



Aged Care
Standards and Accreditation Agency Ltd

Highercombe

RACS ID 6289

7 Sirius Avenue

Hope Valley SA 5090

Approved provider: Aged Care & Housing Group Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 October 2016.

We made our decision on 18 June 2013.

The audit was conducted on 06 May 2013 to 08 May 2013. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	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

Standard 2: Health and personal care

Principle:

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

Expected outcome	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

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		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

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

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

Expected outcome		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

Audit Report

Highercombe 6289

Approved provider: Aged Care & Housing Group Inc

Introduction

This is the report of a re-accreditation audit from 6 May 2013 to 8 May 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 6 May 2013 to 8 May 2013.

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

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

Assessment team

Team leader:	Linden Brazier
Team member:	Margaret Snodgrass

Approved provider details

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

Name of home:	Highercombe
RACS ID:	6289

Total number of allocated places:	116
Number of residents during audit:	112
Number of high care residents during audit:	101
Special needs catered for:	People of non-English speaking background (Dutch)

Street:	7 Sirius Avenue	State:	SA
City:	Hope Valley	Postcode:	5090
Phone number:	08 8397 1600	Facsimile:	08 8397 1699
E-mail address:	tsutton@ach.org.au		

Audit trail

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

Interviews

	Number		Number
Management	4	Residents/representatives	17
Nursing staff	11	Hospitality	6
Administration	2	Other	4

Sampled documents

	Number		Number
Residents' files	8	Medication charts	16
Care plans	10	Personnel files	5

Other documents reviewed

The team also reviewed:

- Appraisal form
- Audits, surveys, results and action plans
- Cleaning schedules
- Clinical review schedule
- Comments and complaints documentation
- Continuous improvement documentation
- Contractor agreements
- Defect notification reports
- Dietary requirement plan
- Doctor's folder
- Education plan
- Elder abuse register
- Electronic database for monitoring education records
- Emergency resource folder
- Employment pack
- Fire systems and evacuation plans
- Food safety audit and action plan
- Food safety plan
- Handover folders
- Hazard and incident data
- Healthy ageing information
- Healthy workplace information
- Home's self assessment
- Human resources documentation
- Incident data, reports and actions
- Intranet information and guidelines
- Maintenance request folder
- Material safety data sheets
- Meal requirements information
- Minister's specifications SA76
- Missing person register
- Mission/vision/value statement

- Permit to work
- Pest prevention service
- Police clearance documents
- Preferred provider list
- Preventative maintenance schedule
- Product evaluations
- Resident agreement
- Resident weekly newsletters
- Resident's rights and responsibilities
- Resident's information handbook
- Smoking assessment
- Staff handbook
- Strategic plan
- Temperature monitoring of food and refrigerators
- Training needs analysis
- Training records
- Various audits and surveys
- Various clinical competencies
- Various healthy ageing records and programs
- Various meeting minutes
- Various memoranda
- Various policies and procedures
- Wound care folder

Observations

The team observed the following:

- Activities in progress
- Allied health consultation rooms
- Archive room
- Café
- Cleaning and laundry in progress
- Coded access
- Complaints box
- Computer hub
- Documentation and archive storage
- Equipment and supply storage areas
- Fire board
- Fire suppression equipment
- Gymnasium
- Hairdressing salon
- Hand-washing stations
- Interactions between staff and residents
- Internal and external living environment
- Library
- Living environment
- Meal preparation and service in dining rooms
- Noticeboards for residents and staff information
- Personal protective equipment and endemic kits
- Resident laundry
- Secure entry and security system
- Smoking area for residents and staff
- Storage of medications
- Yarn bombing

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Highercombe has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. The home uses a healthy ageing framework to guide evidence based practice and continuous improvement activities. Improvements are identified through internal and external audits, surveys, feedback forms, comments and complaints, meetings, staff appraisals, education evaluation and adverse event data. Opportunities for improvements are discussed at the Quality Improvement Committee and outcomes from the action taken are measured, evaluated and feedback is provided to stakeholders through meetings and newsletters. Residents, representatives and staff are satisfied the home pursues continuous improvement.

The improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- Following an audit of external contractors, management identified that the majority of contractors were providing a satisfactory service to the home. Management evaluated performance against criteria such as service, availability, technical support, code of conduct and product availability. Management plans to follow up contractors whose performance was not satisfactory.
- To promote aged care in the community, management invited school students to trade a week of school to work at Highercombe. Management developed a programme for the students and residents to get to know each. On completion of the project, successful students were offered a school based traineeship to work at Highercombe. Eight students have been offered employment at Highercombe and two students plan to undertake further nursing training. Management said the project was a positive one for all who participated.

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 corporate systems to identify, monitor and communicate relevant legislation, regulations, professional standards and guidelines in relation to management systems, staffing and organisational development. The home receives aged care legislative alerts through professional subscriptions, memberships and peak bodies. A regulatory compliance log is used by management to manage and monitor legislation change. Policy updates or

procedural changes are implemented as required. Legislative updates are a standard agenda item at meetings. Meetings, memorandums and noticeboards are used to communicate changes to staff and residents. The home has processes to monitor work related registrations, licences and police clearances for staff, volunteers and external contractors. Notification was provided to residents and their families about the Re-accreditation site audit. Staff are aware of the legislative requirements that affect their role and responsibilities.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has systems to provide management and staff with the appropriate knowledge and skills to perform their roles effectively. Induction processes, position descriptions, duty statements, mandatory training, education evaluation, staff appraisals, buddy shifts and an on site trainer assist the home to monitor staff skills and knowledge. Staff attendance at mandatory sessions is supported and monitored by management with non-attendance followed up. Staff are satisfied with the educational opportunities to support their knowledge and skills. Residents and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles effectively. Examples of training completed in management staffing and organisational development over the last 12 months include accreditation training, aged care funding tool and positive psychology.

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 to provide residents and representatives access to internal and external complaints mechanisms. These include admission processes, the resident handbook, resident agreement, newsletters, management's open door policy, resident meetings and information sessions from advocacy services. Aged care related brochures and advocacy information is available in English and other languages. A locked feedback box and forms are available on entry to the home. Management maintains a database to track feedback and actions taken. Comments and complaints are reviewed regularly to identifying issues and trends are reported at meetings. Staff are oriented to the home's comments and complaints process and understand their responsibility to assist residents to raise issues or concerns. Residents and representatives interviewed are satisfied their concerns are dealt with effectively.

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

Aged Care and Housing's statement of philosophy and values are documented and visible throughout the home. In addition Highercombe also promotes a healthy ageing framework using the World Health Organisation's five standards of health promotion. Information describing the home's purpose and values is available in resident and staff handbooks. The home is guided by a strategic plan. Staff are familiar with the home's commitment to quality care and services.

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 systems to monitor staff are appropriately skilled and qualified. Staff are employed based on their qualifications, experience, reference check, police clearance and suitability to work in aged care. Staff are orientated to the Aged Care and Housing's values at head office and an on site orientation includes buddy shifts and access to an on site trainer. Mandatory training and annual performance appraisals also assist the home to monitor staff skills. Management has processes to identify the required staffing levels to meet residents' care needs, based on feedback from staff and resident acuity. Agency staff are utilised for vacant shifts not filled by regular and casual staff. Residents and representatives are complimentary about the care, lifestyle and hospitality services provided to residents, and that the care provided is appropriate to the home's service philosophy and objectives. Staff interviewed feel they are supported by management and have enough time to perform their duties.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for residents and staff. Staff from various areas in the home is responsible for ordering and purchasing goods. A list of preferred service providers is available to staff. The home has a preventative and corrective maintenance program and access to external contractors for the maintenance and calibration of plant and equipment. Audits, incidents and hazard reports and maintenance requests assist the home to monitor inventory and equipment. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment to deliver care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management systems which provide appropriate information. There are processes for managing secure storage of electronic and paper based confidential records. The home communicates relevant information to staff and residents through care plans, memoranda, notice boards, communication books, emails, meetings, handbooks and policy and procedure manuals. Staff are satisfied they have access to required information relevant to their role. The home monitors the effectiveness of information management systems by feedback from staff, residents and representatives and reviewing documentation through the audit monitoring program. Residents and representatives are satisfied they have sufficient information to allow them to make decisions regarding resident care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has agreements for external contractors in relation to pest control, allied health services, fire services, pharmacy and agency nursing staff. Corporate office supports the home in managing external contractors. Records of required registrations, licenses, certificates of currency and police clearances are monitored corporately. Staff and resident feedback contribute to the monitoring and evaluation of service provision. Service providers are changed if considered unsatisfactory. Staff, residents and representatives are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, care reviews, clinical audits, infections, medication, falls and incident data assist the home to identify continuous improvement initiatives. This information is analysed and collated for trends. Residents, representatives and staff are satisfied the home pursues continuous improvement.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months include:

- Following a review of resident falls, residents with reduced endurance are encouraged to mobilise through the 'early intervention pathway' program. The effectiveness of the early intervention pathway was reviewed by studying the physical activities of thirty residents up until their time of death. It was identified that 93 per cent of residents maintained their mobility until they died, and there was a decrease in resident frailty and an increase in natural death when compared with research data on how people die. The home continues to monitor healthy ageing and promoting physical activity.
- The home reviewed resident pain management against best practice information. The audit identified that Highercombe had many 'best practice' guidelines in place, including standardised pain assessment tools, involvement of multidisciplinary team in pain assessment and the use of pharmacological and non-pharmacological strategies. Thirty eight per cent of residents reported that pain is less debilitating since admission to Highercombe, and 60 per cent of residents had less pain following treatment from an allied health professional. Management continues to work on this project focussing on pain relief and quality of life.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home has processes to monitor compliance in relation to health and personal care, including the provision of prescribed care and services as outlined in the *Quality of Care Principles 1997*. Management and staff are aware of their legislative requirements relating to reporting guidelines for absconding residents and provision of services by qualified nursing staff.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff have completed training in palliative care, wound and pain management, dysphasia, choking and healthy ageing.

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 and processes for residents to receive appropriate clinical care. There is a process for obtaining health, medical and activities of daily living information when residents enter the home and an interim care plan is developed. Assessments by registered nurses identify care needs and care plans are developed. Resident care is reviewed regularly and as changes occur. Clinical care is monitored by a variety of audits, the care review process, incident and infection data, comments and complaints, observation and feedback from staff, residents and representatives. Staff are given ongoing training to meet the care needs of the residents. Residents and representatives are satisfied resident’s care needs are met.

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

There is a system to identify and meet residents’ specialised nursing care by appropriately qualified nursing staff. Residents’ needs are identified through a process of observation, assessment, and reporting of issues to registered or enrolled nurses by care staff. Qualified nursing staff or other health professionals undertake this care, such as oxygen therapy and diabetes management, which is identified, planned, monitored and evaluated regularly. Staff have received education and are appropriately qualified to meet residents’ specialised nursing care needs. Audits, reviews and feedback from staff, residents and representatives monitor residents’ specialised care needs. Residents and representatives are satisfied residents receive appropriate specialised nursing care.

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

The home has systems and processes to refer residents to appropriate health specialists in accordance with residents’ needs and preferences. Residents are assessed to identify their care needs on entry and regularly reviewed to identify changes. The home contracts allied health professionals as needed, for example, physiotherapists, podiatrists, speech pathologists and dietitians. Other specialist areas such as dental, audiometry or optical services, either visit the home or residents are assisted to make appointments and attend external services. Health specialist referrals are monitored through audits, regular reviews and feedback from staff, residents and representatives. Staff are provided with care assessment education and information on the referral process. Residents are satisfied with the referral arrangements to allied health professionals, medical specialists and medical practitioners, and the care provided.

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 systems to manage residents’ medication safely and correctly. Medication management is assessed on entry, reviewed regularly and as care needs change. Medical practitioners prescribe medications that are supplied by the pharmacy in a prepacked medication system. Registered, enrolled nurses or medication competent carers administer medications according to legislated guidelines. Residents, who self-administer medications, are assessed and monitored for safety, including safe storage of medications. Medications are securely stored and the medication system is monitored through the Medication Advisory Committee, pharmacy reviews, audits, medication incident data and observation. Staff have access to medication information and staff practice is monitored through annual drug calculation testing, training and competencies. Residents are satisfied medication is managed safely and correctly.

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

There are systems to ensure residents are as free from pain as possible. Residents are assessed for pain on entry and a pain management plan is implemented in consultation with the medical practitioner, physiotherapist, occupational therapist, resident and/or representative. The pain management plan is evaluated and reviewed regularly and as changes occurs. ‘As required’ medication is monitored for effectiveness and other interventions for pain management include position changes, exercise, massage and alternative therapies, such as hot packs and referral to pain specialist clinics. Staff state they receive education enabling them to recognise symptoms of pain including residents with cognitive deficits. Audits, reviews, observation and feedback from staff and/or their representative, monitor pain management. Residents and representatives are satisfied with the strategies staff use to minimise pain, and that pain is managed effectively.

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

The home has systems and processes in place to maintain the comfort and dignity of terminally ill residents. On entry, residents and their representatives are asked to provide information regarding their end of life wishes. Palliative care plans focus on the comfort and emotional support of the resident. Palliative care practices include comfort items such as music, aromatherapy and massage. The local palliative care team provides advice and assistance in management of complex pain and other issues as needed. Staff and volunteers state they have the knowledge and skills to support the resident and their families during this time. Audits and feedback from representatives and staff monitors palliative care. Families are appreciative of the palliative care provided at the home.

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

There are systems and processes to provide adequate nourishment and hydration. Using consultative processes residents are assessed on entry and plans implemented to identify individual preferences and requirements. A speech pathologist or dietitian assess and review residents as changes occur, and staff have training in managing special diets, feeding residents and choking management. Nursing and care staff assist with meals and drinks for residents with poor dexterity, cognitive deficits or swallowing problems. Modified cutlery and crockery assist residents to eat independently. Residents provide feedback on the menu at resident meetings. Nutrition and hydration is monitored through audits, reviews, surveys, observation and feedback from residents, representatives and staff. Residents are satisfied with the home’s approach in meeting the residents’ nutrition and hydration needs.

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

The home has systems and processes for providing skin care consistent with residents’ general health. Registered nursing staff assess skin integrity on entry, develop a care plan and review the plan regularly and when changes are reported. Skin integrity incidents are reported, investigated and trends identified. Skin integrity is monitored through audits, incidents, observation and feedback from residents and representatives. Staff are trained and equipment and resources provided for prevention and management of skin care. Staff have access to an external wound specialist and refer to medical specialists for complex wound care or skin issues. Residents and representatives are satisfied with the residents’ skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Systems are in place to manage resident’s continence effectively. Nursing staff assess residents on entry and implement care plans to maintain residents’ comfort and dignity which may include toileting regimes, aids, adequate fluids and diet, and assistance provided by staff. Continence is regularly reviewed and staff report changes in continence needs. Staff are aware of meeting privacy and dignity needs of residents and are provided with training in continence management with extra continence training to staff who maintain continence plans and aids. A product specialist is also available to provide education and advice on continence management. The healthy ageing philosophy focuses on maintaining mobility which assists in continence management. Continence is monitored through audits, infection data, reviews, observation and feedback from residents and representatives. Residents and representatives are satisfied that residents receive support from staff to manage their continence needs effectively.

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 systems to manage challenging behaviours effectively. Nursing staff assess challenging behaviour on entry and develop behaviour management strategies that are implemented in consultation with residents/representatives and monitored for effectiveness. Staff have training and access to guidelines and outside agencies for advice in managing complex behaviour. There are a variety of activities which are assessed for suitability for each resident and these include memory books, games, walks, exercises and recreational activities. There is a policy of minimal physical and chemical restraint. Staff are aware of their responsibilities for monitoring residents. Other interventions, such as sensor bracelets or mats are trialled before restraint is considered and resident areas have coded access for residents and staff. Audits, incident data, reviews, observation and surveys identify monitor behaviour management. Residents and representatives are satisfied that challenging behaviours are managed effectively.

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

There are systems to achieve optimal mobility and dexterity for all residents. All residents are assessed by registered nurses on entry and regularly reviewed with individual plans to achieve as much independence as possible. Physiotherapists and occupational therapists develop exercise plans and assess residents with aids to assist mobility, dexterity and rehabilitation. There are group exercise sessions, walking groups and a gymnasium and personal trainer to encourage and assist residents with exercising, mobility and rehabilitation. Residents are encouraged to walk and develop a safe level of independence. Staff state they have training, support and equipment to provide assistance with mobility and rehabilitation.

The care review process, accident and incident data and analysis, audits, and observation monitor mobility and dexterity. Resident and representatives are satisfied with the support for residents to maintain mobility and dexterity.

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

There are systems to maintain resident’s oral and dental health. Registered nursing staff assess oral and dental care needs on entry and during the review process. Oral and dental care is reviewed regularly and as changes are reported. Staff are provided with training to monitor and provide assistance as needed. Dental services provide care at the home and residents attend private dental services if they prefer. Assistance is given to make appointments and arrange transport in consultation with residents and their representatives. Oral care is monitored through audits, reviews and feedback from residents and staff. Residents and representatives are satisfied that residents’ oral and dental health is maintained.

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

The home has systems and processes to identify and manage resident's sensory loss. Residents are assessed on entry for hearing, vision, touch, taste and smell to identify, plan, evaluate and review programs to manage sensory losses. Registered nurses refer residents to specialists for review and residents are assisted to attend services inside or outside the home. Staff are trained to monitor and assist residents with maintaining and fitting aids which assist their sensory function. Other senses are enhanced with healthy ageing activities such as cooking, music and walks as well as various art displays. Nursing and healthy ageing staff evaluate care needs through the scheduled care review process. Residents are supported to maximise their independence and receive assistance from staff when required.

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

There is a system to enable residents to achieve a natural sleep pattern. Residents are assessed on entry and a plan stating preferred settling routines is implemented to assist normal sleep patterns. Staff are aware to keep noise at a low level to ensure a quiet environment. There is a policy of minimal sedation and other measures, such as pain management and settling routines assist residents to sleep. Sleep patterns are monitored and reported by night staff and care is reviewed on a regular basis by nursing staff. Audits, surveys and feedback from staff and residents monitor sleep. Residents are satisfied with their sleeping arrangements and staff are available when needed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is recorded and evaluated from lifestyle and care activities. Staff contribute to improvements in resident lifestyle through the home’s healthy ageing philosophy which includes training, meetings and identifying improvement opportunities. Staff encourage and support residents and other stakeholders to provide feedback and suggestions.

Examples of improvement initiatives related to resident lifestyle implemented by the home over the last 12 months are:

- To encourage resident participation and resident self-expression, a knitting group has been set up. The group creates knitted art work to decorate the home called ‘yarn bombing’. We viewed examples of knitted items on outdoor buildings, colourful spiders and their webs on seats and other knitted items around the home. Feedback from residents is that they enjoy the project and like putting the knitted items together.
- Following a houseboat trip on the Murray River in 2012, residents were surveyed on the effect the trip had on their positive emotion and self esteem. All residents who went on the trip believed it improved their positive emotion and self esteem. Residents said they believed they could do more and felt stronger following the trip. Management continues to work with residents in developing programs that promote positive mindfulness.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home has processes to monitor compliance in relation to resident lifestyle, including mandatory reporting procedures and providing residents with a copy of the residential care service agreement. Management and staff are aware of their legislative requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, staff have attended training over the last 12 months on elder abuse, pastoral care and spirituality.

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 systems for residents to receive support in adjusting to life in Highercombe and ongoing support. Entry assessment processes identify potential emotional support needs for each resident through the transitional support program. The care plan provides an outline of each resident's emotional support needs and strategies to meet these needs. To assist each resident to settle into the home, they are welcomed, introduced to other residents, orientated to the communal areas and the healthy ageing philosophy of the home. Regular visits by healthy ageing staff and volunteers assist identification of additional support needs including supporting residents who have suffered a bereavement. Regular care and lifestyle reviews, observed participation in daily activities and interaction with other residents assists monitoring of residents' emotional needs. Residents state they are satisfied the home provides support for residents to adjust to their environment on entry 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

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside of the home. Resident independence is maximised through ongoing discussions with the nursing staff, physiotherapist, occupational therapist and the personal trainer. Prompts for staff to encourage independence during activities of daily living are integrated in resident care plans. Assistance is given to enable attendance at appointments and participation in community groups. Residents contribute to decisions about their care and lifestyle and provide feedback through consultation, audits, surveys and resident meetings. Residents are satisfied they are able to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

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

The home's system recognises and respects residents' right to privacy, dignity and confidentiality. Care and lifestyle plans identify residents' privacy and dignity needs and requests. Staff are advised of resident rights and the home's privacy and confidentiality policy. Staff were observed knocking on residents' doors prior to entry and through interview described their practices in maintaining residents' dignity during daily care. Residents' personal information is securely stored and residents and families have access to private communal areas around the home for private and celebratory occasions. Monitoring processes include care and healthy ageing reviews, audits, observation and comment and complaint mechanisms. Residents are satisfied their privacy and dignity needs are respected.

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

The home has systems to encourage and support residents to participate in a range of interests and activities. The lifestyle assessment undertaken in consultation with residents and representatives identifies social history, past and current interests and the current ability of each resident. Healthy ageing staff trial a range of activities with new residents and plan a program to meet individual requirements. The healthy ageing care plan consists of a calendar of events the resident is interested in attending and individual programs are reviewed as residents' needs and interests change. The activity program includes a variety of events including outings, crafts, community visitors, men's group, walking and exercise programs, cooking and musical events. Staff demonstrate understanding and respect for resident's individual needs and preferences and gave examples of support provided for residents requiring encouragement to participate. Healthy ageing staff regularly review the program to meet individual needs through monitoring attendance, observing participation and consultation with residents, representatives and clinical staff. Residents and representatives are satisfied residents have the opportunity to participate in a range of activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The healthy ageing philosophy supports the fostering of individual interests, customs, beliefs, cultural and ethnic backgrounds. The healthy ageing assessment identifies cultural and spiritual customs and beliefs and care is planned with consideration for individual preferences. Residents are supported to attend services in the home and there is a life review group offered as an alternative to religious interests. Relevant religious and cultural events are celebrated. Staff demonstrate their consideration of individual beliefs through care

practices, including end of life care planning. The home monitors the effectiveness of care and services to support cultural and spiritual needs through the care review process, surveys and feedback from residents and representatives. Residents and representatives are satisfied the home considers and supports individual interests, cultural and spiritual beliefs and customs for residents.

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

Management has implemented systems and processes to ensure each resident is enabled to participate in decisions about the services they receive and make choices and control over their lifestyle while not infringing on rights of other people. Residents are informed of the home's range of services. Care and lifestyle assessment processes identify resident preferences for activities of daily living, lifestyle choices, civic interests, end of life wishes and details of persons nominated to provide advocacy. Resident risk is considered when supporting resident choices and consultation processes documented. The healthy ageing philosophy supports resident choices. Resident satisfaction with choice and decision making and staff support and respect for their choices is monitored through resident meetings, surveys, care and healthy ageing reviews and activity evaluations. 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.

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

The home has systems to assist residents to understand their rights and responsibilities and security of tenure. Management explains the residential service agreement to residents and representatives, including security of tenure, the level of care and services to be provided, the complaints process, their rights and responsibilities and the fee structure. Residents and their authorised representatives are consulted regarding room changes. External advocacy services are invited to attend resident meetings and aged care advocacy and complaints information is displayed in the home. Staff interviewed confirmed their understanding of their responsibilities for advocating on the behalf of residents. Residents and representatives interviewed are satisfied residents are assisted to understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, hazard reports, audits and surveys are used to gather suggestions, which are recorded and evaluated. Staff contribute to improvements to the physical environment and safe systems by participating in training and maintaining a safe work environment. Residents, representatives and staff are satisfied the home pursues continuous improvement.

Examples of improvement initiatives related to the physical environment and safe systems implemented by the home over the last 12 months include:

- Due to a greater number of residents attending the gymnasium the area was made bigger by relocating the allied health office. Resident feedback on the extension has been positive with comments such as improved opportunities for socialisation, better layout, enjoy the open plan. The personal trainer said that more residents are now attending the gymnasium.
- Following feedback from residents and to improve the resident dining experience the services co-ordinator in consultation with residents has reviewed the residents menu. Weekly food alternatives are offered that include a sausage sizzle, hamburgers, barbecue chicken or lasagne from the local Italian restaurant. Residents said they enjoy the food alternatives. Management continues to work with residents in meeting their food requests.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4, the home has processes to monitor compliance in relation to Physical environment and safe systems, including food safety, work health and safety requirements and infection control. Management and staff are aware of their legislative requirements.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 4 Education and staff development, staff have completed manual handling, chemical training, occupational health and safety training, infection control and fire and emergency procedures.

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

There are systems and processes to provide a safe and comfortable environment consistent with residents care needs. Residents are accommodated in single rooms with en-suite bathroom facilities and are encouraged to personalise their rooms. Communal dining rooms and lounge rooms provide opportunities for interaction with other residents. Residents have access to enclosed courtyard gardens, a cafe and a hairdressing salon is located on-site. Preventative and corrective maintenance and audits assist the home to monitor the living environment. The home has a minimal restraint policy and when necessary restraint is monitored according to the home's policies and procedure manual. Residents have access to call bells to summon staff assistance as required. Residents and representatives are satisfied the home provides a safe and comfortable living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home provides a safe working environment that meets regulatory requirements. Occupational health and safety is monitored through incident and hazard reports and environmental auditing. Occupational health and safety is discussed at staff meetings. Staff receive manual handling training as part of the induction process and on an annual basis. Staff have access to policies, procedures, guidelines and training. Management facilitates rehabilitation and return to work programs for staff affected by workplace injuries. Staff interviewed were aware of their occupational health and safety responsibilities and are satisfied that management supports a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation plans are posted throughout the home and emergency procedures are accessible to staff. A resident mobility status list is available to staff and emergency services. Fire and emergency training is conducted annually. A triennial fire safety survey was conducted in April 2013. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems, including electrical testing and tagging. The home's security is maintained through key coded operated internal and external doors and closed circuit television surveillance. Staff are aware of their responsibilities in the event of an emergency.

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

Management has implemented systems and processes to provide an effective infection control program. The program is monitored and managed by senior staff. Audits are conducted and mandatory annual training provided to all staff. Any infections are recorded and trends identified to capture any cross infection. Information is provided to residents and families about food safety and antibacterial gel use is encouraged. There is information available on site, access to external resources, and plans and equipment in place if a serious infection control risk occurs. There is an outbreak kit, pest control management, food safety program and processes for contaminated waste and spills. Staff state they have received education, there is personal protective equipment available and they are confident with guidelines to manage infection control issues across all areas of the home.

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

There are systems to provide hospitality services in a way that enhances residents' quality of life and the staff's working environment. A four week rotating menu offers variety to meet residents' individual dietary needs and preferences. Residents' dietary requirements, food allergies and preferences are identified and communicated to relevant staff and regularly updated. The home has an audited food safety program. Residents' rooms and communal areas are cleaned according to a schedule. Cleaning services are monitored through audits, surveys, resident meetings and comments and complaints processes. A clothes labelling service is available to minimise the loss of items. Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home.