



Aged Care
Standards and Accreditation Agency Ltd

Ian George Court

RACS ID 6195

2-10 First Street

BROMPTON SA 5007

Approved provider: Anglicare SA Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 15 December 2016.

We made our decision on 31 October 2013.

The audit was conducted on 23 September 2013 to 24 September 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

Ian George Court 6195

Approved provider: Anglicare SA Inc

Introduction

This is the report of a re-accreditation audit from 23 September 2013 to 24 September 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 23 September 2013 to 24 September 2013.

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

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

Assessment team

| | |
|--------------|----------------|
| Team leader: | Diane Mogie |
| Team member: | Michelle Glenn |

Approved provider details

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|--------------------|------------------|
| Approved provider: | Anglicare SA Inc |
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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 audit: | 39 |
| Number of high care residents during audit: | 34 |
| Special needs catered for: | People with aboriginal or Torres Straight descent People of non-English speaking backgrounds |

| | | | |
|-----------------|-------------------|------------|--------------|
| Street: | 2-10 First Street | State: | SA |
| City: | BROMPTON | Postcode: | 5007 |
| Phone number: | 08 8348 2000 | Facsimile: | 08 8348 2040 |
| E-mail address: | Nil | | |

Audit trail

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

Interviews

| | Number | | Number |
|----------------------------------|--------|------------------------------------------|--------|
| Management | 4 | Residents | 6 |
| Clinical/care/lifestyle staff | 8 | Hospitality and environment/safety staff | 3 |
| Administration staff/contractors | 3 | Chaplain | 1 |

Sampled documents

| | Number | | Number |
|------------------------------------|--------|-------------------|--------|
| Residents' files | 10 | Medication charts | 5 |
| Summary/quick reference care plans | 5 | Personnel files | 4 |

Other documents reviewed

The team also reviewed:

- Assets register
- Audit schedule, audits and outcomes
- Clinical assessments and documentation
- Comments and complaints data
- Continuous improvement plan
- Duty statements
- Education records
- Feedback forms
- Fridge monitoring records
- Incident, infection and hazard data and analysis
- Job descriptions
- Orientation/induction records
- Police certificates
- Preventive and scheduled maintenance records
- Recruitment policies and procedures
- Resident, staff and volunteer newsletters
- Residential care agreements
- Residents' information handbook
- Residents' lifestyle documentation
- Residents' welcome pack and surveys
- Safety data sheets
- Self assessment
- Staff handbook
- Staff rosters
- Training schedule
- Triennial certificate
- Various emails and memo's
- Various meeting minutes
- Various policies and work instructions

Observations

The team observed the following:

- Activities in progress
- Archiving storage
- Charter of Residents' Rights
- Chemical storage
- Cleaning in progress
- Equipment and supply storage areas
- Evacuations plans/fire fighting equipment
- Interactions between staff and residents
- Internal and external complaints and advocacy information on display
- Living environment
- Meal service
- Medication round
- Personal protective equipment
- Resident and staff noticeboards
- Staff and resident interactions
- Storage of medications
- Visiting allied health professionals

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

Ian George Court is one seven residential care homes managed by the not-for-profit organisation. Ian George Court provides care to socially and financially disadvantaged residents who have previously been homeless or are at risk of becoming homeless. The home actively pursues continuous improvement and has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. Residents, authorised representatives, staff, volunteers and other stakeholders have input in to the continuous improvement system via the use of the green feedback forms. Improvements are also identified from monitoring processes which include comments and complaints data, surveys, audits, analysis of incident/hazards data and through the home's electronic management system (EMACC). Continuous improvement is discussed at all internal meetings and information regarding improvements is provided to all stakeholders. Residents receive updates through newsletters and resident meetings. Residents and staff said they are satisfied that the home actively pursues continuous improvement.

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

- Corporate management identified the need to complete a full review of the organisations auditing process. After consultation with staff, a new audit schedule has been developed specific to the individual site. All audits undertaken are now related to an identified Standard. A new audit tool has also been developed which identifies, results, gaps, actions, follow-up and results. Findings are reported through the quality management team. If gaps are identified from the main audit, staff now use drill down audits to reassess the identified gap. Management said the new audits are providing a clear direction to identify an action plan when gaps are identified. Staff were positive regarding this improvement. This improvement is yet to be formally evaluated.
- Management identified a gap in service issues with an approved provider who provided physiotherapy services for residents. Management said the previous physiotherapy provider was unable to provide services when the home required residents to be reassessed after an incident or follow-up regarding clinical issues. After consultation with staff and corporate services, a new service provider has commenced supplying physiotherapy services at the home. The new physiotherapist attends the home once a week. Staff now email the physiotherapist if an urgent referral is required or when residents require re-assessment. Staff said they have seen an improvement in access to physiotherapy services.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines. Corporate services inform the site of legislative changes via emails and network management meetings and through information gained through relevant peak bodies and associations. Staff are kept informed of these changes through policy updates and reviews, staff newsletters, feedback memoranda, staff meetings, education sessions and in handover meetings. Requirements are implemented through new or revised work schedules, protocols and guidelines. Residents/representatives are kept informed of legislative changes via resident meetings and the resident newsletters. There are processes to monitor staff awareness and compliance with relevant legislation. Key personnel monitor staff police certificates and registrations. Staff said they are kept informed by management of their legislative responsibilities.

In relation to Regulatory compliance in Standard 1, the home has processes to monitor professional registrations, police certificates for staff and external contractors and notify stakeholders of the re-accreditation site audit. Management and staff are aware of their legislative requirements that affect their roles and responsibility.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. The home provides a site specific program established from results and feedback from staff, staff surveys, performance appraisals, changes in the legislation and results from the individual staff annual training needs analysis. Staff have access to the corporate training calendar and opportunities to attend external training. Key personnel maintain records to monitor staff attendance at these sessions and measures are in place to follow-up non-attendance. Management monitor the skills and knowledge of staff using competency assessments, observation of practice and audits. Staff said they are satisfied regarding the access and support given by home, to attend the education programs. Residents said they are satisfied staff have the knowledge and skills to perform their roles effectively.

In relation to Standard 1 Management systems, staffing and organisational development staff have completed training in: comments and complaints, elder abuse, incident management, managing aggression at work, recruitment and selection and purchasing and procurement training.

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 said they have access and they are aware of the home's internal and external complaint mechanisms. The home has processes to inform residents and their authorised representatives of internal and external complaints mechanisms, through the residents' handbook, residential service agreements, resident's meetings and newsletters. Feedback is provided through the "green suggestion forms" for identified compliments or complaints, and forms are collected by staff or placed in a suggestion box located in the home. Independent advocacy services are available for all residents and staff for confidential discussions. Monitoring of resident satisfaction occurs through surveys, resident's meetings, case conferences and one-on-one feedback. Comments and complaints are captured through the green forms and fed through the EMAAC system and managed by the site manager. Trends and analysis of comments and complaints are tabled at the quality executive management meetings and identified through the site manager's monthly compliance report. Staff said they are aware of the comments and complaints system. Residents said they are satisfied that concerns they raise are managed appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, values and commitment to quality is displayed in the home and is documented in the resident's handbook and relevant documentation. The organisations' commitment to quality is supported by corporate management and the clinical management team. The organisational vision and values are discussed though the interview process for new staff and staff are supported and reminded through staff and resident's meetings to work within the organisational goals, vision and values.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure 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 values and philosophy. There are processes to review staff numbers and skill mix in relation to changes in the residents' needs and preferences. The site manager and registered staff on-site where required, have the discretionary powers to access additional staff hours as needed. Recruitment processes identify prospective staff who are resident focussed and have the appropriate skills to provide care and services. The home provides an orientation program for new and agency staff. Monitoring processes include annual staff appraisals, staff registrations and observation of staff practices. Staff are

guided in their roles by job descriptions, duty statements and policies and work instructions. Staff said they are able to complete duties within their shift allocation. Residents said they are satisfied with the number of staff available and staff responses to resident care 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 identify, maintain and purchase appropriate goods and equipment for the delivery of services. Management, maintenance, procurement manager and property services ensure that equipment is supplied and is suitable for its intended use. New or improved equipment is identified and trialled where possible and feedback from staff is obtained regarding its suitability for use. A preventive maintenance program ensures equipment is serviced and maintained as identified. Staff and key personnel have procedures and authority to repair equipment and goods as necessary and have access to emergency contacts for urgent and after hours repairs. Residents and staff said they are satisfied that they have access to appropriate levels of stock and suitable equipment to meet their needs.

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 provides an effective information management system. Staff have access and utilise management of information services through the home's electronic system. The electronic system provides staff access to policies and work instructions, care information and relevant information for staff to perform their role. Staff have access to feedback mechanisms including memos, newsletters, scheduled meetings, handover meetings and education forums. Residents are updated via newsletters and resident meetings. Monitoring systems include feedback forms, meeting minutes, incident and hazard data, audits and surveys. The home has procedures for the effective storage, disposal and management of information. Resident information is stored securely with access restricted to appropriate staff and allied health professionals. There are processes for the storage, management and archiving of confidential information. Computers are password protected and staff have access to information required to enable them to perform their duties effectively. Residents are satisfied they have appropriate information to assist them to make decisions about their care and lifestyle preferences.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems and process to provide externally sourced services in a way that meets the home's needs and service quality goals. There is a list of preferred external providers with service agreements which are managed by the procurement manager and

property services. Arrangements are in place to ensure alternative and after hour's availability as needed. The procurement manager and corporate services monitor the activities of external providers with input from the network maintenance group. A register of scheduled servicing is used to track and ensure requirements are met as planned. Service agreements are reviewed within the identified timeframes of the individual contract, with input from relevant stakeholders. Resident and staff feedback identified external services are maintained to ensure a standard that meets residents' needs.

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.

In relation to Standard 2 Health and personal care, staff record clinical incidents relating to resident falls, skin tears, medications, infection rates and absconding residents and this information is then collated and analysed for trends. Residents and staff said they are satisfied that the organisation actively promotes and improves residents' physical and mental health.

Examples of recent improvements initiatives related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- Management identified a need to improve medication management, to increase safety and reduce errors in medication management. Through consultation with staff, a change of medication system was implemented. Staff now use medication sachets instead of webster packs. Staff said the new sachets allow greater visibility of the medication, the photograph on the medication pack is larger and easier to view and the rolls of medication are lighter to handle. Staff attended the supplier who manufactured the medication to see how the product was made and education was provided for staff. This improvement is yet to be formally evaluated. Staff said they are finding the new system easier to use.
- Feedback from staff was provided to management, that there needed to be clear and consistent guidelines to manage residents who were likely to self harm. A work instruction was developed outlining staff's responsibilities in relation to residents who were likely to self harm. These guidelines also provided responsibilities for the site manager. Staff received training regarding the new procedure and verbal feedback from staff is they feel more comfortable in managing these situations.
- As a result of an incident review, procedures in relation to residents who wish to leave the site when they are medically unwell were reviewed. Guidelines have been completed for staff to use for when a resident who is not detained, and is assessed as not medically well enough to leave the site. As part of this new procedure all residents who are identified as high risk are now clinically reviewed weekly by the clinical team. Residents who are at risk of absconding also now undergo a clinical review on a monthly basis instead of four monthly as previously completed.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff are aware of the reporting requirements for residents’ who abscond. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 2 Regulatory compliance.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff have completed training in Cert IV in Mental Health, Graduate Diploma in metal health, medication management, respectful behaviours, safe swallowing, manual handling, diabetes management. Staff stated they are satisfied that the training and education provided assists them in their roles.

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. Information in relation to clinical care needs is gathered on entry to the home to assist with care planning processes. An interim care plan is completed on entry and includes residents’ care needs and preferences gathered from residents, general practitioners and previous health services. Clinical care assessments are implemented during the first four weeks of entry and assist with the formulation of the care plan. Care is monitored through regular care plan reviews, consultation, feedback, observation and audits. A review of progress note entries is conducted by clinical staff on a daily basis to ensure residents’ clinical care needs and preferences are being met. Staff interviewed said they have access to current care plans and changes to residents’ care needs are communicated to them through the home’s internal information processes. Residents said they are satisfied with the clinical care provided by the home.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ individual specialised nursing care needs are identified and met by appropriately qualified nursing staff. The home identifies residents’ specialised nursing care needs through initial assessment and care review processes. Specialised nursing care plans are developed and describe the specialised nursing care provided. Staff provide care consistent with these documented requirements. Information in relation to residents’ diagnoses and specialised nursing care is sourced by clinical staff and placed in residents’ care plans. Clinical staff have access to clinical work instructions and training to further assist with residents’ specialised care needs. The home has access to external allied health specialists who assist the home with residents’ specialised nursing care requirements and guide staff as required. Staff interviewed said they have access to sufficient information, resources and equipment to meet residents’ specialised nursing care needs. Residents said they are satisfied with the specialised nursing care provided clinical staff and external allied health specialists.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents are referred to appropriate health specialists in accordance with their individual needs and preferences. Care needs are identified and assessed on entry to the home and on an ongoing basis. Care plan review processes, consultation and observations identify referral requirements. Allied health specialists visit the home to provide assistance with a variety of health care requirements including podiatry, physiotherapy, wound management, optometry and speech pathology. Staff provide or arrange transport to assist residents to attend external services. Changes to care needs following allied health visits are documented in the progress notes and the care plan. Changes are also communicated to staff at handover and through the home’s internal communication processes to other departments as required. Care in relation to allied health services are monitored through care plan review processes, consultation and progress note entries. Residents said they are satisfied they are referred to appropriate specialists as needed and as preferred.

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

The home has processes to ensure residents’ medication is managed safely and correctly. Medications are administered by registered staff, from pre-packed dose aids. Medications are safely and correctly stored. Staff practice is guided by documented medication policies and work instructions. Medication charts include photographic identification, administration guidelines and medication allergies. There are assessment and review processes for residents who self administer medications. The effectiveness of ‘as required’ medication is monitored and documented in progress notes. All residents have had their medications

reviewed by a pharmacist and general practitioners review residents medications on a regular basis. Staff medication competencies are conducted annually. Medication management is monitored through audits and feedback. Medication incidents are analysed and monitored for trends on a monthly basis. Residents said they are satisfied with the way their medications are managed and said they are administered in a timely manner.

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

The home has processes to ensure residents receive pain management that is appropriate to their individual needs and preferences. The home has assessment tools to monitor and evaluate residents’ pain including for those with cognitive deficits. New or changed patterns of pain are identified and monitored and referred for medical or allied health review where required. A physiotherapist assesses each resident on entry to the home and on an ongoing basis and implements individual pain management strategies as required. Care plans outline assessed pain management requirements and describe a range of strategies in addition to medication including massage and heat packs. Clinical and care staff are familiar with residents’ individual pain management needs. The home monitors the effectiveness of pain management strategies through care plan review processes, audits, consultation and observations. Residents said they are satisfied that they are assisted to be as free as possible from pain.

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 maintain residents’ comfort and dignity during the final stages of care. Consultation and assessment processes provide opportunities to discuss and document each resident’s end of life wishes. Residents’ end of life wishes and preferences are documented on a palliative care advanced care plan which is accessible to all staff. The home has access to palliative care equipment and clinical staff liaise with the residents’ general practitioner where additional expertise is required. Pastoral care services are available for emotional and spiritual support. There is provision for funeral services to be held at the home and residents can choose to have their ashes interred in the consecrated grounds on-site. Staff practices and processes are monitored through observation, progress note entries and feedback. Progress notes viewed demonstrate care and emotional support provided by staff, general practitioners and pastoral care services is consistent with resident’s preferences and needs. Staff have access to resources and equipment to assist with maintaining resident comfort during the final stages of care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents receive adequate nourishment and hydration. Assessment processes identify residents’ dietary and hydration needs, preferences and utensil requirements. Resident weights are monitored monthly or more frequently as required. Referrals to general practitioners and allied health specialists are undertaken where consistent weight loss or swallowing difficulties are identified. Nutritional supplements and fortified meals are commenced as needed. Nutrition and hydration needs are monitored through care plan review processes, consultation, progress note entries and staff and resident feedback. Nutrition and hydration monitoring forms further assist staff to monitor residents’ oral intake where issues have been identified. Staff interviewed said they have access to current information to maintain resident’ nutrition and hydration needs. Residents said they are satisfied with the home’s approach to meeting their nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents’ receive skin care that is appropriate to their needs. Residents’ skin integrity needs are assessed on entry to the home and on an ongoing basis. Risk assessments are also conducted as required. Care plans outline individual needs and preventative strategies such as positioning, emollient creams and pressure relieving devices. Registered staff attend to and monitor wound management requirements. Wound specialists visit on-site and attend to wound care where further expertise is required. The home monitors the effectiveness of skin management strategies through care plan review processes, incident reporting, and staff and resident feedback. Staff are aware of strategies to assist with the maintenance of residents’ skin integrity. Residents said they are satisfied with the care provided by the home in relation to their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents’ continence is managed effectively. Continence needs are assessed on entry to the home and on an ongoing basis. Care plans outline individual strategies for continence management including assistance required and scheduled management plans. There are processes for the provision of continence aids for those residents requiring them. The home has access to a continence advisor for further support as required. Bowel habits are documented each shift and are monitored on a daily basis. The home monitors residents’ continence needs through care plan review processes, audits, consultation and resident and staff feedback. The incidence of urinary tract infections is analysed and monitored for trends on a monthly basis. Staff are aware of strategies to

assist with managing residents' continence needs. Residents said they are satisfied their 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

The home has processes to ensure the needs of residents with challenging behaviours are managed effectively. Assessments to identify and monitor behaviours are conducted on entry to the home and on an ongoing basis as required. Staff take into consideration each residents background and information for previous allied health services when developing management plans. Behaviour management plans are documented and identify triggers and strategies to minimise the incidence of behaviours. General practitioners and external allied health specialists are utilised to assist with management strategies for ongoing, challenging behaviours. The home has a number of programs to manage at risk behaviours including an alcohol program, smoking program and crisis management plans. A 'red dot' protocol is used to alert staff to residents who have the potential for challenging behaviours. Information in relation to the programs is clearly outlined and easily accessible to staff. The home monitors the effectiveness of behaviour management strategies through care plan review processes, incident data analysis, progress note entries and observations. Staff are aware of strategies to assist with the management of challenging behaviours. Residents said the challenging behaviours of other residents do not impact on them.

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

The home has processes to ensure optimum levels of mobility and dexterity are achieved for all residents. Residents are assessed on entry to the home and on an ongoing basis by a physiotherapist. Individualised mobility and transfer plans are developed and include assistance and aids required. Prescribed exercise plans are developed by the physiotherapist for those residents assessed as requiring them. Suitable assistive aids and equipment are available for those residents assessed as requiring them. The home monitors the effectiveness of residents' mobility and dexterity strategies through care plan review processes, audits and observation. Falls are monitored monthly and analysed for trends. Staff attend manual handling training on an annual basis. Residents said they are satisfied with the home's approach to optimising their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home has processes to ensure residents' oral and dental health is maintained. Residents' oral and dental needs and preferences are identified through assessment processes on entry to the home. The information gathered is used to develop individualised

care plans that identify dentition, preferences for oral care and the level of assistance required. Residents are referred to general practitioners or assisted to access dental services where specific oral and dental issues are identified. Residents' oral and dental health is monitored through care plan review processes, staff and resident feedback and observations. Staff are aware of strategies to assist with maintaining resident's oral and dental needs and are familiar with behaviours which may indicate oral health issues. Residents said they are satisfied with the assistance provided to maintain their oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents' sensory losses are identified and effectively managed in relation to all five senses. Assessments of the five senses are conducted by clinical staff and allied health services and identify residents care needs. Individual management plans outline sensory support strategies including the use of aids, level of assistance required and environmental and communication strategies. Medications which contribute to taste or sensory disturbances are also identified. Residents are assisted to attend specialist appointments as required. The lifestyle program incorporates sensory experiences for residents and assistive devices are available. The home monitors residents' sensory requirements through care plan review processes and resident and staff feedback. Staff are aware of strategies to support and manage individual residents' sensory deficits. Residents said they are satisfied with the support provided to manage any sensory losses they may have.

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. Residents' preferences for achieving natural sleep are identified on entry to the home and on an ongoing basis through assessment processes. Strategies are documented in the care plan and include individual settling time and environmental preferences. Residents can also choose a pillow from the 'pillow menu' to further enhance sleep. Residents with ongoing sleep issues are referred to general practitioners as required. The home monitors residents' ongoing needs through care plan review processes, consultation and observation. Staff are aware of strategies to promote and assist residents to achieve natural sleep. Residents said they are able to sleep well at night time.

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff also contribute to improvements to resident lifestyle through surveys, feedback and sessions attended. Staff encourage and support residents and authorised representatives to provide feedback and suggestions.

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include:

- A recent resident survey identified that residents would like more 1:1 activities with lifestyle staff and an increase in activities for residents with impaired mobility. Resident who were in wheelchairs requested to be involved in the same programs as those offered to mobile residents, but this program to be adapted to their needs. For example a land based fishing activity was introduced for residents with impaired mobility whilst mobile residents attended a chartered fishing trip. Lifestyle staff reviewed their lifestyle program resulting in additional wheelchair outings and an increase in 1:1 outings for residents. Feedback from positive from residents regarding the change in their lifestyle program.
- Lifestyle staff and management identified the need to improve pastoral services for residents. Residents were reluctant previously to use this service because of past issues and experiences. A contact list was developed, identifying resident’s religious preferences, community or site specific and hospital visits where required. Management said it has been observed residents are developing a closer bond with the pastor. This project is yet to be formally evaluated.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, residential services agreements cover privacy, confidentiality and security of tenure and legislative requirements. Staff are able to demonstrate their understanding of the legislative requirements and maintaining residents’ privacy and confidentiality in accordance with their lifestyle needs.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, Training undertaken by lifestyle staff include: privacy and dignity and certificate IV in leisure and lifestyle.

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 emotionally in adjusting to life in the home and on an ongoing basis. Assessment and review processes identify residents' emotional needs on entry to the home and on an ongoing basis. The home monitors and evaluates the effectiveness of emotional support through meetings, surveys, audits and consultation processes. Residents have access to staff, general practitioners, pastoral care and allied health services as required. Staff provide support to help residents settle into their new environment and volunteers provide companionship and one-to-one support. Residents said they are satisfied with the level of emotional support provided.

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 assists residents to achieve maximum independence and to maintain friendships and participate in the life of the home and the community. Residents' lifestyle preferences, interests and abilities are identified through assessment processes and reviewed on a regular basis. Strategies for independence are developed in consultation with residents. Physiotherapy and other allied health services are available to support residents to maintain their mobility and independence. Residents have access to voting facilities during elections and are assisted to maintain their financial independence. Staff and volunteers assist residents to participate in exercise programs and to maintain links within the community. The home monitors resident satisfaction through feedback, surveys and resident meetings. Residents said they are satisfied the home assists them to maintain their independence according to their needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has processes to maintain residents' right to privacy, dignity and confidentiality. Assessment processes identify each resident individual privacy and dignity preferences. Residents are provided with information about their rights and responsibilities in the resident handbook and residential services agreement. The home maintains processes to protect residents' privacy and dignity, including residents' consent to collect and disclose information and to take photographs. Files containing residents' personal information are stored securely with access limited to authorised staff and visiting allied health specialists. All residents are accommodated in single bedrooms with en-suite bathrooms and have access to internal and external areas of the home to socialise with friends. The home monitors resident satisfaction through feedback, resident meetings and surveys. Staff are aware of appropriate practices to maintain residents' privacy and confidentiality. Residents said staff are courteous and respectful of their privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has processes to identify and respond to residents' individual interests and preferred activities. Staff consult with residents to gather a life history which includes information in relation to residents' leisure interests and lifestyle support needs. This information, as well as information gathered through observations is used to develop a lifestyle plan which incorporates residents individual lifestyle needs. A monthly activity calendar provides a varied program of regular and special activities. Pictures associated with certain activities are incorporated into the planner to assist residents who are not able to read. Residents are encouraged and assisted to participate in activities of their choice. Volunteers visit the home and provide companionship and one-to-one activities for residents. The home has access to community programs and funding to further enhance and support resident's individual lifestyle needs and preferences. The home monitors the ongoing suitability of the activities provided and the extent to which they meet residents' individual needs and interests through informal discussions, resident meetings, audits, observations and surveys. Care and lifestyle review processes and contribute to overall monitoring processes. Residents said they are happy with the variety of activities available and the support staff provided by staff.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to identify individual residents' cultural and spiritual needs and preferences. Residents are consulted regarding their cultural and spiritual needs and preferences on entry to the home. Strategies to support residents' cultural and spiritual

requirements are documented in the lifestyle plan. Church services are held in the home and ministers of religion attend for pastoral or communion. Significant days are recognised and celebrated with residents participating in celebrations and observations as they wish. The home monitors the effectiveness of meeting residents' cultural and spiritual needs through surveys, lifestyle reviews, feedback and observations. Staff are aware of strategies to support residents' cultural and spiritual needs. Residents said they are satisfied that the home values and fosters their individual interests, customs and beliefs.

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

The home encourages residents and their representatives to participate in decisions about resident's care. Information is obtained on entry regarding residents preferred needs, authorised representatives and contacts. Information outlining residents' rights and responsibilities is included in the resident agreement, resident handbook and is displayed in the home. Residents are encouraged to raise concerns through feedback mechanisms, resident meetings and consultation processes. The home monitors their processes in relation to residents' choice and decision making through comments and complaints processes and surveys. Staff understand their responsibilities in providing residents with the opportunity to make choices about the care and services they receive. Residents said they are satisfied with the consultation and support provided by staff to make decisions about issues that affect their daily life.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have secure tenure within the residential service, and understand their rights and responsibilities. Residents are provided with a welcome gift bag, handbook and information on the home's services. The residential services agreement includes information on fee structure, complaints resolution processes, Charter of Residents' Rights and Responsibilities and the level of care and services to be provided. Aged care advocacy and internal and external complaints information is available and accessible. Room changes relevant to residents' care needs are discussed with the resident or authorised representative and documented in progress notes. Residents requiring a higher level of care are referred to external services for re-assessment with consultation undertaken with all parties. Any changes in legislation are communicated to residents and their authorised representatives through meetings, newsletters, noticeboards or letters. Residents said they feel secure in their tenure and 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.

Examples of improvement initiatives implemented by the home over the last twelve months include:

- A recent survey indicated residents would like their dining experience to be improved. After consultation with staff and residents, all dining room areas have been improved. Each area has new coloured place mats, new music sound systems and soft music played at all meal times. Centre pieces containing flowers now sit in the middle of each table and condiments are now supplied. Residents said they are enjoying their new dining room areas.
- Management identified an increase in resident complaints regarding missing clothing. Care staff were previously responsible for laundering resident clothes. A review of the roster has been implemented, resulting in a designated laundry staff member working in the laundry Monday to Friday. A repair mending service is available to residents. This improvement was implemented in September 2013 and has not been formally evaluated.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home has triennial fire certificate and food safety plan. Staff are aware of regulatory requirements relating to physical environment and safe systems.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to the home’s systems and process for education and staff development.

In relation to Standard 4 Education and staff development, staff have attended fire, manual handling training, incident management, food safety, chemical safety and work health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is working towards providing a safe and comfortable environment consistent with resident care needs. The home consists of five identified houses, residents have their own room with en-suites with individual heating and cooling. Residents are able to decorate their own room with their own personal belongings and have input to the communal areas. The home provides a variety of meeting areas available to residents and their friends. The internal and external living environment is maintained through the planned maintenance schedule and identified cleaning schedules. Secure external gardens and a key pad system are in place to support residents at risk of absconding. Environmental audits, surveys, hazard and risk assessment processes are used to identify potential risks. Staff monitor security measures at night and are aided by lock-up procedures and external security contractors. Residents said they are satisfied with the level of comfort and safety at 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

The home has processes and systems that guide management to actively work to provide a safe working environment that meets regulatory requirements. Staff are orientated and trained in workplace health and safety and are provide training on an ongoing basis. There are processes to assess the workplace using environmental audits. Hazard reporting and risk assessment processes guide appropriate actions including evaluation of resident and staff incidents and risks. Occupational health and safety is monitored through work health safety and quality meetings, incident and hazard reporting and through the audit processes. Staff said they are aware of their responsibilities in regard to occupational health and safety and they have access to information to guide them in safe practice.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has processes that ensure management and staff are actively working to provide an environment and safe systems that minimise fire, security and other emergency risks. There are fire fighting and evacuation procedures in place, records of maintenance of fire equipment and certification inspection reports. Equipment and emergency folders and individual emergency response lanyards guide staff in the event of an emergency. There are

processes and systems to assist and guide staff in lock-up procedures that maintain the security of the building for residents and staff after hours. Staff said are aware emergency procedures related to their role. Residents said they are aware of what to do the event of an emergency and feel safe and secure.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The site manager and clinical nurse are responsible for coordinating and monitoring the home's infection control processes in accordance with relevant guidelines. Information on residents with infections is communicated to relevant departments through the home's internal communication processes. An organisational central subcommittee for Infection Control and Food Safety monitors regulatory requirements and best practice and implements and updates policies, work instructions and changes to staff practice as needed. The home has a staff and resident vaccination program and resources for outbreak management. The home has an audited food safety program and food temperature monitoring is conducted in-line with this program. Waste management and pest control are managed by external contracted service providers. The effectiveness of the home's infection control program is monitored through internal and external auditing processes, observations and environmental swabbing. Infection rates are collated and analysed for trends on a monthly basis. Staff interviewed are familiar with infection control practices and said they have access to sufficient information and 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 findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances resident's quality of life and the staff's working environment. A seasonal menu offers variety to meet residents' individual dietary needs and preferences. There are processes to identify residents' individual nutritional needs and preferences with dietary folders available to guide staff. All living and communal areas are cleaned according to cleaning schedules. External laundry services are used to process linen, while personal clothing is laundered on-site and maintained by laundry staff. There are processes to assist residents in labelling personal items. Housekeeping services are monitored through audits, surveys and feedback mechanisms. Staff said they have access to work schedules and policies and work instructions that guide their practice. Residents said they are satisfied with the catering, cleaning and laundry services provided by the home.