



Aged Care
Standards and Accreditation Agency Ltd

Aminya Village Hostel

**Approved provider: Mid Murray Homes for the Aged
Inc**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for two years until 7 November 2013. We made the decision on 15 September 2011.

The audit was conducted on 15 August 2011 to 17 August 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:		Aminya Village Hostel			
RACS ID:		6136			
Number of beds:		32	Number of high care residents:		30
Special needs group catered for:			<ul style="list-style-type: none"> People with dementia or related disorders 		
Street:					
City:		MANNUM	State:	SA	Postcode:
Phone:		08 8569 1749		Facsimile:	08 8569 2707
Email address:		amdirector@baonline.com.au			
Approved provider					
Approved provider:		Mid Murray Homes for the Aged Inc			
Assessment team					
Team leader:		Judy Aiello			
Team member:		Meg Snodgrass			
Dates of audit:		15 August 2011 to 17 August 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

Aminya Village Hostel 6136

14 Adelaide Road

MANNUM SA

Approved provider: Mid Murray Homes for the Aged Inc

Executive summary

This is the report of a site audit of Aminya Village Hostel 6136 from 15 August 2011 to 17 August 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 15 August 2011 to 17 August 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:	Judy Aiello
Team member:	Meg Snodgrass

Approved provider details

Approved provider:	Mid Murray Homes for the Aged Inc
--------------------	-----------------------------------

Details of home

Name of home:	Aminya Village Hostel
RACS ID:	6136

Total number of allocated places:	32
Number of residents during site audit:	32
Number of high care residents during site audit:	30
Special needs catered for:	People with dementia or related disorders

Street:	14 Adelaide Road	State:	SA
Town:	MANNUM	Postcode:	5238
Phone number:	08 8569 1749	Facsimile:	08 8569 2707
E-mail address:	amdirector@baonline.com.au		

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	7
Chief executive officer	1	Ancillary/admin staff	6
Nursing, care/lifestyle staff	7		

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Residents' care plans	6	Wound charts	2
Personnel files	3		

Other documents reviewed

The team also reviewed:

- Audit results
- Audit schedule
- Clinical assessment tools
- Continuous improvement program
- Fire equipment monitoring records
- Hazard reports
- Incident report
- Job descriptions
- Lifestyle records
- Maintenance records
- Mandatory reporting folder
- Minutes of various meetings
- Orientation pack
- Police checks and professional registrations
- Policies and procedures
- Residents' information handbook
- Residents' information package and surveys
- Rosters
- Staff accident reports
- Staff appraisals
- Staff handbook
- Strategic plan
- Training calendar and records
- Training records
- Various meeting minutes
- Various policies and procedures

Observations

The team observed the following:

- Activities in progress
- Activity resources
- Antibacterial gels and protective masks and gloves at all entrances

- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Locked suggestion box and suggestion forms
- Meal service
- Medication round
- Secure external doors and gates
- Staff assisting residents
- Various notice boards and information displays

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome.

Aminya Village Hostel has a quality system that provides a framework for continuous improvement activities and monitors compliance with the Accreditation Standards. Mechanisms for identifying improvements include suggestion boxes, staff and resident meetings, verbal feedback from residents, staff and representatives, incident data, audits and surveys. Improvements, actions and outcomes are recorded on an electronic improvement register and the Quality and Safety Committee monitor the continuous improvement plan. The Quality and Safety (Q&S) coordinator is responsible for maintaining and coordinating improvements across the site. Evaluation of improvements is through feedback from residents, representatives and staff, surveys, audits and verbal communication. Staff and residents are encouraged to participate in continuous improvement processes. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- Following results of the resident survey in which some residents requested weekend leisure and lifestyle programs, the home has reviewed the leisure and lifestyle hours and leisure and lifestyle staff now work over seven days. The program is still to be evaluated but general feedback is that residents enjoy the weekend program.
- The administration officer identified that the administration information technology (IT) program could be utilised for more reports and prompts. Following more training and increased reporting formats, the program now monitors training and is able to produce reports for individual staff and various training session attendance. The calendar is being used to prompt actions regarding training sessions, police checks, staff professional registrations and staff appraisals, and will be extended to include other appropriate reminders. This gives administration and management staff quick access to information and has improved efficiency.

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.

There are processes to identify and implement required legislation and guidelines. Membership of peak organisations, subscriptions and on-line links to the Department of Health assist the home to identify relevant legislation. The Q&S coordinator is responsible to maintain a compliance register and distribute changes to the relevant committees or staff to maintain current information and who will organise any required actions. Regulatory compliance is a standard agenda item at meetings. Policy and procedure reviews, and assessed training are implemented as required. Regulatory compliance implemented by the home relevant to management systems, staffing and organisational development includes processes to inform residents and their representatives of accreditation audits, monitored processes for ensuring all relevant staff have police clearances and monitoring staff registrations. The home maintains confidential records of reportable incidents and outcomes in designated folders.

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.

There are processes to identify, plan and monitor staff knowledge and skills relevant to management systems, staffing and organisational development. Job descriptions and recruitment processes specify required knowledge and skill. Ongoing assessment of staff training needs is provided through needs analysis, performance appraisal and performance management processes and staff meetings. Training is also conducted in response to resident care and service needs and legislative changes. Training attendance records are maintained in addition to recorded evaluation sheets, which also enable staff to nominate further training requests. An annual staff training calendar includes mandatory sessions and training relevant to current resident needs and staff nominated topics. The home has purchased the Aged Care Channel library with access provided to staff. Staff complete assessed workbooks when attending these sessions. Training relevant to Accreditation Standard One includes support for care staff to complete their Diploma of Enrolled Nursing, bullying and harassment and zero tolerance training. Governance training for the Board was conducted in 2011.

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.

Residents and representatives are satisfied they have opportunities to make suggestions and raise concerns. The home has processes to inform residents and representatives of internal and external complaints mechanisms including information in the residents' handbook and residential services agreement, residents' meetings and verbal communication. The home uses comments, complaints and suggestion forms, and has a locked suggestion box for residents, representatives and staff to raise concerns confidentially. Concerns are recorded and actions are delegated to relevant staff. The system is monitored by the Director of Care or the Chief Executive Officer who are available for consultation with residents and staff. Staff are aware of the comments and complaints system and feel supported in raising concerns and suggestions with 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 organisation's vision, core values, ethics, objectives and commitment are documented and visible throughout the home. Information describing the home's care and objectives is available in the resident and staff handbooks and residential services agreement.

Documentation containing the home's vision, ethics and values is consistent and includes a three year strategic plan from 2010 to 2012.

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.

Residents and representatives are generally satisfied with staff access, responsiveness and care provided. Staff recruitment and selection is based on minimum qualification standards and relevant to job and person specifications. Orientation and probationary appraisals assist the home to prepare staff for their role and assess their suitability to meet the home's objectives. Rosters, duty lists and staff allocation processes provide for resident care needs with qualified staff routinely available for staff supervision and advice. The home monitors staffing hours in relation to funding and residents' changing needs. The home rarely uses agency staff and planned and unplanned absences are filled by regular staff. Agency staff receive an orientation. Staff skills are monitored through audit processes, training including observation credentialing of carers and performance appraisal.

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.

Residents confirm there is sufficient and appropriate equipment to meet their needs. Policies and procedures guide the management of purchasing processes according to delegated authority levels. Appropriate storage systems and supply levels are monitored by allocated staff. Equipment suitable for resident needs is monitored and maintained through corrective and preventive maintenance procedures. A purchasing checklist is used to ensure that new equipment is trialled, relevant staff training is conducted and operating procedures are documented. The home maintains an asset register. A range of equipment for resident care has been purchased in the last 12 months.

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.

Residents interviewed indicated that they had access to information to enable them to make decisions and choices about their care and services. Entry processes, resident meetings, displayed information, newsletters and care consultation provides residents and their families with relevant information. Regular staff and management meetings, communication books, memos and noticeboards assist staff communication in addition to specific resident information required to meet residents' care and lifestyle needs. Information to assist management decisions is generated through monitoring and self assessment systems. Confidential information is appropriately stored, archiving and destruction is managed according to legislative requirements and there are procedures for ensuring the security and protection of electronically held documentation. There are processes for the regular review of policies, procedures and related forms and information systems are regularly audited.

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.

Residents expressed their satisfaction with externally sourced services. Service contracts and agreements are managed by the Chief Executive Officer and maintenance officer. There are processes to ensure relevant registrations and police clearances are confirmed and there is an orientation checklist for contracted services. Contracts are regularly reviewed and resident feedback generally considered. The home provided examples of changes to contracted services when services are unsatisfactory.

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 has a quality system that provides a framework for continuous improvement activities and monitors compliance with Accreditation Standard Two. Mechanisms for identifying improvements include verbal feedback from residents, staff and representatives, incident data, care reviews, personal care audits and surveys. Improvements, actions and outcomes are recorded on an electronic improvement register and the Quality and Safety Committee monitor the continuous improvement plan. The Q&S coordinator is responsible for maintaining and coordinating improvements across the home. Evaluation of improvements is through feedback from residents, representatives and staff, surveys and audits. Staff and residents are encouraged to participate in continuous improvement processes. The home demonstrated results of improvements relating to health and personal care including:

- The home identified through a staff survey that palliative care could be improved. A palliative care link nurse has been appointed with support from the palliative care team which includes interested staff and volunteers. The home has purchased a syringe driver to assist in managing terminal care and fundraising is hoping to raise money for a folding bed to allow family to stay with the resident, with a long term goal of a specific palliative care room in future development. Initial feedback from bereaved families is positive.
- Following a suggestion from an assessment contact visit the home has set up a Medication Advisory Committee (MAC) which has representation from medical practitioners, pharmacist and nursing staff. The committee has terms of reference and monitors medication incidents, implements guidelines and monitors for legislation compliance. A nurse initiated medication list has been compiled and medical practitioners have signed for each of their residents. The MAC has had two meetings and will meet three monthly. This is expected to give all stakeholders input and a better outcome for residents and will be evaluated in December 2011.
- The home identified a need for better falls prevention through incidents and feedback from staff. Training has been provided through the Aged Care Channel education program and expressions of interest are being sort to form a committee which will monitor incidents and residents assessed at risk, with interventions to prevent falls and reduce injuries. The education has resulted in more reports of falls because staff have a better understanding of incident management. There is a new managing falls prevention tool which has been implemented and more resources including a folder set up for staff, more sensor mats and hip protectors. This will be evaluated in December 2011.

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.

There are processes to identify and implement required legislation and guidelines relevant to health and personal care. Membership of peak organisations, subscriptions and on-line links

to the Department of Health assist the home to identify relevant legislation. The Q&S coordinator is responsible to maintain a compliance register and distribute changes to the relevant committees or staff to maintain current information and who will organise any required actions. Regulatory compliance is a standard agenda item at key meetings Policy and procedure reviews, and assessed training are implemented as required. Legislative requirements implemented by the home relevant to Standard Two include current drug licences for S4 and S8 drugs, and the provision of specified care and services according to the *Quality of Care Principles 1997*. Management has processes for unexplained resident absences.

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.

There are processes to identify, plan and monitor staff knowledge and skills relevant to health and personal care. Job descriptions and recruitment processes specify required knowledge and skill. Ongoing assessment of staff training needs is provided through needs analysis, performance appraisal, performance management processes, staff meetings and in response to resident care and service needs and legislative changes. Training provided by the home relevant to Accreditation Standard Two includes dementia care, pain management, falls prevention, palliative care, dysphagia and diabetes management. Medication management and drug calculations have been assessed for relevant staff.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome.

Residents confirm they receive care according to their needs and preferences. Initial entry processes identify residents' immediate care needs assisted by an admission registered nurse, in consultation with the resident and their family. Comprehensive assessment and care planning processes follow which include general practitioner and allied health involvement. An electronic care plan format is used, printed and placed in the residents' room each day for staff access. Registered nurses conduct regular reviews according to a schedule. Case conferences may assist this process. Staff are informed of residents' daily care needs through handover, communication books and allocated observation guides. Care processes and staff practice are monitored through incident reporting, regular clinical care audits, credentialing processes and resident feedback.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome.

Residents confirm their specialised care needs are met. Assessment processes and medical reviews identify residents' specialised nursing care needs, which are integrated in residents' care plans. Assessment and care planning is conducted by registered nurses and specialised care provided by qualified or credentialed staff. There are regular reviews and

case conferences to monitor specialised care needs in addition to regular resident observations. There are procedure manuals and care guidelines for specialised care. Advice on specialised care such as diabetes management and wound management is provided by staff from the co-located hospital. Staff training is provided and competency monitored.

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 and their representatives confirm that residents are referred to appropriate services and specialists as required. Entry processes include advice to residents of services available and information about residents’ choices is documented. Referrals are arranged according to assessments and changes in residents care needs. External appointments are arranged if visiting services are not available. Allied health services such as physiotherapy, podiatry, speech pathology and dietetics services are provided on-site. Local screening services for hearing and sight are available. A transfer envelope including relevant resident information is used when residents attend external appointments and an external provider communication form assists communication of changes to resident care. Treatment requirements resulting from referrals are documented in progress notes.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents confirm their medications are managed safely and correctly. Medications are administered by registered and enrolled nurses from pre-packed dose aids according to medication management guidelines. Medication competency is assessed annually. Medications are safely and appropriately stored. Residents who choose to self administer their medication are assessed and authorised to do so. Medication charts include relevant administration instructions, and as required medication orders and nurse initiated medication guidelines are documented. Medication reviews are conducted by the pharmacist. Medication incidents and signature omissions are monitored and audits of processes conducted. The home has recently implemented a medication advisory committee.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome.

Residents are satisfied with how their pain is managed. Assessment processes include recently introduced tools to assist consultation and observation processes to accurately identify residents’ pain management needs. Tools are also available to assess pain management needs in non-cognitive residents. Regularly evaluated pain management plans are documented. Physiotherapy assessments contribute to planning of non-pharmaceutical pain management treatments. These are provided by the physiotherapist supported by the physiotherapy aid. As required pain management medication is monitored and reviewed weekly by the general practitioner. A pain monitoring chart is implemented to evaluate the

effectiveness of medication. Staff practices and pain management processes are monitored through pain management audits using externally sourced best practice criteria.

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.

Feedback from families indicates satisfaction with the home’s approach to maintaining the comfort and dignity of terminally ill residents. Entry processes include provision of information to residents and their families about terminal directives and good palliative care processes. Residents’ preferences are documented in clinical notes, in the residents’ care plan and provided in transfer information. Individual care plans are documented when palliation is required. The home has a palliative care nurse, palliative care resources and staff have been provided with palliative care training. Support for end-of-life care includes the provision of spiritual support, aromatherapy by the pharmacist and equipment for complex pain management strategies.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome.

Residents are generally satisfied with the home’s approach to managing their nutrition and hydration. Residents’ meal preferences are identified through entry processes and a risk based assessment assists the home to plan additional monitoring, nutrition supplements, texture modification or referral requirements. Residents’ nutrition and meal plans and required safe swallowing directives are documented and include any additional support needs or special utensils. There is a process for catering staff to report food not consumed, to the registered nurse to assist monitoring residents’ food intake. Processes for managing residents’ nutrition and the prevention of malnutrition are regularly audited. A dietician has reviewed the menu in the last 12 months.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents are satisfied with care provided to maintain their skin integrity. Assessment processes identify at-risk residents and care plans document a range of preventive strategies to protect skin integrity. Podiatry and hairdressing services support resident skin care, which is regularly reviewed. Skin tear incidence is monitored and there are protocols for skin tear management. Acute episode plans are used to document care for skin conditions and topical applications. Wound care requirements are assessed and evaluated by registered nurses, and healing rates are monitored through regular photographs. Staff practice and skin integrity management processes are monitored through regular audits.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome.

Residents are satisfied their continence management needs are met. Initial entry consultation with the resident and assessment processes identify resident continence management needs and toileting assistance. Aids are allocated with support from allocated continence link staff and trialled for effectiveness and suitability for resident needs. Each resident has a bowel management plan which is monitored daily. Residents’ dietary and fluid requirements are considered to support effective continence management. Urinary tract infections are monitored and residents’ continence management plans regularly reviewed. Staff are provided with guidelines and education to assist effective continence management.

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.

Resident/representatives are satisfied with the home’s approach to managing challenging behaviours. Initial assessment and monitored observations of residents’ behaviour identify resident behaviour management needs and potential triggers. Behaviour management plans are documented following behaviour case management discussions. External referrals are arranged as required. Care reviews and regular monitoring of behaviour and aggression incidents assist evaluation of behaviour management strategies and staff practice. There are processes for assessment and authorisation of restraint, which is minimally used and regularly monitored and reviewed. Clinical audits on behaviour management processes and restraint use are regularly conducted.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome.

Residents are satisfied with the home’s approach to optimising their mobility and dexterity. Physiotherapy, podiatry and falls risk assessments assist the home to identify residents’ mobility, transfer and equipment needs. A mobility plan and risk management strategies are documented in the residents’ care plan and laminated charts indicating resident transfer and equipment needs are displayed in residents’ rooms. Each resident has an exercise plan relevant to their assessed needs and additional exercises are provided by lifestyle staff. Regular reviews of residents’ mobility are conducted and re-assessments and additional observations are implemented subsequent to reported falls. Trends in falls incidents are monitored and analysed and the home has commenced a falls management committee. Residents were observed mobilising with aids and engaged in activities requiring dexterity. Walking belts are used to enable staff to safely assist residents’ mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents are satisfied with the oral and dental care provided. Staff are trained in the assessment of residents’ oral and dental hygiene needs. In consultation with the residents a daily oral hygiene plan is documented, including the management of residents’ dentures. Staff have access to guidelines for maintaining oral hygiene. Dietary needs are considered for residents with dental deficits. Dental services for assessment of dental care needs are provided on-site and appointments arranged as required. There is a schedule for the replacement of residents’ tooth brushes. Clinical audits, regular care reviews and case conferences monitor the effectiveness of residents’ oral and dental hygiene.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome.

Residents confirm they are supported to manage their sensory deficits. Assessments include all five senses and support strategies are integrated in the resident’s care plan. The use of required aids is documented and observations and risk management strategies generally noted for residents with sensation deficits. Screening services are arranged as required. Planned lifestyle activities provide residents with opportunities to enhance their sensory experiences. Care and lifestyle reviews, environmental and clinical audits and planned policy and documentation reviews monitor the effectiveness of the home’s processes.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome.

Residents confirm they are able to achieve natural sleep patterns. Entry assessment, regular monitoring and review processes identify residents’ sleep, rest and settling preferences. These documented in the resident’s care plan. Residents with sleeping difficulties are referred to the general practitioner for review. Residents have single rooms and may be assisted to achieve natural sleep with warm drinks, attention to pain management, massage or hot packs. Case conferences, care reviews and clinical audits monitor the effectiveness of sleep management and staff practices.

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 has a quality system that provides a framework for continuous improvement activities and monitors compliance with Accreditation Standard Three. Mechanisms for identifying improvements include suggestion boxes, resident meetings, verbal feedback from residents, staff and representatives and leisure and lifestyle evaluations, audits and surveys. Improvements, actions and outcomes are recorded on an electronic improvement register and the Quality and Safety Committee monitor the continuous improvement plan. The Q&S coordinator is responsible for maintaining and coordinating improvements across the home. Evaluation of improvements is through feedback from residents, representatives and staff, surveys and verbal communication. Staff and residents are encouraged to participate in continuous improvement processes. The home demonstrated results of improvements relating to resident lifestyle including:

- Following feedback in the resident’s survey requesting more outings, the leisure and lifestyle coordinator has arranged for the use of a bus twice a year to take residents on outings. They have been to Glenelg and the Adelaide Zoo this year with residents giving positive feedback.
- The residents and staff identified a need for more access to a shopping service. The local newsagent was approached and is now providing shopping opportunities weekly to residents. They are enjoying the interaction with the newsagency staff and having access to the stock they provide.
- The lifestyle staff identified that they would like to provide an exercise program for residents to improve their general health and wellbeing. The physiotherapist was consulted and instructed the staff in a series of gentle exercises to improve general upper and lower body strength and range of movement. This is a new program and will be reviewed and evaluated in three months.

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

There are processes to identify and implement required legislation and guidelines relevant to resident lifestyle. Membership of peak organisations, subscriptions and on-line links to the Department of Health assist the home to identify relevant legislation. The Q&S coordinator is responsible to maintain a compliance register and distribute changes to the relevant committees or staff to maintain current information and who will organise any required actions. Regulatory compliance is a standard agenda item at key meetings and memos

inform staff of relevant changes. Policy and procedure reviews, and assessed training are implemented as required. Legislative requirements implemented by the home relevant to Accreditation Standard Three include management of private information according to privacy legislation, and staff training, procedures and documentation for the management of alleged and suspected elder abuse.

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.

There are processes to identify, plan and monitor staff knowledge and skills relevant to resident lifestyle. Job descriptions and recruitment processes specify required knowledge and skill. Ongoing assessment of staff training needs is provided through performance appraisal, performance management processes, staff meetings, and in response to resident care and service needs and legislative changes. The home is providing opportunities to network with similar homes and training provided by the home relevant to Accreditation Standard Three includes elder abuse, leisure and lifestyle and dementia.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents confirm that the home supports their emotional needs. Entry processes include residents' social history, significant life events and identification of potential emotional support needs. The care plan provides an outline of each resident's emotional support needs and identifies their expectations. To assist residents to settle into the home residents are welcomed and introduced to other residents and the communal areas of the home. Regular personal visits by lifestyle staff assist identification of additional support needs such as, phone contacts, letter writing or reading. The home supports residents who have suffered a bereavement and offer additional emotional care. Regular care and lifestyle reviews, observed participation in daily activities and interaction with other residents assists monitoring of resident's emotional needs. Concerns are referred to the general practitioner if required.

3.5 Independence

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

Team's findings

The home meets this expected outcome.

Residents are satisfied with the assistance provided to maintain their independence. Care and lifestyle assessments and regular reviews together with physiotherapy assessments assist the home to identify and plan support for resident independence. Prompts for staff to encourage independence during activities of daily living are integrated in the resident's care plan. Activity choices and lifestyle plans include strategies to assist residents' sensory deficits and encouragement to enhance physical abilities through regular exercise sessions. Assistance is arranged to enable attendance at appointments or family visits and participation in community groups such as senior citizens. A local store visits to provide a shopping service weekly. Residents contribute to decisions about their care and lifestyle and provide feedback through consultation, surveys and resident meetings.

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 satisfied that their privacy and dignity needs are respected. Care and lifestyle plans identify residents' privacy and dignity needs and requests. Private rooms and ensuite facilities assist the home to maintain resident privacy, supported by staff who are advised of resident rights and the home's privacy and confidentiality policy. Observed staff practices were consistent with residents privacy needs. Residents' personal information is securely stored and there are allocated areas to share private time with families. Monitoring processes include care and lifestyle reviews, audits, and comment and complaint mechanisms.

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 confirm they are supported to participate in activities relevant to their preferences and capacity. Assessment processes include a social profile, lifestyle choices and activity preferences and regularly reviewed plans are generally developed relevant to resident physical and cognitive abilities. Monthly leisure and lifestyle calendars with a range of activities is displayed around the home and staff remind residents daily of planned activities. Volunteers support some of these activities. One-to one sessions are also conducted with residents, and residents preferring to remain in their rooms are assisted to organise their own activities such as television, music, newspapers and reading material. Records are maintained of attendance and resident responses to group activities and outings, and resident feedback on the activities program is discussed at resident meetings. A recent survey identified a need for a seven day leisure and lifestyle program which is now in place.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome.

Residents and their representatives are satisfied that the home respects their cultural and spiritual backgrounds. Assessment tools and lifestyle plans assist the home to identify and provide for residents' specific cultural and spiritual needs. Regular church services and volunteer pastoral visits support residents' spiritual needs. Significant cultural and community celebrations are observed such as Anzac Day and Remembrance Day. Local information and events is provided through a local publication and volunteers and staff discuss items of interest. Resident satisfaction is monitored through lifestyle reviews and activity evaluations and established feedback processes.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome.

Residents are satisfied their choices are respected and that they are supported to make their own decisions about care and lifestyle relevant to their capacity. Residents are informed of the home's range of services and care and lifestyle assessment processes identify resident preferences for activities of daily living, lifestyle choices and civic interests and details of persons nominated to provide advocacy. Resident risk is considered when supporting resident choices and consultation processes documented. Consent for the use of personal information is authorised. Residents have access to a range of feedback processes including advice on alternative external services for advocacy and complaints. Resident satisfaction with choice and decision making and staff support and respect for their choices is monitored through resident meetings, surveys, care and lifestyle reviews, one-to-one discussions and activity evaluations.

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 are satisfied they have access to information regarding their rights and feel secure in their tenure. Entry processes include information regarding resident rights and security of tenure, through discussion with the resident or their advocate, and provision of a handbook and agreement. Ongoing information is displayed around the home and reminders and updates provided through newsletters and resident meetings, in addition to a visit from the advocacy services. Residents only move rooms in consultation with and consent from the resident and their representative. Staff are informed of resident rights through orientation and ongoing training with resident satisfaction monitored through surveys and comment and complaint processes.

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 has a quality system that provides a framework for continuous improvement activities and monitors compliance with Standard Four. Mechanisms for identifying improvements include staff and resident meetings, infection surveillance, incident, accident and hazard data, audits such as meal and environmental satisfaction and surveys. Improvements, actions and outcomes are recorded on an electronic improvement register and the Quality and Safety Committee monitor the continuous improvement plan. The Q&S coordinator is responsible for maintaining and coordinating improvements across the site. Evaluation of improvements is through feedback from residents, representatives and staff, surveys and verbal communication. Staff and residents are encouraged to participate in continuous improvement processes. The home demonstrated results of improvements relating to the physical environment and safe systems including:

- A staff member suggested providing antibacterial gel at the entrances to the home to assist in preventing or reducing the incidence of infections. This has been implemented with statistical evidence of reduced chest infections this winter.
- Following staff observation of heat lamps being left on in bathrooms after showering the home has commenced installing timer switches in resident rooms, which has eliminated this problem for those rooms.

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.

There are processes to identify and implement required legislation and guidelines relevant to physical environment and safe systems. Membership of peak organisations, subscriptions and on-line links to the Department of Health assist the home to identify relevant legislation. The Q&S coordinator is responsible to maintain a compliance register and distribute changes to the relevant committees or staff to maintain current information and who will organise any required actions. Regulatory compliance is a standard agenda item at key meetings, policy and procedure reviews, and assessed training are implemented as required. Required legislation and guidelines implemented by the home relevant to Accreditation Standard Four include fire safety certification, use of current infection control guidelines, and an audited food safety program.

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.

There are processes to identify, plan and monitor staff knowledge and skills relevant to physical environment and safe systems. Job descriptions and recruitment processes specify required knowledge and skill. Ongoing assessment of staff training needs is provided through training needs analysis, performance appraisal, performance management processes, staff meetings, and in response to resident care and service needs and legislative changes. Training provided by the home relevant to Accreditation Standard Four includes fire safety, infection control and hand hygiene, manual handling and chemical training.

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

Residents confirm they are satisfied with the home's living environment and that they feel safe and comfortable. Residents are accommodated in single, environmentally controlled rooms with ensuite bathrooms, and have access to a range of communal and private spaces to share with family and friends. The home and external gardens are secure and residents at risk of wandering are monitored by regular observation, sensor mats and wrist alarms. Relevant equipment and furniture is provided to meet residents' assessed needs and staff receive manual handling training. The living environment is maintained and monitored through preventive and corrective maintenance programs, audits and incident and hazard reporting. Resident meetings, surveys, comment and complaint processes and care reviews facilitate resident feedback.

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.

Management generally demonstrates it is working to provide a safe working environment that meets legislative requirements and while staff are aware of their occupational health safety responsibilities, not all are satisfied that a safe work environment is provided. A representative quality and safety committee, monitors occupational health and safety through review of incidents, hazards and accident reports and regular worksite inspections. Required actions are logged and outcomes monitored. Orientation, ongoing training and safe work procedures provide for staff knowledge of required safe practices.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome.

The home has processes to reduce the risk of fire, security and other emergencies. Staff are aware of their actions in the event of a fire through orientation and regular refresher training and assessed fire drills. Evacuation plans and emergency procedures are accessible. Fire systems and equipment are regularly monitored by externally contracted services and the

maintenance officer. Residents and their families are informed of their actions in the event of a fire and current resident evacuation instructions are available. Electrical testing and tagging is conducted and monitored and there are after hour's security procedures. The home has a smoking policy which includes resident risk assessments and has current fire safety certification.

4.7 Infection control

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

Team's findings

The home meets this expected outcome.

The home has a monitored infection control program coordinated by an allocated infection control officer. There is regular surveillance of infection incidence and the home has contingency plans and resources for outbreak management. Staff receive regular infection control training. Knowledge is assessed and staff practice monitored and while there is access to infection control guidelines these require updating. There is access to personal protective equipment, hand washing facilities and hand gel supplies. A staff and resident vaccination service is provided.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome.

Residents and staff are generally satisfied with hospitality services provided. Catering services are sourced from externally contracted services augmented by in-house food services. There are processes for advising residents' dietary needs and preferences. Meals are served in the main dining room or in residents' rooms if preferred and residents are supervised and assisted by staff. Residents' personal laundry is managed at the co-located hospital and linen outsourced to contractors. A naming system supported by volunteers assists the home to reduce the incidence of lost clothing. Cleaning services are provided according to schedules for regular and extra cleaning, according to residents' personal needs. Services are monitored by a consultant housekeeper from the co-located hospital and resident feedback sourced through surveys and the residents' meeting.