



Aged Care
Standards and Accreditation Agency Ltd

Hilton Park Aged Care

RACS ID 7431
19 Laidlaw Street
HILTON WA 6163

Approved provider: Aegis Aged Care Group Pty Ltd

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 6 May 2016.

We made our decision on 22 March 2013.

The audit was conducted on 19 February 2013 to 20 February 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

Hilton Park Aged Care 7431

Approved provider: Aegis Aged Care Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 19 February 2013 to 20 February 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:

- 44/44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 19 February 2013 to 20 February 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Alison James
Team members:	Anne Rowe
	Jacqueline Gillespie

Approved provider details

Approved provider:	Aegis Aged Care Group Pty Ltd
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Details of home

Name of home:	Hilton Park Aged Care
RACS ID:	7431

Total number of allocated places:	136
Number of residents during audit:	134
Number of high care residents during audit:	130
Special needs catered for:	Residents living with dementia and related conditions

Street	19 Laidlaw Street	State:	WA
City	HILTON	Postcode:	6163
Phone number:	08 9314 0500	Facsimile:	08 9314 3295

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Physiotherapy assistants	3
Senior clinical consultant	1	Occupational therapist	1
Clinical consultant	1	Occupational therapy assistants	4
Clinical nurse managers	3	Hospitality services manager	1
Registered nurse	1	Catering manager	1
Registered nurse/occupational health and safety resource	1	Chef	1
Registered nurse/fire and evacuation trainer	1	Administration officer	2
Enrolled nurse	2	Cleaning staff	2
Care staff	9	Laundry staff	1
Group physiotherapy consultant	1	Maintenance staff	2
Physiotherapists	2	Residents/representatives	25

Sampled documents

	Number		Number
Residents' assessments, care plans and progress notes	13	Medication charts	13
Wound initial assessment and care plan	9	Palliative care plans	2
Occupational therapy assessments and care plans	13	Resident agreement	1
Personnel files	8	External contractors agreements	3

Other documents reviewed

The team also reviewed:

- 'About Me' file
- Activity group information files and activity program evaluations
- Admission planner and care plan review schedule
- Archive register
- Audit and surveys
- Bowel charts
- Cleaning records

- Clinical indicators records
- Comments, complaints and compliments
- Communication books, diaries, shower lists and handover sheets
- Continuous improvement file including corrective action reports
- Drinks and snacks list
- Education and training records including toolbox attendance
- Electrical tagging records
- Emergency response plan
- Hazard reports
- Infection control file
- Job descriptions
- Kitchen and kitchenette temperature and cleaning records
- Laundry cleaning records
- Lost property file
- Maintenance records for fire and emergency equipment including sprinklers, extinguishers and exit lighting
- Maintenance reports and scheduled maintenance register
- Material safety data sheets
- Meal collation records and serving lists
- Medication fridge temperatures
- Minutes of meetings
- Memoranda
- Memorial morning tea file
- Newsletter file
- Observation charts (blood glucose levels, neurological observations and fluid balance charts)
- Occupational therapy care plans and activity attendance records
- Orientation package including orientation of agency staff
- Outbreak information
- Police certificates, professional registrations and statutory declarations
- Policies and procedures
- Referrals to health specialists
- Resident admission pack, handbook and information pamphlets
- Residents' mobility list for evacuation
- Residents' dietary preference file
- Residents' information package including brochures and handbook
- Roster and allocation sheets

- Schedule eight drug register
- Specialised nursing care plans (including catheter care and percutaneous endoscopic tube management)
- Staff accident/incidents
- Supplies and equipment templates
- Weekly menu and displayed daily menu
- Weight charts.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information
- Activities in progress
- Chemicals and dry goods storage areas
- Cleaning trolleys and personal protective equipment
- Equipment and supply storage areas
- Fire fighting equipment including evacuation maps, fire doors, break glass, evacuation pack and exit lighting
- Interactions between staff and residents
- Kitchen, kitchenettes and laundry
- Living environment
- Meal and refreshment services including residents being assisted
- Medication administration
- Notice boards, posted notes, pamphlets and locked suggestion box
- Sign in-out registers
- Smoking areas
- Storage of medications and poison's permit
- Waste disposal.

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

The home has systems and processes that demonstrate a commitment to continuous improvement across the four Accreditation Standards. Comments, complaints suggestions, audits, incidents, meetings and informal observations identify opportunities for improvement. The manager oversees improvement projects at the home and following feedback corrective action reports are completed and logged. Identified projects are added to the continuous improvement plan for implementation, monitoring and evaluation. Continuous improvement is discussed at corporate meetings and information is provided to staff, residents and representatives through meetings held at the home. Representatives reported management continue to make improvements and are open to comments and suggestions. Staff gave examples of improvements recently completed that have assisted them in their role.

Recent improvements undertaken or in progress in relation to Standard 1 Management systems, staffing and organisational development include the following examples.

- Managers within the organisation identified that the information provided to residents and representatives enquiring about entry, or coming into the home, could be improved. A new information pack has been developed that includes brochures for prospective residents, and a booklet when residents move into the home. The booklet has specific information regarding the home's services including staff roles, the lifestyle program, hospitality services and emergency procedures. Representatives reported they are satisfied with the information provided when residents move into the home.
- The clinical managers identified staff skills and staff retention would improve with a more comprehensive induction program for new staff. Orientation has increased to a four day induction program that includes 'buddy' shifts, and a new orientation package has been developed. A staff member coordinates the program, and mandatory training and other education such as restraint minimisation, is undertaken during orientation. Staff reported the new program has improved the employment process as orientation is longer, and all staff are provided with consistent information by the assigned staff.

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 ensure the home complies with all relevant legislation, regulatory requirements, professional standards and guidelines. The manager receives updates on

legislative and regulatory changes from corporate office, peak bodies and government departments. Policies and procedures are reviewed and updated into the organisation's systems and information regarding changes is sent to the home's manager. Staff are provided with information regarding changes through notices, education, and at staff meetings. All staff provide a statutory declaration and police certificate on commencement of employment, and a system is used to monitor the currency of staff, volunteers and contractor's certificates. Residents and representatives had been informed a reaccreditation audit was to take place at resident meetings, through correspondence and via displayed notices. Representatives reported they are aware of the residents' rights and responsibilities and the purpose statement of the home.

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

Processes are in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. New staff receive orientation at the home and attend a corporate orientation. The organisation provides mandatory, optional and competency-based training, and records of staff attendance are monitored to ensure staff complete the required training. Training includes sessions by external trainers with specialised skills, internal training using DVD's and questionnaires and toolbox training. Management monitor the ongoing skills and knowledge of staff via observation, incident reports, clinical indicators, surveys, performance reviews, and verbal feedback. Staff reported they are encouraged to attend appropriate education to enable them to perform their roles effectively. Residents and representatives reported staff have adequate skills and knowledge for their role.

Examples of education and training related to Standard 1 are listed below.

- Role of Advocare
- Documentation training
- Eliminating bullying and harassment in the workplace
- Four day orientation
- Pharmacy on-line ordering.

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 at the home have access to internal and external mechanisms for complaints. Information regarding complaint processes is provided to residents and representatives when residents move into the home through the resident information book and resident agreement. Feedback forms for comments, complaints, suggestions or compliments are accessible along with a locked suggestion box for confidential complaints. Information brochures regarding external avenues of complaint and advocacy services are available near the front entry and the café area. Opportunities for feedback to management are provided through resident care conferences,

resident/representative meetings, surveys, email and informal or formal meetings with the manager. Representatives generally reported they are aware of the feedback process and management are responsive to any comments or complaints they have.

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 statement of purpose and mission, vision and values is displayed at the home. The posted information is consistent with the statement provided to residents and representatives in the information book given to residents or representatives.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with residents' needs, and processes are in place to respond to changing needs in staffing levels or skill mix. Recruitment is coordinated by the manager with assistance from corporate staff. All new staff are provided with contracts and position descriptions. Staff qualifications are kept on file and professional registrations renewal dates are monitored. New staff are provided with a corporate orientation, and an orientation at the home that includes a series of training sessions. Unfilled shifts are covered by the home's staff or by utilising agency staff. Staff performance is monitored by registered staff, performance reviews, and feedback mechanisms such as complaints, surveys, and clinical indicators. Staff reported they have adequate skills and sufficient time to carry out their tasks. Residents and representatives reported satisfaction with the responsiveness of staff to residents' needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are processes to ensure adequate stocks of appropriate goods and equipment are available for quality service delivery. Designated staff are responsible for stock control, rotation processes and the purchasing of goods and equipment via the organisation's electronic system that utilises approved products from preferred suppliers. Preventative and corrective maintenance systems ensure equipment is maintained, repaired and replaced as needed. Equipment is stored appropriately to ensure accessibility for staff. The appropriateness of goods and equipment is monitored via regular assessment of residents' needs, and monitoring mechanisms. Staff receive training as required when new equipment

is purchased. Staff, residents and representatives reported appropriate goods and equipment are provided by the home, and maintenance issues are dealt with in a timely manner.

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 effective information management systems in place. Policies and procedures are reviewed, updated and changed by designated corporate staff before the draft is finalised by the policy committee. Staff are provided information via residents' care plans, handovers, meetings, memoranda, noticeboards and informally. Residents and representatives are provided with information via the admission booklet, resident agreement, resident/relative meetings, care conferences, letters and noticeboards. Confidential information is stored securely and staff contracts inform staff of confidentiality requirements. Electronic information is backed-up and protected with secure passwords and levels of access. There are processes for the collection and analysis of information such as audits, surveys, and clinical indicators, and any action items are followed up and completed. Staff, residents and representatives stated the home provides sufficient information for their needs.

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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Corporate management oversee external service agreements and identify the preferred service provider. Service agreements include the responsibilities of relevant parties, insurance arrangements, confidentiality, professional registration requirements, and provision of a police certificate. The quality of goods and services is monitored on an ongoing basis through audits, surveys and feedback from management and staff. A sign in register monitors contractors as they enter and exit the home. Maintenance and management staff reported satisfaction with the quality of service they receive from external service providers.

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 systems and processes.

Recent improvements undertaken or in progress in relation to Standard 2 Health and personal care include the following examples.

- Following improvements in medication management within the organisation, an electronic medication ordering system has been introduced. This has improved the tracking of all medications ordered and received. Clinical staff reported the time taken for the pharmacy to deliver new medication has significantly improved, and the system has decreased the risk of error. Medication incident reports reviewed showed pharmacy medication errors have reduced over the past three months.
- Clinical nurses at the home identified residents' care could be improved with ongoing and regular staff education. Toolbox sessions are now being held seven days a week for care staff. Registered staff facilitate the sessions and education and discussion is conducted in subjects such as behaviour management, oral care, complaints, and case management. Management reported informal feedback has been positive, and staff said the toolbox sessions are assisting to improve residents' care.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all four Accreditation Standards. Residents are provided with care and services according to the assessed level of residential care they require. Initial and ongoing assessment and care planning of residents requiring a high level of care is carried out by a registered nurse. Medication is administered and stored safely and correctly and a poisons permit is in place for stock supply items. Professional registrations are monitored and maintained for currency.

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

See Education and Staff Development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 2 are listed below.

- Behaviours and dementia
- Clinical training/slow release medication equipment
- Continence care
- Parkinsons’s disease
- Pressure area care
- Skin care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents receive appropriate clinical care in accordance with their needs and preferences. The home uses a multidisciplinary approach including the general practitioner, clinical nurse managers, registered nurses, physiotherapist and occupational therapist and a range of assessments are conducted for each resident on moving to the home. A care plan is developed to guide staff in the provision of care for each resident and this is reviewed six monthly or sooner if required. Registered staff complete assessments, care planning and monitor staff to ensure appropriate care is carried out. Staff reported they are advised of residents’ changed needs at handovers and attend education and training to maintain their knowledge and skills. Residents and representatives interviewed reported they are satisfied residents receive appropriate clinical care.

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

Registered nursing staff are responsible for the assessment, care planning and ongoing management of residents’ specialised nursing care needs including catheter care, percutaneous endoscopic gastrostomy care, challenging behaviours, chronic wounds, oxygen management and chronic pain management. Care plans for residents with specialised nursing care needs are developed in consultation with the resident and/or their representative, general practitioner, allied health professionals and other health specialist advisors. Staff interviewed reported they provide care appropriate to their qualifications. Residents and representatives reported they are satisfied residents receive specialised nursing care in accordance with their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with their needs and preferences. On moving to the home, the physiotherapist and occupational therapist assess all residents and develop a care plan that is reviewed annually or sooner if the need arises. A podiatrist visits the home regularly and attends to the needs of residents, who require a high level of care and on request, low care residents. Referrals are made to other health professionals as the need is identified and in consultation with the resident or their representative, and the home has access to a speech pathologist, dietician, dentist, audiologist, optometrist and mental health services. Residents and representatives interviewed reported they are satisfied with the ongoing access to a variety of health specialists.

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

Processes are established for the safe administration, storage, documentation and disposal of medications. Medication competent staff assist residents with their medications via a multi-dose sachet administration pack. Specific instructions to the administration of residents’ medications and topical treatments are documented on the medication administration assessment care plan, and the medication profile advises of allergies and contains an up-to-date photograph of the resident for easy identification. Medication audits are undertaken regularly and medication incidents are reported, actioned and analysed monthly to identify any trends. A registered pharmacist conducts reviews of residents’ medications and information is made available to the general practitioner. Staff reported medication competencies are completed annually and under the direction of the registered nurse. Residents and representatives interviewed reported they are satisfied the home manages residents’ medications 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 identify, implement and evaluate each resident’s pain management strategies to ensure they remain as free as possible from pain. All residents are assessed for pain on moving to the home and a care plan is developed that details pain management interventions including alternative therapies and the use of pain and pressure relieving equipment. Ongoing pain is reported and the effectiveness of pain interventions including ‘as required’ medications are evaluated for effectiveness, and staff follow up with the general practitioner if further interventions are required. The physiotherapist coordinates a ‘power over pain’ program to manage residents’ pain on an ongoing basis. Staff described their role in pain management including identification and reporting of pain. Residents and representatives stated staff are responsive to complaints of pain and residents’ pain is managed appropriately.

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 processes to ensure the comfort and dignity of terminally ill residents is maintained in accordance with their needs and preferences. On moving to the home residents and their representatives are given the opportunity to complete residents’ wishes for palliative/terminal care, or if preferred, this can be completed at any time during their residency. The home provides support to the resident and their family during palliation with input from the general practitioner, clinical nurse managers, allied health professionals, visiting religious personnel and external palliative support services when required. Staff reported they consult with the family regularly throughout the palliative process. Residents and representatives expressed their confidence that, when required, staff would manage residents’ palliative care competently including their comfort and dignity.

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’ nutritional status is assessed on moving to the home and their individual dietary requirements are conveyed to the relevant personnel. Residents’ diet analysis outlines their dietary requirements including the level of assistance required. Residents are weighed on moving to the home and on a monthly basis thereafter unless otherwise indicated by the clinical nurse manager. Nutritional supplements are commenced for residents identified as having significant weight loss and referred to the general practitioner or dietician, if weight loss continues. Modified diets are prepared following an assessment by the registered nurse or speech pathologist for residents identified as having swallowing difficulties. Modified cutlery and crockery is available for residents to maintain their independence. Staff were observed assisting residents as required. Residents and representatives interviewed reported they are satisfied residents receive adequate nutrition and hydration.

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 processes to ensure residents’ skin integrity and associated health risks are identified on moving to the home. Where a risk of altered skin integrity is identified, treatment and nursing interventions are implemented. A range of equipment is available including pressure-relieving mattresses, cushions, protective bandaging, pressure area care and emollient creams. Incidents involving residents’ skin integrity are reported, and a wound initial assessment and treatment chart is implemented and overseen by the registered nurses. The home has access to external wound care specialists if required. Staff interviewed reported they monitor each resident’s skin integrity daily during personal care and report any concerns to the registered nurse. Residents and representatives interviewed

reported they are satisfied residents' skin integrity is maintained and managed well by the home.

2.12 Contenance management

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

Team's findings

The home meets this expected outcome

There are processes to identify, assess, monitor and evaluate residents' continence needs on moving to the home and on an ongoing basis. Residents' continence needs are assessed on moving to the home and a care plan is developed and reviewed six monthly or sooner if required. Bowel elimination is monitored daily and interventions documented. A range of interventions are used to manage residents' continence needs including appropriate equipment, scheduled toileting and suitable continence aids. The clinical nurse manager analyses infections monthly which are reported on the antibiotic register to identify any trends. Staff reported they have adequate equipment and supplies to manage residents' continence needs effectively. Residents and representatives stated they are satisfied residents' continence needs are managed 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

Residents' behavioural management needs are assessed on moving to the home and when clinically indicated. During assessments, the triggers for residents' behaviours are identified and appropriate interventions are documented in the resident's care plan. Effectiveness of behaviour management strategies are monitored via clinical indicators and observations. Referrals to mental health services are undertaken when there is a need for further assessment, and this is completed in consultation with the resident and/or their representative. Staff described appropriate actions to manage and minimise challenging behaviours. Residents and representatives interviewed reported they are satisfied the needs of residents with 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

On moving to the home, residents are assessed by the physiotherapist, occupational therapist and registered nurse for their mobility, dexterity and associated falls risk. Residents are encouraged to maintain their mobility and dexterity by participating in the home's physiotherapy and activity programs that include a range of group exercises and physical activities to improve independent movement. Residents who are unwilling or unable to participate are offered individual therapy sessions. Residents' attendance and participation at therapy sessions are monitored. A range of seating and mobility aids are available to assist residents to maintain mobility and independence. Incidents related to mobility and dexterity

are analysed for trends. Residents reported satisfaction with the home's management of their mobility and dexterity needs.

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

When a resident moves into the home an assessment of their oral and dental health is conducted to identify their oral hygiene, dental care needs and any potential impact on their swallowing and eating. Residents identified with swallowing difficulties are referred to the speech pathologist for further assessment. A dental examination is offered annually to the residents and follow up treatment is arranged in consultation with the resident and their representative if required. Staff reported the care plan guides them with the amount of assistance residents require to maintain the oral and dental hygiene, and appropriate oral and dental equipment is readily available. Residents and representatives reported they are satisfied with the home's approach to managing residents' oral and dental care.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Resident care needs in relation to all five senses are identified on moving to the home. A care plan is developed that provides staff with strategies to manage each resident's sensory losses and maximise their independence and interactions with activities of daily living. Residents have access, and are referred to appropriate health specialists including the physiotherapist, occupational therapist, audiologist and optometrist in consultation with the resident and/or their representative and the general practitioner. Activities are modified for residents with motor, sensory or cognitive impairment. Staff described strategies used to assist residents with sensory losses. Residents and representatives reported they are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents are able to achieve natural sleep patterns. On moving to the home, an assessment is conducted for each resident to identify sleep patterns and disturbances. Interventions to assist residents to establish natural sleep patterns are documented in their care plans. Strategies used to promote restful sleep include a quiet environment, toileting, pain relief, a warm drink or snack, repositioning and night sedation if prescribed. Staff described factors that can impact on residents' sleep including noise, confusion, pain, and continence issues. Residents and representatives reported residents are satisfied with the support provided to achieve a restful night's sleep.

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 systems and processes.

Recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include the following examples.

- Following a resident’s complaint that the home’s library was inadequate the manager has negotiated an agreement with the local library. The library now provides a service to the residents on a regular basis. An assortment of books are brought into the home and residents can also access ‘talking books’ and books in other languages. The residents meeting minutes showed positive feedback regarding the library service.
- Following a request by a number of residents at a resident meeting, the home has commenced a memorial morning tea for residents and representatives. Residents and representatives are invited to attend the event and the names of recently deceased residents are read out but no other tributes conducted. Therapy staff oversee the morning tea and staff reported residents prefer a relaxed and informal occasion. Minutes of the December 2012 residents’ meeting show residents wish the memorial morning tea to be continued, and agree to holding it every second month when required.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all four Accreditation Standards. The home provides each resident with a resident agreement that outlines fee and tenure arrangements and residents are informed if any changes arise. The charter of residents’ rights and responsibilities is provided to residents and representatives via the resident agreement and is displayed at locations around the home. Staff are provided with information regarding confidentiality of residents’ information in their contract and were observed to be mindful of residents’ privacy and dignity. Processes are in place for the mandatory reporting of elder abuse and staff have received training on this.

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

See Education and Staff Development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Doll therapy
- Mandatory reporting
- Privacy and dignity.

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 are supported to adjust to life at the home on moving in and on an ongoing basis. Management and therapy staff provide written and verbal information to new residents who introduce them to staff and other residents. Residents are given an activity planner and are encouraged to attend the activities of interest. Assessments of residents are conducted to identify residents' emotional needs as well as recording their personal histories and interests. Care plans guide staff in the social, cultural and emotional needs and preferences of the resident. Residents and representatives are encouraged to personalise residents' rooms with photographs, ornaments and personal effects. Residents and representatives interviewed advised the information and support provided by the home is appropriate and assists in meeting residents' emotional needs.

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 processes to ensure regular assessment of residents' needs in achieving maximum independence and participate in the activities both within and outside the home. Residents' physical, cognitive and emotional status is assessed on moving to the home and care plans are developed that specify the levels of assistance residents require in their activities of daily living. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. Assistive devices for mobility, meals, communication and toileting are provided and residents have access to telephones and are assisted to vote in elections. Staff described strategies to assist residents to maintain independence in all aspects of their lives. Residents and representatives stated they are satisfied with the assistance and the information provided by the home to maximise residents' independence.

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 information package advises residents and representatives of how the home will ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Staff are provided with training on privacy, dignity and confidentiality guidelines at corporate orientation and sign a confidentiality agreement in their employment contract. Resident information, to assist with the delivery of care, is securely stored. Quiet indoor and outdoor areas are available for residents to meet with family and visitors. Staff advised they respect the privacy and dignity of residents by knocking and waiting for an answer before entering rooms, addressing residents by their preferred names and ensuring doors are closed or curtains pulled when delivering personal care. Management uses feedback mechanisms to monitor the effectiveness of residents' privacy and dignity. Residents and representatives reported they are satisfied with the way staff respect residents' privacy, dignity and confidentiality.

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 occupational therapist and the therapy staff assess and collect information of both past and current interests of the resident on moving to the home, and as required. The therapy team develop and display a varied activity moving program to accommodate individual and group needs and preferences, and other areas of care such as diversional and sensory therapy. The program includes exercise groups, church services, quizzes, board and floor games, bingo, craft, concerts, sing-a-longs, bus trips, celebration of special days and one-on-one activities. Therapy assistants described ways they encourage residents to participate in activities, and how they provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. Residents' attendance is monitored to evaluate the appropriateness of activities and to identify residents who are at risk of isolation. Residents' feedback at the resident meetings, surveys and individual group evaluations are used to check the residents are participating and enjoying the activities. Residents and representatives reported residents are supported and encouraged to take part in the activities they enjoy.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents' individual interests, customs, beliefs, cultural and ethnic backgrounds are identified on moving to the home and communicated to staff via care plans, meetings and dietary information. The home facilitates regular religious services and residents who wish to access representatives of other denominations receive assistance as appropriate. The home celebrates religious, special events and cultural days of significance. Representatives

advised staff will contact them if the resident becomes agitated or upset, but generally staff are able to communicate effectively with residents who have limited communication skills due to limited English or cognitive impairment. Residents and representatives reported satisfaction with the cultural and spiritual support provided by the home.

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

There are processes to ensure residents and representatives can participate in decisions about the services they receive and exercise choice and control over their lifestyle without infringing on the rights of others. Residents' individual needs and abilities, preferences, wishes, consents and authorisations across all areas of care and service delivery are identified when they move into the home, and as required. Internal and external complaints mechanisms, resident and representative meetings and family conferences give residents and representatives the opportunity to voice their opinions. Authorised representatives are identified for residents who are unable to make decisions. Staff interviewed reported residents' choice and right to refuse is respected. Feedback mechanisms, audits and surveys are used to monitor the effectiveness of residents' choices and preferences. Residents and representatives interviewed advised they are able to exercise choice and control over the care residents receive and other residents' choices do not infringe upon them.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The resident agreement is given to all residents and representatives when the resident moves into the home and provides information on the tenancy arrangements, fees and charges, rights and responsibilities and conditions of occupancy. The agreement also includes information regarding complaint mechanisms and advocacy groups and management advised all the services listed in the agreement are discussed prior to entry. Any changes in fees are relayed to residents and representatives via written correspondence. Residents and representatives are informed of changes in specified care and services when a residents' classification moves from low to high care, and there is consultation with residents/representatives when a change in accommodation is required. Resident and representative meetings and family conferences provide forums to ask questions about the services provided. Residents and representatives interviewed reported they are satisfied residents have secure tenure at the home and residents are aware of 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 systems and processes.

Recent improvements undertaken or in progress in relation to in relation to Standard 4 Physical environment and safe systems include the following examples.

- Following complaints regarding the presentation of food, especially from residents on a modified diet, the home has undertaken a food service presentation improvement project. This improvement includes the introduction of a variety of snacks provided to residents at morning and afternoon tea. ‘Snack pot’ desserts have been introduced and we observed staff assisting residents with the snack at morning and afternoon tea. The food satisfaction surveys In December 2012 and February 2013 have no comments regarding the change. However, management reported informal feedback has been provided by families regarding the variety of desserts for residents on a textured diet.
- The manager identified the mops used by cleaning staff did not leave the floors sufficiently dry and they were heavy for staff to use. Due to the increased risk of residents’ falling and staff injury, the home has been trialling the use of micro fibre products for the past eight months. Micro fibre mops, dust cloths and cleaning cloths have been trialled and the designated products were introduced in January 2013. Management reported the benefits have included the floors being left dry, reduced chemical use, and reduced risk of injury to staff and residents. Cleaning staff reported they preferred the new products as the mops are easier to use.

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

Systems and processes are in place to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff receive mandatory training in fire and emergency procedures and the home’s fire systems are regularly checked by external contractors. There is a food safety program in place and mandatory training is provided to staff in food safety. External contractors are provided with service agreements that outline obligations and responsibilities and are required to sign in and out of the home. There are reporting mechanisms for accidents, incidents and hazards and personal protective equipment is provided for staff use. Material safety data sheets are maintained for chemicals used within the home.

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

See Education and Staff Development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 4 are listed below.

- Chemical safety
- Fire and emergency procedures
- Food safety
- Hand hygiene
- Manual handling
- Using a micro-fibre mop.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's management are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in a single or double room with an ensuite bathroom. The home is secured at designated times and access is then via a swipe card or key code entry. Security cameras are located at the entry and person's entering can be identified by staff in each of the nurses' station when required. The home's air conditioning systems maintain a comfortable temperature, and call bells and night lights are accessible for residents. The home is clean and clutter free, and regular audits, maintenance and gardening services ensure it remains comfortable and hazard free. Staff described appropriate procedures to follow in order to ensure the safety and comfort of residents. Residents and representatives reported satisfaction with the safety and comfort of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe working environment that meets regulatory requirements. Manual handling and occupational safety and health training are included in the corporate and site orientation, and manual handling training is an annual mandatory requirement. The home's occupational safety and health (OSH) resource staff attend the organisation's OSH meeting and assist the manager in workplace inspection audits, hazard reports and staff incident reports. Hazard reports are logged, actioned and

followed up by the manager. Staff return to work programs are in place and monitored by corporate staff and management. Staff reported the annual OSH month held in October focuses on any issues and their working environment is safe.

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

A system is in place for detecting and acting on fire, security, and other emergency risks and incidents. The home's fire detection, security, and emergency procedures are documented and accessible to staff, residents and representatives. All staff attend mandatory training in fire and emergencies during orientation, and annually. Approved professionals carry out regular independent fire inspections of the home's equipment, including the fire panels, mimic boards, sprinkler system, extinguishers, exits and lighting. Information regarding residents' mobility requirements is accessible in the home's evacuation pack. Information regarding other emergencies is included in the response plan such as a bomb threat, medical emergency or armed hold up. Staff reported they have sufficient training in emergency response, and representatives reported the residents would be assisted to evacuate by staff in 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 demonstrated the infection control program is effective in identifying, containing and preventing infection. An external infection control consultant conducts training at corporate orientation and supports the home with infection control issues on an ongoing basis. Information on individual resident infections is collected and analysed, and monthly reports are submitted to the organisation's head office for monitoring and benchmarking. Personal protective equipment, cleaning and laundering procedures, hand washing facilities, a food safety program, disposal of sharps, resident and staff vaccination programs and pest control are some of the measures in place to minimise the risk of infection. A scheduled auditing program and observation of staff practices provide monitoring on an ongoing basis. Staff interviewed reported a working knowledge of the principles of infection control.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality staff are able to describe how catering, cleaning and laundry service enhances residents' quality of life. Catering is undertaken on site and meals are cooked fresh according to a four-weekly rotating menu that is reviewed twice yearly in consultation with a dietician. Kitchen staff are informed of and provide suitable meals, snacks and nourishing drinks that meet residents' preferences, choices and special dietary requirements. Residents can provide feedback on meal quality and service at resident meetings or via feedback forms and

surveys. Cleaning staff use colour-coded equipment and follow a documented cleaning schedule. Linen laundering is conducted by an external contractor and personal laundry is carried out at the home. There are processes to minimise loss of clothing. Residents and representatives stated they are satisfied the home's hospitality services meet residents' needs and preferences.