such as company or a warm drink. Residents and representatives said staff provided assistance when residents could not sleep and the atmosphere of the home was calm enabling them to rest.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home conducts continuous improvement activities in relation to residents’ lifestyle. Representatives and residents are very satisfied with the communication processes and feedback they receive from staff. Refer to Expected outcome 1.1 Continuous improvements.

Examples of improvements in Standard three include:

- In response to requests from family members the home has constructed a reflective garden as a memorial for past residents, Anzac Day and Remembrance Day and the pathway has been widened to allow for wheelchair access.
- An inaugural memorial service was conducted in July 2011 as a celebration for all residents who had died during the year.
- It was identified by staff that an increase in the number of volunteers would create a greater range of choices and social interactions for residents. This was achieved by July 2010 and now there is a wide range of volunteers providing entertainment, one on one interactions and pet therapy for residents.
- The lifestyle and leisure coordinator identified a need for a weekly special morning tea where a small group of residents could get together in the small dining room and have special morning tea using china cups and lace tabletops. Feedback and attendance has been very positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home is compliant with regulatory requirements related to resident lifestyle. Representatives state they are very satisfied with the consistent care and communication provided at the home. All residents have signed occupancy agreements. Privacy and confidentiality related to resident clinical care and administrative information is strictly adhered to. Refer to Expected outcome 1.2 Regulatory compliance.

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

The home has education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for a description of the home’s overall system.

Examples of education completed and planned relating to Accreditation Standard Three include:

- Certificate IV in Leisure and Lifestyle,
- Mandatory elder abuse reporting
- Cultural diversity and communication
- Grief loss and spirituality
- Person centred care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has processes in place to ensure that each resident receives the support they need to adjust to life in the home. The pre admission process includes a detailed information package for residents and their representatives. As part of the admission process residents are welcomed and introduced to staff and co residents. Many residents are already familiar with the organisation living in the co-located units or organisational low care facility prior to admission. A social and emotional assessment and care plan captures resident history and lifestyle preferences and is regularly reviewed. Residents' and their representatives expressed satisfaction with the emotional support and assistance given to them on entry to the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are encouraged to maximise and maintain independence in all aspects of their lives as much as possible. Each resident's room is equipped with aids and equipment to assist in maintaining independence. Throughout the assessment process and on an ongoing basis, a resident's individual needs and goals are documented by care staff, allied health staff and lifestyle staff. Many residents are taken by relatives, volunteers or staff to internal activities within the Shepparton Villages such as the men's shed and to external events in the local community including to regular church on Sunday. The lifestyle program encourages independence which is monitored individually and through the group program. One resident plays the piano at church services and often as part of the entertainment program. Therapeutic assistance devices are available to residents with an assessed need in order to promote and maintain independence with mobility, eating, drinking, dressing, showering and activities such as bingo.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents are treated respectfully as an individual and their rights to privacy, dignity and confidentiality are supported by staff. Residents' files, information and valuables are all stored securely. Residents have access two large lounge rooms as well as two small lounge

rooms which have been provided for residents to receive their guests. The twelve double rooms have been designed to provide adequate personal space and a curtain. Observations showed that staff are very aware and ensure residents are treated with respect and dignity. Residents and representatives are satisfied with the way staff provide privacy and treat them with respect and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a variety of individual and group activities and interests suited to their interests and abilities. All residents have a social profile and an individualised care plan which is reviewed monthly or when changes occur. Each resident has a programmed one on one session a week with the lifestyle staff. A quiet time has been introduced daily in the afternoon in response to residents' agitations at that time. The weekly program changes in response to resident needs, for example, hand massage was withdrawn from the program for awhile as residents were not wanting this activity. A weekly special morning tea has been popular and bus trips are regularly available as there are two buses on the site. Residents and representatives are satisfied with the variety and amount of activities and interests offered and residents are encouraged to participate in a variety of individual and group activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' individual cultural and spiritual needs are identified on entry and adhered to on an ongoing basis. Memorial services are held to remember residents who have passed away. Weekly visits and church services are conducted for relevant denominations. Relevant theme days are held for celebrations such as St Valentine's day, Anzac day, Christmas and Easter. Residents participate in footy tipping and receive a small gift for Mother's Day and Father's day. Residents receive Birthday cards which are made within the activity program. Residents and representatives are satisfied with the support and respect given for their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and their representatives are consulted regarding choice and preferences for all activities relating to their medical, physical, emotional, spiritual, cultural, lifestyle and social needs. Throughout the day residents have the opportunity to choose if they want to participate in the activity program or remain in their room or sit in another lounge area. Residents and their representatives have access to meetings, feedback forms and surveys to voice any issues formally. Residents and representatives confirmed they are satisfied with the communication, choices and decision making options available to them.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have security of tenure and representatives understand their rights and responsibilities. Information included in the occupancy agreement includes the charter of residents' rights and responsibilities, complaints mechanisms, communication processes, service provision and the mission, vision and value statement of the organisation. All residents have a signed occupancy agreement. If a resident needs to transfer from one organisational facility to this home or to another room this is done in consultation and agreement with them and their representatives. Residents have the choice of opening accounts with the home to manage funds associated with additional costs such as hairdressing or trips out. Representatives raised no concerns relating to resident agreements or security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents/ representatives are very satisfied with the living environment, laundry, cleaning and catering services. Refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements include the following

- The research and purchase of walk behind scrubbing machines for cleaners. This has resulted in improved cleanliness throughout the home and without the need for wet floors.
- One resident with dementia was repeatedly breaking the glass in the fire alarm resulting in false alarms. The signage has been replaced by symbols, which has resulted in no further incidents.
- A new state of the art cook-chill kitchen has been constructed onsite as part of the master plan for the site.
- Through the safety committee a system has been put in place that all wheelchairs, lifting equipment and wheelie frames are cleaned regularly. A contractor is employed and cleans half the equipment each month. All equipment has been numbered to ensure all equipment is cleaned and reviewed.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems in place to ensure compliance with all relevant legislation and regulatory requirements, professional standards and guidelines. It subscribes to a legislative update service and is a member of a number of peak bodies. All policies and procedures, are developed, reviewed and updated according to legislation, regulations, standards and codes of practices. Relevant regulatory compliance is discussed at staff and resident and representative meetings. Information regarding regulatory compliance is also distributed through memoranda, newsletters and education. Police check registers are in place for staff, external contractors and volunteers and are monitored on an ongoing basis. Education relating to regulatory compliance includes elder abuse, manual handling, occupational health and safety, fire and safety and infection control. Staff interviewed confirmed that they were kept informed of all regulatory changes.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has education and staff development systems which provide management and staff with appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for a description of the home's overall system.

Examples of education completed and planned relating to Accreditation Standard Four include:

- Food handling
- Fire attack and emergency
- Infection control
- Hand washing,
- Manual handling
- Chemical handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is designed to provide all residents with a safe comfortable environment consistent with their needs and allowing maximum privacy. Residents are accommodated in either single rooms with private en-suite or double rooms with shared en-suites and there is an extra single suite available for resident and family use during times of palliative care. Communal areas are spacious, uncluttered and attractively decorated. Doorways and corridors have extra width to allow for movement of residents in mobility aids, ease of use of lifting equipment and stretcher access. Systems are in place to ensure a comfortable temperature at all times. Preventative and reactive maintenance schedules are in place along with environmental audits, programmed gardening in the outside areas and a daily cleaning schedule for all areas of the home. Staff implement hazard reporting, and incidents are closely monitored and followed up by management. Night time lock down and security procedures also promote the safety of residents. Residents and their representatives praised the home's environment saying they were very happy here.

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

Organisational safety meetings, encompassing occupational health and safety and emergency procedures are conducted bi-monthly and include representatives from the home. Mandatory staff training includes manual handling, elder abuse and fire and safety. Chemicals are stored safely; material safety data sheets are in place in the laundry, kitchen and cleaners rooms and are updated as required. All new equipment is researched and trialled by relevant staff before purchase. Occupational health and safety audits form part of

the audit schedule and are conducted as per the schedule. Thirty new tub chairs are now purchased annually for the home to ensure they are kept in good condition to prevent resident skin tears.

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

Fire and evacuation instructions are located around the home and fire and emergency procedures are included in staff orientation and form part of the compulsory education program including six monthly fire drills. Routine inspections and maintenance is conducted on fire equipment by external contractors and appropriate documentation is completed. An evacuation kit is held in the nurse's station including a current resident list. All external doors are accessed by key pads. There is also a camera security system in place and security contractors check the building each evening and patrol overnight. Action cards have recently been introduced to provide clear guidelines to all key staff during and emergency. Residents and representatives confirmed that the environment is safe and secure. Staff demonstrated an understanding of fire and security procedures and systems.

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

There is an effective infection control program in place which is overseen by management and a designated staff member. Clinical infection data is collected and analysed and reported on at the bi monthly organisational infection control committee meetings. If trends are identified actions such as treatment and monitoring are taken and outcomes reviewed at the following meeting. There is a surveillance program in place which includes monitoring of clinical waste, swab testing of kitchen, laundry and high risk equipment and scheduled audits. Infectious waste is placed in a designated room for collection. Equipment and procedures for outbreaks are in place and staff know how to locate and use the protective equipment. Flu vaccine is offered annually to staff and residents. Infection control and hand washing is included in staff orientation programs and annual mandatory sessions.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services enhance all aspects of residential life and staff working environment. Residents and representatives are very satisfied with the catering, cleaning and laundry services provided by the home. Catering staff have relevant resident information identifying for example, specific food and nutrition requirements, food allergies, food preferences and choices. All food is prepared in the new state of the art cook – chill kitchen which is onsite and food is delivered in a refrigerated food delivery van. The home has cleaning schedules that meet individual resident needs. Laundry services are provided on-site. The home has monitoring systems in place that identify deficits which may occur.