



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Ian George Court

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Ian George Court in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Ian George Court is three years until 15 December 2013.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details					
Details of the home					
Home's name:		Ian George Court			
RACS ID:		6195			
Number of beds:		40	Number of high care residents:		36
Special needs group catered for:			<ul style="list-style-type: none"> • People with dementia or related disorders • People with brain injury and mental health disorders • People with drug and alcohol dependence 		
Street/PO Box:		2-10 First Street			
City:	BROMPTON	State:	SA	Postcode:	5007
Phone:		08 8348 2000		Facsimile:	08 8348 2040
Email address:		pwright@Anglicare-SA.org.au			
Approved provider					
Approved provider:		Anglicare SA			
Assessment team					
Team leader:		Sandra Lloyd-Davies			
Team member:		Karen Lesuey			
Dates of audit:		27 September 2010 to 28 September 2010			

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Ian George Court
RACS ID	6195

Executive summary

This is the report of a site audit of Ian George Court 6195 2-10 First Street BROMPTON SA from 27 September 2010 to 28 September 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes.

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Ian George Court.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 27 September 2010 to 28 September 2010.

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

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

Assessment team

Team leader:	Sandra Lloyd-Davies
Team member:	Karen Lesuey

Approved provider details

Approved provider:	Anglicare SA
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Details of home

Name of home:	Ian George Court
RACS ID:	6195

Total number of allocated places:	40
Number of residents during site audit:	39
Number of high care residents during site audit:	36
Special needs catered for:	People with drug and alcohol dependence People with brain injury and mental health disorders People with dementia or related disorders

Street:	2-10 First Street	State:	SA
City:	BROMPTON	Postcode:	5007
Phone number:	08 8348 2000	Facsimile:	08 8348 2040
E-mail address:	pwright@Anglicare-SA.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Ian George Court.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Site manager	1	Residents	5
Clinical nurses	2	Hospitality staff	2
Enrolled nurses	1	Laundry staff	1
Care staff	2	Maintenance staff	1
Lifestyle supervisor	1	Chaplain	1
Administration officer	1	Quality manager – corporate	1

Sampled documents

	Number		Number
Residents' files including hard copy and electronic information consisting of assessments, extended care plans, progress notes and one deceased resident file	6	Medication charts	2
Functional, summary and extended and interim care plans	6	Personnel files including person descriptions, performance appraisal, education and registration information	4
Residents' lifestyle care plans	4		

Other documents reviewed

The team also reviewed:

- Allied Health professional referrals
- Appointment diary
- Care plans and assessments
- Chaplaincy report
- Compliments, complaints and suggestions for improvement forms

- Continuous Improvement Plan
- Duty Statements
- Food, sleep, pain charts
- Job Descriptions
- Leisure Activities Program
- Lifestyle report
- Newsletters
- Nutrition folder including resident weight records
- Resident incident reports including logging of information, collation and formal reporting
- Residential Aged Care Site Orientation Manual
- Residents' information handbook
- Residents' surveys
- Rosters
- Staff Orientation Handbook
- Staff training needs annual questionnaire checklist
- Various audits and survey
- Various guardianship, public trustee documents and palliative care documents
- Various meeting minutes
- Various memoranda and sign-off sheets
- Various policies, procedures and work instructions
- Various referrals and specialist reports, including speech pathology, dental
- Various training information, including corporate training topics and annual training schedules, attendance and feedback sheets and electronic attendance matrix
- Wound care assessment.

Observations

The team observed the following:

- Access and egress signs
- Activities in progress
- Archiving systems and cupboards
- Automatic doors
- Courtyard gardens
- Equipment and supply storage areas
- Fire panel and fire fighting equipment
- Handover documentation
- Information regarding residents rights and internal and external complaints information
- Interactions between staff and residents
- Key card security and secure fencing
- Living environment
- Meal service including resident meal assistance
- Memorial water feature, garden and individual resident name plates
- Mobility aids
- Nurses' station including computers and storage of resident information
- Personal protective equipment
- Public telephone for external calls
- Quiet sitting areas
- Rainwater storage tank
- Reception area
- Residents mobilising
- Safe medication storage and trolleys
- Smoking areas
- Stick to stand system
- Storage of medications

- Televisions, books, magazines
- Various client and staff noticeboards, including information about lifestyle activities, resident of the week activities, upcoming meetings, resident smoking programs
- Various nutritional supplements being stored and given as per medication treatment sheets
- Vegetable garden
- Whiteboard for activities room
- Wound trolley and treatments storage.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Ian George Court has a system to identify opportunities for improvement and monitor compliance with the Accreditation Standards. The home uses information gathered from compliments, complaints and suggestions for improvement forms, resident and staff meetings, hazards and incidents and observation to identify opportunities for improvement. Improvements are logged on an electronic information management system. The site manager monitors the continuous improvement plan and reports progress at various meetings. Improvements are evaluated through feedback from residents and staff, surveys and one-to-one discussions. Staff and residents are satisfied they have opportunities to suggest improvements and that these are listened to and actioned by management.

The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- The home has recently implemented an electronic information management system for logging feedback from compliments, complaints and suggestions for improvement forms. Relevant staff have received training in how to use the system. Feedback from staff who use the system has been positive.
- The home identified a need to improve opportunities for residents and staff to raise concerns or make suggestions. Management have introduced catch-up chats with residents to raise issues that have been identified through observation. Catch-up chats occur a minimum of once a month with the clinical nurse or site manager. Resident feedback regarding management’s proactive approach has been positive.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems and processes to identify and monitor relevant legislation, regulations and guidelines. The home and corporate office receive legislative updates through their subscription to industry peak bodies. Regulatory compliance is maintained and updated through corporate office.

Legislative changes are discussed at various meetings to formulate action plans. Policies and procedures are updated to reflect relevant legislative changes. The site manager disseminates relevant information to staff through memoranda, meetings and verbal communication. The home has a process to record and monitor police clearances for staff, volunteers and contractors.

1.3 Education and staff development:

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

Team's recommendation

Does comply

Management demonstrated processes for identifying, planning, and reviewing staff education and development. Training opportunities are identified through formal gap analysis, staff feedback, observations of performance and staff appraisals. Education and training is monitored through program evaluations, competency assessments and results of questionnaires and surveys. Training schedules and online education pages provide varied options for professional development, planned in consultation with the manager. Staff report they are supported and encouraged to undertake personal and professional development through internal and external education and training. Attendance is monitored through an electronic matrix and certificates of achievement are provided. In the last 12 months management and staff have participated in training relating to management systems, including Employee Management Systems (EMS) training and the 'Step up leadership development program'.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents are satisfied that concerns they raise are managed effectively and resolved. The home has processes to inform residents of internal and external complaints mechanisms, including information in the residential services agreement and information handbook. The home uses a 'green' form for recording compliments, complaints and suggestions for improvement. Information gathered is logged into an electronic information management system. The site manager investigates any concerns and delegates actions to appropriate staff. Action taken is recorded on the back of the 'green' form. The home monitors the effectiveness of their complaints mechanisms through resident meetings, one-to-one discussions and surveys. Staff are aware of the comments and complaints system and feel supported in raising issues with management. The site manager ensures that frequent contact is made with each resident to allow them to express any concerns or comments regarding care and services.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's statement of purpose and values are displayed in the home. Information describing the home's care and objectives is available in the resident information handbook, staff orientation handbook, residential services agreement and strategic plan.

1.6 Human resource management

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

Team's recommendation

Does comply

Residents are satisfied there are sufficient appropriately skilled and qualified staff to meet their needs and preferences. Management demonstrated on-site and corporate processes for the recruitment, employment orientation and performance review of staff. A flexible approach to rostering is implemented resulting in extra hours for new residents, exacerbated resident behaviours and palliative care. Monitoring of adequate numbers and types of staff is maintained through roster review, minimal use of agency staff and feedback from staff. Staff are aware of position descriptions, duty statements and state they can provide feedback regarding work routines.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has a system for identifying and monitoring the goods and equipment required for providing a quality service for residents and staff. The purchasing and monitoring of goods is managed by designated staff from various areas of responsibility within the home. A program of preventative and corrective maintenance is used for maintaining the standard and safety of equipment. External providers calibrate and maintain various equipment and provide electrical testing and tagging on request. Staff and residents are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes to provide staff with sufficient and appropriate information to enable them to perform their roles. Processes include access to work instructions, policies and procedures, levels of access and password protection of electronic information, and memoranda of meeting information to update all staff of changes in care and service systems. The transition between hard copy and electronic care information has resulted in a lack of consistency between the assessment and the care plan, and loss of some individual care information.

Staff rely primarily on verbal information from handover and other staff to provide care. Varied formats of care plans are used to inform and guide care practice. Staff and residents are satisfied they are informed about care and services and have opportunities to provide feedback. Staff report adequate communication through access to and verbal information, memorandums, meeting minutes, work instructions and emails.

1.9 External services

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

Team's recommendation

Does comply

External services used by the home are selected on their ability to meet the residential care service's needs and service quality goals. The home has systems and processes for utilising allied health professionals and other external service providers in consideration of resident care needs. Written agreements are managed by the home's corporate office. The home has a system for identifying and addressing any deficiencies with the services of external providers. Feedback from staff and residents is used to monitor satisfaction with contracted services. Staff and residents 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 recommendation

Does comply

The home has a system to identify opportunities for improvement and monitor compliance with the Accreditation Standards in relation to health and personal care. The home uses compliments, complaints and suggestions for improvement forms, progress notes, resident surveys, meetings and care plan reviews to monitor outcomes for residents. Improvements are evaluated through feedback from residents, staff and incident data. Staff and residents are satisfied they have opportunities to suggest improvements and that these are listened to and actioned by management.

Improvements and achievements demonstrated by the home in relation to health and personal care include:

- Following a suggestion from staff, the home developed a diagnosis folder. The information in the folder has assisted carers in understanding complex diagnoses particularly related to mental health. The folder is easily accessible in the nurses' station and feedback from staff has been positive.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems and processes to identify and monitor relevant legislation, regulations and guidelines. Legislative updates are received through subscriptions to peak industry bodies. Legislative changes are discussed at various meetings. The home has processes to record and monitor current nursing and allied health professional registrations. The home has current licenses for the possession of Schedule four and eight medications. The site manager informs care and nursing staff of relevant information through memoranda, meetings and verbal communication.

2.3 Education and staff development

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

Team's recommendation

Does comply

Management demonstrated processes for identifying, planning, and reviewing staff education and development. Staff report they are supported and encouraged to undertake personal and professional development through internal and external education and training. In the last 12 months staff have participated in training related to health and personal care, including, five staff completing Certificate IV in Mental Health, acquired brain injury and safe swallowing.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents are satisfied that they receive appropriate clinical care. Consultation and updates regarding care, occur with guardianship and other appointed organisations as required. The home has processes for assessment, care planning and review that are generally completed and updated. The service has access to medical and ‘on call’ senior nursing services across all shifts. Care needs are identified and referred to external specialists as required. Clinical care practices are monitored through direct supervision of senior nursing staff, progress notes, client incident reporting, scheduled audits and surveys. Staff report they learn about the needs of residents and changes to care through handover, extensive orientation programs, and care documentation.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents are satisfied that specialised nursing care needs are met by appropriately qualified staff. The home has processes for assessment, care planning and review. Registered nurses are accessible at all times to assess complex care needs. Specialised care needs managed in the home include the impact of alcohol and drug abuse, behaviour ‘crisis’ management, complex pain and management of swallowing deficits. Care is monitored through progress note reports, care reviews, client incident reporting, treatment charts, direct supervision and satisfaction surveys. Enrolled and registered nurses are aware of residents’ individual needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are satisfied with systems for referral to appropriate health specialists. Referral occurs based on assessment of need in consultation with the resident/representative, senior nursing staff and the medical officer. Referrals to allied health providers include the podiatrist, physiotherapist, speech pathologist and mental health services. Recommendations for care are added to the care plan. Care is monitored through progress note reports, care reviews, resident incident reporting, signing of treatment charts, direct supervision and scheduled audits and surveys.

Staff are aware of residents' individual care needs and have regular opportunities to update their knowledge regarding specialised areas of care.

2.7 Medication management

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

Team's recommendation

Does comply

Residents are satisfied their medications are managed safely and correctly. Medications are administered by registered and enrolled nurses. Care workers may be involved in the administration of Schedule 8 medication after hours. Schedule 8 medications are rewritten onto separate treatment charts for staff to sign administration. Individual containers are provided for eye drops, insulin and individual resident medications. Medication supply is available across all shifts. Medical officer review occurs regularly and pharmacist reviews occur in conjunction with regular Medication Advisory Committee meetings. 'As required' medication stickers are used to assist in recording, monitoring and reviewing the effect of these medications. Monitoring occurs through medication incident reporting, checking for missing signatures each shift, monitoring of refrigerated medication temperatures and medication audits and surveys. Staff complete regular medication competency training and are aware of individual needs related to safe medication practice.

2.8 Pain management

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

Team's recommendation

Does comply

Residents are satisfied that pain is managed. The home has processes for assessment, care planning and review of pain management needs. Processes include an assessment tool to promote identification of pain for residents who can verbalise pain and residents with communication and/or cognitive deficits. Plans of care include use of pain medication, nursing strategies, such as medicated rubs and heat packs, massage and reiki. Medical officer and physiotherapist input contribute to ongoing management. Care is monitored through progress note reports, care reviews, resident incident reporting, signing of treatment charts, direct supervision and scheduled audits and surveys. Staff report awareness of residents who experience pain and strategies implemented for care.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents are provided with information regarding palliative care as part of the entry process and are encouraged to identify medical directives and palliative care wishes. A number of residents choose not to provide information until later in the care process. The site utilises the services of the site and organisational chaplains. This provides opportunities for residents to share information.

A memorial garden area is available to remember those residents who chose to utilise it. Palliative care includes regular medical officer review, palliative care team involvement as required, regular pain relief and other comfort measures. Staff speak about residents as family and state they have time to provide support and develop relationships.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents are generally satisfied with the quality and quantity of food and fluids provided. The home has processes for identifying residents’ preferences and required assistance, however, no risk assessment is implemented in response to low weight or for residents identified as ‘at risk’ of malnutrition. Residents with swallowing problems are referred to a speech pathologist and care requirements added to the care plan folder. While the home is unable to add nutritional value to the outsourced meal service, various oral supplements are trialled and administered. Weight management is monitored through increased frequency of weigh programs, food and fluid intake charting and care reviews. Other monitoring for ongoing nutrition and hydration needs occurs through progress note reports, care reviews, resident incident reporting, signing of treatment charts, direct supervision and scheduled audits and surveys. Care staff are required to thicken resident fluids and report they have access to guidelines and could identify individual residents’ needs.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents are satisfied their skin maintenance and wound care needs are met. The home has processes for assessment, care planning and review of skin and wound care needs. Processes include registered nurse assessment, review of wound care and implementation of a risk assessment. Further monitoring occurs through progress note reports, care reviews, resident incident reporting, direct supervision and scheduled audits and surveys. Staff report and care information identifies the use of air mattresses, foam mattresses, sheepskin booties, regular skin moisturising and positional changes as required. Staff are aware of individual needs to assist in pressure relief, wound care management and skin maintenance.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents are satisfied their needs related to urinary continence and bowel management are met.

While the home has processes for assessment, care planning and review, information is not always identified or consistently completed when identifying voiding patterns, completing assessments and linking information with care plans. The effectiveness of urinary continence programs is established through Aged Care Funding Instrument information, progress note reports and staff feedback. Monitoring occurs through bowel charting, progress note reports, care reviews, client incident reporting, direct supervision and scheduled audits and surveys. A role related to continence management has been adopted by an enrolled nurse who works with the clinical nurses to assess, develop management plans and review individual continence needs. Staff assist residents with toileting and continence needs based on information in care plans, handover and their knowledge of individual needs.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents are satisfied that needs related to challenging behaviours are met. Residents are admitted based on referrals from the exceptional needs units following histories of chronic drug and alcohol abuse and other resulting behaviour needs. Information from various pre-admission sources and progress note reports are included as part of the behaviour assessment information. Analyses of this information, identification of triggers and effective interventions are not always gathered and recorded on the care plan in a consistent manner. A ‘red dot’ system identifies residents who are known to have ‘unpredictable’ behaviours. Functional care documents contain the ‘red dot’ but do not always contain a description of the behaviour, the triggers or what staff need to do, this information is contained in another care plan document. Behaviour care needs are monitored through progress notes, behaviour incident reporting, medical officer review, including mental health review as required, handover discussion, observation and nursing care reviews. Staff report they attend regular behaviour information sessions and this is part of the orientation process. Staff also report they consider knowledge of residents’ behaviour needs is essential to care delivery and their ongoing safety.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents are satisfied their mobility and dexterity needs are met. The home has processes for assessment, care planning and review that are completed and updated. Physiotherapy assessments are conducted on admission and regularly updated. Individual exercise plans are developed and pain management is considered as part of the assessment and care plan. Resident falls are reported, recorded and patterns trended. A stick to stand program has been implemented and other strategies for falls management include sensor mats, use of hip protectors, low beds and supported walks. Monitoring occurs through progress note entries, falls incident reporting, care and physiotherapy reviews. Staff report their awareness of individual manual handling techniques and use of equipment and treatments directed by the physiotherapist.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents are satisfied that oral and dental health needs are met. The home has processes for assessment, care planning and review that are completed and updated. Processes for assessment, include examination of the mouth, tongue and teeth and dental treatment as tolerated. Monitoring generally occurs through observation, progress note entries, care reviews, handover discussion and audits and surveys. Staff report their awareness of individual preferences and mouth care practices. Updates to knowledge and skills have occurred through staff meetings and external training for key staff.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Resident are satisfied that sensory losses are identified and managed. The home has processes for assessment, care planning and review. Processes include a system for assessment of all five senses, including gathering verbal information to identify needs and some use of a sensory kit. Identified needs are added to various places in the care plan. Monitoring occurs through verbal feedback, observation, progress note entries, handover discussion, regular care reviews and audits and surveys. Staff report they are aware of individual needs and care plans identified individual strategies to manage identified needs.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are satisfied with the strategies implemented to encourage and support individual sleep patterns. The home has processes for assessment, care planning and review. Care plans include strategies, such as warm drinks, music, soft lighting, musical preferences and a ‘night cap’. Monitoring generally occurs through observation, progress note entries, handover discussion and regular care reviews. Staff complete charting of sleep patterns and are aware of individual settling times and routines.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Ian George Court has processes for monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to resident lifestyle. The home uses information from compliments, complaints and suggestions for improvement forms, leisure activity evaluations, incident and hazard data, resident and staff meetings to identify opportunities for improvement. Residents and staff are kept informed about the activities in the home. Residents and staff are satisfied with the continuous improvement program and their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to resident lifestyle include:

- As a result of a suggestion from a resident, the home installed another pay telephone. There was only one pay telephone located upstairs for 40 residents. Following discussion with residents a pay telephone was installed in the downstairs foyer. Resident feedback has been positive.
- Following a suggestion from a resident, the home has implemented a different breakfast menu for Wednesday mornings. Residents have a choice of foods and are enjoying the variety offered at breakfast time.
- The home identified a need to improve the lifestyle program. A lifestyle supervisor was employed in September 2009 to manage and review the lifestyle program. This has resulted in increased group activities to minimise social isolation. Residents have raised funds for health and community organisations. Group activities include a sausage sizzle, bus trips and social outings to local hotels. A resident of the week program has been developed which provides resident with special one-to-one attention. Resident feedback has been positive.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems and processes to identify and monitor relevant legislation, regulations and guidelines. The home and corporate office receive legislative updates through their subscription to industry peak bodies. Legislative changes are discussed at various meetings to formulate action plans. Policies and procedures are updated to reflect relevant legislative changes. Residents are provided with legislative information in the residency agreement, resident handbook and at resident meetings. The site manager disseminates relevant information to staff through memoranda, meetings and verbal communication.

3.3 Education and staff development

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

Team's recommendation

Does comply

Management demonstrated processes for identifying, planning, and reviewing staff education and development. Staff report they are supported and encouraged to undertake personal and professional development through internal and external education and training. In the last 12 months staff have participated in training related to resident lifestyle, including a cultural awareness program and the RSVP's 'faith practice forum'.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents are satisfied with the level of emotional support provided. The home has a process for assessing and identifying residents' emotional needs. A resident's social history is taken on entry to the home. A lifestyle care plan is developed from this information. A social worker visits weekly to facilitate a group activity that assists residents to explore personal issues. The home monitors and evaluates the effectiveness of emotional support delivered to residents through internal auditing processes. Staff provide one-to-one support and use a variety of strategies to assist residents with emotional needs, including catch-up chats, pastoral services and referral to specialised allied health services if required.

3.5 Independence

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

Team's recommendation

Does comply

Residents are satisfied the home provides them assistance to maintain their independence and participate in community activities according to their needs and preferences. The home provides bus trips, social outings and assists residents to attend appointments. There is a process which enables residents to have access to their own money. Telephones are available in communal areas for resident use. The home has processes to support residents to maintain their mobility and maximise their independence. Residents have access to physiotherapy and other allied health services and are encouraged to participate in the home's exercise programs, including fund raising walks. Staff assist residents to participate in group and/or individual leisure activities and to maintain links with family, friends and community groups.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents are satisfied their privacy, dignity and confidentiality is recognised and respected by staff in the home. Individual care needs and preferences are initially assessed and reviewed every four months or as required. Where possible anticipatory and palliative care requests are recorded and respected. Residents' permission is sought prior to publishing of photographs for displays or newsletters. The home's building design allows residents to sit in private quiet areas or to socialise in communal areas with other residents. A mobile hairdressing service is available for residents on request. The home monitors lifestyle processes through compliments, complaints and suggestions for improvement forms, resident meetings and one-to-one discussions. Staff respect residents' right to privacy by knocking on doors prior to entering.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are satisfied they have the opportunity to participate in a range of activities appropriate to their needs and preferences. A social history profile provides the basis for the development of an individual lifestyle care plan which is evaluated every four months or as required. A weekly activities program is provided to residents and posted throughout the facility. Staff use activity attendance records, surveys and resident feedback to monitor and evaluate resident participation and satisfaction with the activities provided. Staff manage the activities program assisted by volunteers.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds. A social history profile informs staff about residents' cultural and spiritual needs and preferences. Weekly pastoral services are conducted and one-to-one pastoral visits are available for residents who request this service. Residents are able to attend memorial services at the home. A memorial rose garden with water feature and plaques of remembrance are located on-site. Festivals of significance to residents are celebrated, such as Melbourne Cup Day. Staff are respectful of residents' cultural and spiritual preferences.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents are satisfied they are able to exercise choice and control regarding their needs and preferences. The initial entry process gathers information in relation to personal choices. The assessment process includes consultation with the resident and their representatives where possible, and the information gained assists lifestyle staff in the development of a lifestyle plan which caters for residents' individual needs. Residents are supported and encouraged to decorate their rooms to reflect individual preferences. Residents are assisted to exercise their right to vote during elections. Staff respect residents' choices.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home has processes to inform residents and representatives of the arrangements for their security of tenure, rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. The home informs and consults with residents and representatives about changes in rooms, building programs and legislation. Residents are satisfied their tenure is secure and that the home will support their individual needs where possible. Staff are aware of residents' 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 recommendation

Does comply

The home has processes for monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to the physical environment and safe systems. The home uses information from compliments, complaints and suggestions for improvement forms, maintenance logs, resident and staff meetings and hazard data to identify improvement opportunities. Staff and residents are encouraged to participate in improvement processes. Residents and staff are kept informed about the activities in the home. Residents and staff are aware of the continuous improvement program and their suggestions are acknowledged and actioned by the home.

Examples of improvement activities and achievements relating to the physical environment and safe systems include:

- The home has implemented an ‘Angli-green’ program which encourages residents to recycle. A can crusher has been installed on-site where residents crush their drink cans and get a refund. Resident feedback has been positive.
- As a result of high electricity usage, the home reviewed how power was being used by residents. Management consulted with residents and discussed issues in relation to saving and reducing power usage. Timer switches have been installed in resident bathrooms. Lights will switch off after 20 minutes. Residents have access to call bells in the bathroom and night lights have been installed for residents on request. Residents are pleased to be assisting the home to reduce its carbon footprint.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. Compliance is monitored through internal and external audit processes. External audit processes include triennial fire safety inspections, building certification inspections, and food safety audits. Occupational health and safety policies and procedures are in line with professional standards and guidelines and assist the home to provide a safe physical environment. Staff are informed of relevant changes through memoranda, meetings and verbal communication.

4.3 Education and staff development

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

Team's recommendation

Does comply

Management demonstrated processes for identifying, planning, and reviewing staff education and development. Staff report they are supported and encouraged to undertake personal and professional development through internal and external education and training. In the last 12 months staff have participated in training related to environment and safe systems including, 'Go Green' recycling training, food safety, chemical and manual handling training.

4.4 Living environment

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

Team's recommendation

Does comply

Residents are satisfied the home provides a safe and comfortable living environment. Residents are accommodated in single rooms with en-suite bathroom facilities and are encouraged to personalise their rooms. Residents have secure storage space in their rooms and are able to lock their door. Communal dining rooms and activity rooms provide opportunities for interaction with other residents. Residents have access to enclosed external courtyards including a raised vegetable garden. Preventative and corrective maintenance, audits and hazard reports assist the home to monitor the living environment in addition to resident and staff feedback. The home is secure and enables residents to wander freely within their living environment. Gardens are maintained by maintenance staff. The home has a minimal restraint approach based on risk assessments and regularly reviews and monitors restraint use. Residents have access to call bells to summon staff assistance as required.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has systems and processes to provide a safe working environment that meets regulatory requirements. The site manager monitors incident and hazard data to identify trends and this information is discussed at occupational health and safety meetings. Work site inspections and audits are used to monitor the safety of the environment and compliance with legislation. The home has processes for supporting and managing staff affected by workplace injury. Staff receive the appropriate training relevant to their roles and have access to policies and procedures to guide work practices.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to provide a safe environment and work systems to minimise fire, security and emergency risks. Emergency procedures and evacuation plans are on display throughout the home and fire and emergency training is conducted annually. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems, including electrical testing and tagging. External doors are secured with swipe card entry/exit and a lock up procedure assists in maintaining the home's security. External doors are monitored by closed-circuit television cameras. Staff are aware of their required response in the event of an emergency and a resident mobility list is located with the fire panel.

4.7 Infection control

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

Team's recommendation

Does comply

Management demonstrated processes to identify, manage and monitor risks associated with the spread of infection. Processes implemented include staff vaccination programs, single use items for wound care, sharps disposal and pest control programs. Outbreak management includes access to resources regarding gastroenteritis and influenza. An infection control clinical surveillance program identifies resident infections and management through to resolution of symptoms. Reports are logged and patterns and trends regularly reported. Further monitoring processes include environmental surveillance and internal and external audits and surveys. Staff complete infection control education, including hand-washing, standard precautions and food safety and have access to personal and environmental hand gels, phone wipes and other personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents are generally satisfied with the catering, cleaning and laundry services provided by the home. A four week Winter/Summer rotating menu offers choice and variety to meet residents' individual dietary needs and preferences. Residents have the opportunity to comment on the catering services directly with staff, at resident meetings, through surveys or compliments, complaints and suggestions for improvement forms. The majority of meals are prepared off-site by an external service provider and reheated on-site prior to serving. While food temperatures are monitored during reheating processes, the temperature of plated foods is not recorded.

Dietary preferences and nutritional requirements are documented and changes are communicated to kitchen staff. While the home has an audited food safety program, the menu selection has not been reviewed by a dietitian. While the home has a system for ordering and returning incorrect stock, processes for rotating stock were not evident. Residents' rooms and communal areas are cleaned on a regular basis. The home monitors its hospitality services and staff practices by audits, surveys, compliments, complaints and suggestions for improvement forms and resident meetings. Residents' clothing is managed on-site with linen services outsourced to an external service provider. The home provides a clothes labelling service to minimise the loss of items. The laundry operates seven days a week. While staff are provided with training, supplies, equipment, duty statements and procedures to support them to undertake their duties and provide quality services to residents, not all staff were familiar with standard precautions for infection control.