



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit James Watson Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit James Watson Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of James Watson Hostel is three years until 13 March 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 that the service will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with continuous 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:	James Watson Hostel				
RACS ID:	7199				
Number of beds:	20	Number of high care residents:	3		
Special needs group catered for:	Nil specified				
Street:	78 Brown Street				
City:	EAST PERTH	State:	WA	Postcode:	6004
Phone:	08 9323 5112		Facsimile:	08 9325 6221	
Email address:	admin@stbarts.org.au				

Approved provider

Approved provider:	St Bartholomew's House Inc
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Assessment team

Team leader:	Cristian Moraru
Team member:	Claire Ryan
Dates of audit:	12 January 2010 to 13 January 2010

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Agency findings
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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
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Does comply
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Agency findings
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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	James Watson Hostel
RACS ID	7199

Executive summary

This is the report of a site audit of James Watson Hostel 7199 78 Brown Street EAST PERTH WA from 12 January 2010 to 13 January 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 James Watson Hostel.

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 12 January 2010 to 13 January 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:	Cristian Moraru
Team member:	Claire Ryan

Approved provider details

Approved provider:	St Bartholomew's House Inc
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Details of home

Name of home:	James Watson Hostel
RACS ID:	7199

Total number of allocated places:	20
Number of residents during site audit:	20
Number of high care residents during site audit:	3
Special needs catered for:	Nil specified

Street:	78 Brown Street	State:	WA
City:	EAST PERTH	Postcode:	6004
Phone number:	08 9323 5112	Facsimile:	08 9325 6221

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit James Watson Hostel.

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
Aged care program manager	1	Residents/representatives	6
Care coordinator	1	Board members	3
Chief executive officer	1	Laundry staff	1
Organisational development manager	1	Cleaning staff	1
Chef	1	Maintenance key personnel	1
Registered nurses	1	Occupational therapist	1
Senior support worker	1	Occupational therapy assistant	1
Support worker	3		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	7
Care plans	20	External service care notes	2
Residents agreements	2	Personnel files	5

Other documents reviewed

- Activity attendance statistics
- Activity preferences
- Activity program
- Allied health file
- Application for enhanced primary care funding for allied health
- Appointment letter for oral health clinic
- Archiving records
- Behaviour snapshot chart
- Board policies
- Bowel management file
- Budget expenditure 2008-2012
- Compliance and service delivery management files
- Contact list for external services
- Continuous improvement service delivery file
- Daily register of residents
- Dietary and nutrition spreadsheet (kitchen)
- Dietician letter of menu review September 2009
- Duty lists
- Emails
- Evaluations of activities
- Fire and evacuation procedures manual
- Fire certification for building
- Food and fluid intake chart
- Food safety hygiene audit
- Food safety records
- Infection control audit report and action plan
- Injury location chart
- Laundry file
- Legislation updates' file
- Letter of room transfer and consent
- Letters from State government dental health service
- Maintenance file
- Management system - documents and records
- Medication file
- Medication incident reports and graphs
- Medication signing checklist
- Meetings minutes
- Memoranda file
- Menu
- Newsletters
- Organisational chart
- Pain management flowchart
- Pain observation chart
- Pain thermometer
- Palliative care service referral
- Pest control records
- Planner maintenance
- Podiatry list
- Policy and procedures manuals
- Quality occupational safety, health and environmental committee file

- Quality and evidence file
- Resident appointment book
- Resident manual
- Risk management plan
- Rosters and availability forms
- Samples signatures
- Service agreements
- Staff and resident meeting minutes
- Staff training and professional development file
- Staff training matrix 2009/2010
- Store and imprest index
- Strategic plan 2009-2012
- Treatment sheet
- Weight file and graphs
- Workplace safety and health inspection audits

Observations

- Activities in progress
- Activity noticeboards
- Chemical shed
- Colour coded charts
- Drink rounds
- Equipment and supply storage areas
- Fire panel and equipment
- Interactions between staff and residents
- Internal and external living environment
- Material safety data sheets
- Medication administration
- Midday meal
- Notice boards and displayed information
- Spill kit
- Storage of medications

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

The home has a system and processes in place to assist in pursuing continuous improvement across all four Accreditation Standards. There are feedback and reporting mechanisms available to identify and implement improvements. Information is logged and discussed at the team meetings, and a report based on all four Accreditation Standards is submitted to the service delivery committee for validation and implementation in the home’s continuous improvement plan. The committee meets quarterly and reviews the service delivery, compliance and quality of care. Staff and residents confirmed that they are involved in the continuous improvement process, and make suggestions for improvement.

Examples of recent improvements undertaken or in progress in relation to Standard One are described below.

- A review of the organisation’s accounting practices has resulted in changes on how purchases are made for residents. Residents are now provided with written accounts of the goods they purchase. Management reported this has been a benefit to the residents with high demand for alcohol and cigarettes, as the accounts allow staff to explain to the residents where and how much they have spent. Management also reported that the home negotiated discounts with different outlets for the residents. Residents interviewed expressed satisfaction with the availability and suitability of goods provided to them.
- To increase residents’ awareness about their rights and responsibilities, the home facilitated an independent advocacy agency to present information about the residents’ rights. Staff reported, and the team noted, that they received training in how to advocate for the residents. Management reported that the complaints brochures advertising advocacy services and external complaints agency have been updated. Residents interviewed confirmed the improvement.
- The home has recruited a skilled care coordinator with experience and education in aged care to ensure services are delivered in accordance with the Accreditation Standards and the home’s philosophy and objectives.
- As a result of an organisation wide initiative, the home has commenced a process of updating its information systems, including filing systems and electronic data bases. A specialist and delegated staff are currently implementing roll out of the required training. The organisation’s development manager reported, and the team noted, that the compliance and service delivery management files are currently available in hard copy, with a view to being accessible electronically. Management reported that it is anticipated that the home will have access to an efficient storage and retrieval system of electronic data.

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

There are systems in place to identify and ensure compliance with legislation, professional standards, codes of practice, and guidelines relevant to residential aged care. The home maintains memberships with industry peak bodies that provide guidance and interpretation on changes. The team noted that the home’s policies and procedures are referenced to applicable legislation and Accreditation Standards. There is a system in place for ongoing police checks and professional registrations of new/existing staff and volunteers. Staff are informed of regulatory requirements specific to their roles and responsibilities in their job descriptions and during their orientation, and this information is updated as required. Staff practices are monitored during their performance appraisal and observation, to ensure ongoing compliance with regulatory requirements. Residents reported that they had been informed of the Accreditation audit.

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

The home has a system in place to ensure that management and staff have the appropriate knowledge and skills to perform their roles effectively, including recruitment processes, an orientation, buddy system, education program, job descriptions, and staff appraisals. Mandatory training and formal and informal education sessions are provided in response to identified needs. An annual training matrix is developed from information gathered from a training needs summary analysis, deficits or requests identified during staff appraisals and residents’ care needs. The effectiveness of training is monitored via attendance evaluation forms, resident feedback, and observation of staff practices. Staff interviewed reported that they are supported by the home to attend internal and external education sessions. Residents advised that management and staff are knowledgeable and perform their roles effectively.

Examples of education and staff development relevant to Standard One are described below.

- Accreditation standards
- Advocacy for residents
- Certificates II and III in hospitality
- Certificate III in aged care
- Certificate in occupational therapy assistance
- Team work

Other courses attended by senior staff in the last 12 months include.

- Appraisals
- ‘Fair Work’ bill
- Financial planning
- Strategic planning

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

There are processes in place to ensure that residents receive information regarding the internal and external complaints process, including discussions at residents meetings, and information printed in the resident's manual and agreement. Brochures advertising advocacy services and external complaints agency, as well as a suggestion box and 'have your say' forms are located at strategic areas around the home. The team noted that the manager or care coordinator investigates the complaints, provides feedback within the appropriate time frame, and improvements are implemented if required. Multi-lingual staff reported that they advocate on behalf of residents, including those with special needs. Residents and representatives interviewed reported using formal and informal processes with staff and management.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's vision statement is on display for residents and staff throughout the home, and is documented in the resident handouts and the organisation's strategic plan. Management and staff are informed of the home's vision statement via the orientation/induction program and through feedback on the organisation's strategic plan. The service delivery quality program is linked to the organisation's strategic plan, and ensures continuous improvement in all aspects of care and services. Staff interviewed are familiar with the placement of the home's vision statement.

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

The home has a system in place to manage human resources that is underpinned by policy and procedures, regulatory requirements, and includes performance management, recruitment and orientation, and training and development. The home monitors sufficiency of staffing mix and levels through roster review, staff competency and experience, review of residents' care needs, feedback mechanisms, and observations. Management reported that staff are employed on permanent or casual basis, and are available as replacements during times of leave or absenteeism to ensure adequate staff coverage. Management reported that staff performance is monitored via feedback, reporting mechanisms, and performance appraisals. Staff reported that they have duty statements and sufficient time to carry out their roles and responsibilities. Residents and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided by staff.

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

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. Procedures to monitor the quality and stock levels of goods and equipment used within the home are established. Designated staff order stocks and supplies, and the team noted that ordering is done systematically, stock items are rotated, and equipment is purchased in consultation with stakeholders. A planned /corrective maintenance program is established for essential equipment, and hazard reporting and workplace safety inspections are undertaken to ensure that all equipment remains operational. Residents, representatives and staff reported satisfaction with the availability and suitability of goods and equipment provided and used.

1.8 Information systems

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

Team's recommendation

Does comply

Policies and procedures guide staff, detailing how information is managed at the home, including business and operational issues, privacy, archiving, storage, and destruction. The home monitors its information management systems via review of policy and procedures, review of staff practices, and feedback mechanisms. Staff sign confidentiality agreements and receive introduction to the documentation system during orientation. Staff reported that information is retrievable and readily available to their roles, and described how/where confidential material is securely stored. Residents and representatives reported satisfaction with the range of information available to them, and that their private and personal information is managed appropriately.

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

Processes are in place to ensure that externally sourced services are provided in a way that meets the home's quality needs and service requirements. A list of preferred suppliers is available for staff to use when accessing non-contracted services. Documented service agreements and memoranda of understating cover the home's criteria and expectations from the service providers, including regulatory requirements. Issues or concerns regarding external suppliers are raised with management and appropriate action is taken. Service level satisfaction is monitored, and staff advised they utilise the feedback system to inform management of any identified issues with the external providers' services and equipment.

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

See expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

An example of recent improvements undertaken or in progress in relation to Standard Two is described below.

- Following a recent resident-initiated arson incident, the home arranged for staff to have training in dealing with challenging behaviours. Management reported that the resident's anxiety has diminished as a result of the strategies implemented.

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

Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the residents' health and personal care. Initial and ongoing assessment of high care residents is carried out by a registered nurse, and self-medication forms are signed by the medical officer. Medications are properly stored and administered. Registered staff are required to produce their current registration to management on an annual basis, and stated they are aware of the regulatory needs of their roles. Residents reported they are satisfied with care and services supplied, and documentation reviewed by the team indicated that they are advised of changes to care.

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

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development relevant to Standard Two are described below.

- Advance care planning
- Clinical skills – catheter management
- Dealing with difficult people
- Diabetes
- Fall prevention
- Fist aid

- Medication management
- Nutrition and hydration
- Pain management
- Parkinson's disease
- Respiratory diseases – asthma
- Responding to behaviours
- Sensory loss
- Skin care
- Wound dressing

2.4 Clinical care

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

Team's recommendation

Does comply

Following their move into the home, information pertaining to each resident's immediate needs and preferences is collected and an interim care plan is developed. Following a settling in period, residents are then intermittently assessed as to their needs and preferences, with a care plan and care plan summary being developed that is reviewed on a three or six monthly basis and as needs change. Residents and representatives are involved and consulted as to the resident's care plan. Care staff were able to describe incidents or changes to the residents' conditions which are reported to the care coordinator and/or registered nurse. Residents and representatives stated they are satisfied that residents receive appropriate clinical care pertaining to their needs and preferences.

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' specialised nursing care needs are identified and recorded after they move into the home, and a care plan summary is developed to outline residents' care needs and preferences. Clinical care plans for diabetes management, catheter care, mental health and specialised wound care are developed and reviewed at three or six months by qualified nursing staff. Specialised services such as the residential care line and local hospital services are accessed to provide expertise and advice on specialised nursing care. Care staff are trained and achieve competencies in clinical areas such as catheter care and medication administration to support residents' specialised nursing needs. Residents have a choice of general practitioner (GP) and staff reported GP's are readily accessible to attend to urgent requests. Residents and representatives are satisfied residents' specialised nursing needs are identified and met.

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 referred to appropriate health specialists in accordance with their needs and preferences via the care coordinator, registered nurse or resident's general practitioner (GP). Residents are referred and have access to occupational therapists, speech pathologists,

podiatrists, wound care services, mental health services, and specialist support groups. Residents' GP's visit weekly and the home can request the services of a responsive locum service. Hearing and optical services visit the home several times a year and provide services to residents' on referral. The home has established networks with the residential care line and local hospital services that provide access to health specialists. Residents and representatives are satisfied with the assistance they receive to access health specialists.

2.7 Medication management

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

Team's recommendation

Does comply

Systems and processes are in place to ensure residents' medications are managed and stored safely and correctly. Medication is administered by medication competent carers from multi-dose blister packs. Photographic identification is used on blister packs, signing sheets and medication profiles to assist in identifying residents. Medication is stored in locked trolleys and cupboards. Self-medicating residents are assessed by their general practitioners, who sign authorisation forms indicating which medications are appropriate to be self-administered. Staff monitor residents who self-medicate through ordering and storage of medications. The team noted that expired medications and signing of administration are checked by staff, and any issues are reported via the incident reporting system. Staff described how to report any adverse events or errors with medication management. Residents and representatives reported they are satisfied residents' medications are managed safely, correctly, and 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 recommendation

Does comply

Each resident is screened for pain after entering the home, and when new pain is identified. Residents are referred to the registered nurse or general practitioner for review if the pain screening identifies that pain is not manageable. Residents who experience difficulty using the pain flowchart to determine pain levels are asked to indicate on a pain thermometer the severity of pain. A care plan summary for pain is developed from the assessment, and outlines strategies to be used to reduce pain. Residents are referred to their general practitioner for further assessment of complex pain. Residents and representatives expressed satisfaction with staff responsiveness to their needs, and reported residents are kept as pain free as possible.

2.9 Palliative care

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

Team's recommendation

Does comply

Palliative care and final wishes are discussed with residents and their representatives on entry to the home and needs and preferences are documented on a final wishes form, that is reviewed as needs change. Any spiritual or cultural needs to be observed are included in the information. Residents are assessed by their general practitioner as requiring palliative care and the home utilises specialised palliative care services to support residents receiving palliation. Information is detailed in the care plan summary and updated as needs change.

Residents receiving palliative care at the home were observed by the team to be comfortable and treated with dignity.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Each resident’s dietary needs and preferences are assessed on entry to the home and any likes or dislikes, allergies, aids, special diets, modifications to food or fluid texture, or requirements for assistance, are documented on a care plan. Residents’ weights and food and fluid intake are monitored monthly. Residents deemed at risk of poor nutrition or hydration are monitored over three days and dietary supplements are introduced to ensure they are adequately nourished and hydrated. Residents are encouraged to drink water, juice and milk drinks throughout the day, and displayed notices encourage residents to request a drink or help themselves to the kitchen. Residents are monitored for swallowing and chewing difficulties, and referred to a speech pathologist for further assessment as needed. Residents expressed satisfaction with the provision and access to adequate food and fluids.

2.11 Skin care

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

Team’s recommendation

Does comply

Resident’s hair, skin and nails are checked on entry to the home, and any needs or preferences recorded and included in a care plan and care plan summary. An assessment of residents’ risk of pressure areas is conducted, and alerts are documented in the care plan with strategies to prevent skin breakdown. Residents are provided with barrier creams, pressure-relieving devices and items of equipment to assist with seating, mobility and prevention of skin excoriation. Specialised care services are utilised to assess and assist with complex wound care, as required. Wounds and skin breaks are reported via an incident and injury location report, and discussed at quality and staff meetings. Residents and representatives expressed satisfaction with the care provided in relation to residents’ skin.

2.12 Continence management

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

Team’s recommendation

Does comply

Continence function needs are determined from the discharge summary and aged care client record, staff observation and feedback, and information collected is documented in the resident’s care plan. Each resident’s output is monitored via individualised toileting programs, a daily toileting chart is completed with bladder and bowel motions, and residents’ bowel functions are also recorded daily on a bowel chart. Staff were able to describe actions taken should residents’ bowel patterns or urinary continence change, by reporting to the registered nurse. The specialised care services are utilised to monitor and assist with the care of residents with catheters. Residents are provided with continence aids and assistive devices. Residents and representatives reported satisfaction with residents’ continence and toileting needs being met.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The needs of residents with challenging behaviours are identified and met. Behaviour triggers and strategies to prevent or reduce behaviours of concern are collected via staff observations and feedback, and information from funding tool records. Information obtained from the various sources is documented in an individualised plan of care. Residents are referred to their general practitioner and specialist services such as mental health teams for further assessment, diagnosis and treatment where necessary. Staff receive education on mental health, dementia, and appropriate methods for managing residents with behaviours of concern. Residents and representatives reported satisfaction with the home’s approach to managing challenging behaviours.

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

Each resident’s mobility and dexterity is assessed by the occupational therapist and an occupational therapy care plan is developed outlining any falls risk, and strategies to maintain the resident’s mobility and dexterity. Residents are provided with and have access to equipment such as walking frames, wheelchairs, bed rails and aids such as prompting signs and modified cutlery/crockery to optimise mobility and dexterity. Staff are provided with education on manual handling and transfer techniques to assist residents safely. Residents and representatives reported satisfaction with the assistance the home provides to optimise residents’ mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental care needs are identified and met through observation and feedback from residents. The home has previously used the State dental health service to assess and check residents’ mouth and gums, and highlight specific treatment needs or aids. A care plan is developed and residents are assisted to care for their teeth, mouth and gums. Any major dental work is provided and financially supported by the home’s management, who apply for government funding to ensure residents have access to treatment and denture services. Residents’ files contain appointment details, letters from the oral health service, and information on follow-up care in relation to dental appointments. Residents and representatives expressed satisfaction with the assistance residents receive to maintain oral and dental health.

2.16 Sensory loss

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

Team’s recommendation

Does comply

A system is in place to identify and support residents with sensory loss. Each resident’s vision and hearing is assessed by the occupational therapist when they move into the home, and information on any assistance or aids required is documented in the resident’s care plan. The activity program includes sensory activities to provoke taste, touch and smell through cooking, eating and gardening. Staff are provided with education on the application and cleaning of visual and hearing aids through the aged care channel. Residents and representatives reported satisfaction with the assistance residents are provided with to manage all five senses.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ sleep patterns and settling routines are recorded on entry to the home, and a seven day sleep chart is completed following a short settling-in period. Information pertaining to the individual needs and preferences of residents is included in their care plan, inclusive of strategies to promote comfort and peaceful sleep. Warm drinks and snacks are offered to residents who have difficulty settling or sleeping. A night light or bedside lamp is also provided for safety and reading at night, and staff conduct regular checks during the night to ensure the environment is conducive to sleeping and that residents are settled. Residents are referred to their general practitioner should pharmacological strategies need to be considered to aid sleep. Residents and representatives interviewed confirmed that the home assists residents to achieve natural sleep patterns.

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

See expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard Three are described below.

- To improve social interaction over the Christmas period, the home organised a river cruise for the residents. Staff reported, and documentation reviewed by the team confirmed, a high level of resident participation. Residents reported that the outing was a fun day.

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 offers each resident an agreement that outlines fees and tenure arrangements, and the care and services that will be provided. The charter of residents' rights and responsibilities is included in the handouts provided to residents when they move into the home. The team noted that policies have been implemented for the mandatory reporting of elder abuse. Staff were observed to be mindful of residents' privacy and dignity at all times. Residents confirmed that they are aware of the responsibilities and matters of their tenure.

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

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development relevant to Standard Three are described below.

- Activities and wellness
- Aging process
- Mental health dementia

3.4 Emotional support

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

Team's recommendation

Does comply

On entry to the home, residents are shown around and an induction to the home is conducted. Residents are provided with a resident manual that outlines the care and services provided by the home and are introduced to other residents to assist in developing new friendships. The home supports residents with accessing their families, support services, counselling services, and a visiting chaplain is available for residents. The occupational therapist assesses residents' emotional needs, and information pertaining to support required is documented in an occupational therapy care plan. The residents general practitioners and a visiting community mental health nurse are involved when residents require extra support. Residents and representatives reported they are satisfied with the support provided in meeting their individual needs.

3.5 Independence

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

Team's recommendation

Does comply

Residents are encouraged to maintain links with their own cultural and community groups, and are supported to go out into the community to maintain previous routines and rituals. Weekly bus outings are included in the activity program to provide an opportunity for residents to access the wider community. Residents have access to television, telephones and the daily newspaper. Individual residents are taken shopping by staff to purchase clothing and personal items. The occupational therapist assesses the need for various communication, functional and mobility aids to promote and maintain independence. Residents and representatives are satisfied with the assistance provided by the home to maintain residents' independence and social networks.

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

Processes are in place to ensure each resident's privacy, dignity and confidentiality are recognised and respected. Privacy screens and signs are used in shared rooms, and confidential information is discussed and stored in the privacy of closed and locked offices or residents' own rooms. Residents are addressed by their preferred name and clear boundaries and guidelines are discussed with residents as to living arrangements, and conduct at the home on entry to the home, to prevent any impact on other residents. Staff described how they acknowledge and maintain residents' privacy, dignity and confidentiality. Residents have access to quiet and private outdoor areas for reflection and meetings with visitors. Residents stated they are satisfied their privacy and dignity are maintained.

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

An assessment of each resident is completed by the occupational therapist and a personal profile on the resident's cultural and social history, occupation, background and interests is collected and incorporated into their care plan. A weekly activity program is available and displayed within the home, and this includes a range of cognitive, gross motor, sensory and social group activities delivered by an occupational therapy assistant. Families and friends are invited to join in special events where appropriate. Residents are invited to give feedback on each activity and the results are evaluated and the program adjusted accordingly. Feedback is also generated through residents' meetings and activity surveys, and the therapy team review each resident's preferences annually. The therapy team meet regularly to discuss the program and review various activities as to effectiveness and appropriateness. Residents and representatives are satisfied that residents are supported to participate in a wide range of activities and leisure interests.

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

Resident's individual cultural, spiritual and ethnic backgrounds and customs are identified on their entry to the home and the information is included in their personal profile, care plan and final wishes information. Residents are supported to access cultural groups specific to their background, and spiritual needs are supported through church community groups, the chaplain and religious practices being observed. Special events, significant days and anniversaries, and themed cultural days/meals and outings are incorporated into the activity program. Residents from a non-English speaking background are assisted to access the interpreter service or utilise multilingual care staff. Residents and representatives confirmed they are satisfied the residents' cultural and spiritual needs are fostered and supported.

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

The home encourages residents to have a choice and participate in decisions about their lifestyle. Needs and preferences are recorded on entry to the home, and reviewed periodically through discussions with the resident and/or representative. Residents are encouraged to give feedback and are consulted on activities and improvements in order to involve residents in the events at the home. Residents are able to make choices as to their general practitioner, meals and participation in activities of daily living, leisure interests and attendance at meetings. Residents and representatives are satisfied residents are encouraged to exercise choice and maintain control over their 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 recommendation

Does comply

Residents are offered a resident manual and residential agreement after moving into the home, which outline residents' conditions of occupancy, their rights and responsibilities, entry and exit criteria, and all the services and associated fees provided within the home. Documentation reviewed confirmed that consultation with residents and representatives takes place prior to room transfers within the home and changes to the provision of services. Management encourages and facilitates a living environment that is free of harassment, retaliation and victimisation via staff orientation programs, the home's policy and procedures, and a complaints mechanism. Residents and representatives interviewed reported they are aware of their rights and responsibilities, and stated they feel secure living in the home.

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

See expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

An example of recent improvements undertaken or in progress in relation to Standard Four is described below.

- Following feedback from a resident regarding lighting intensity, the home completed a verbal survey of all residents, and purchased ten halogen reading lamps for the residents. Management reported that this change addressed the needs of those residents who require improved lighting and enjoy reading and writing. Residents interviewed expressed satisfaction with the improvement and living environment.

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

Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Food safety practices, occupational health and safety, emergency preparedness, the living environment, chemical storage, and laundry and cleaning services are audited by internal and external auditors, and statutory bodies. External contractors have appropriate legislative provisions in place, including police checks where required. Material safety data sheets are maintained for all chemicals used within the home. Staff confirmed they are aware of their role regarding fire, missing person, and hazards procedures.

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

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development relevant to Standard Four are described below.

- Infection control
- Fire training
- Manual handling

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

There are established processes to ensure that the residents' environmental needs and preferences are identified and acted upon. Residents are provided with a temperature-controlled environment, and personally decorated single/shared rooms with en-suites. Residents and representatives have access to communal and covered outdoor areas for gatherings and activities. The team noted that the home's walkways and corridors are maintained free of clutter and easy to move around. Staff reported they utilise the feedback and reporting system to inform of any issues in the environment, and workplace safety inspections are used to monitor the living environment. Residents and representatives reported satisfaction with the residents' accommodation and safety within 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 recommendation

Does comply

Processes are established to ensure that staff are educated during their orientation about their occupational safety and health (OSH) responsibilities. The home has an OSH committee, and policies and procedures are available to guide staff in relation to their responsibilities. External audits and workplace safety inspections are undertaken to identify and manage actual or potential hazards. The team noted that OSH matters are reported to management, and discussed at staff and OSH committee meetings. Documentation reviewed by the team indicated that the hazards, incidents and accidents are assessed for risk, the data is collated, actioned, and graphed. Chemicals and dangerous goods are labelled and appropriately stored, and material safety data sheets are available for the chemicals stored on site. Staff demonstrated an awareness of safety management processes, and confirmed management is active in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems and processes in place for detecting and acting on fire, security and other emergency risks and incidents. The home is fitted with a fire board and fire detection and fire-fighting equipment is in place that is maintained and regularly inspected by approved professionals. Evacuation fire plans and emergency evacuation procedures, including internal/external threats are documented and displayed in the home. Emergency exits were observed to be clearly marked, well lit, and free from obstruction. A sign-in book, duress alarm, nurse call system, and security gate and camera systems were observed to be in place. Staff demonstrated an understanding of the fire and other emergencies processes, and residents and representatives reported that the home provides a safe and secure environment.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an infection control program that is effective in identifying, containing and preventing infection. The home implemented immunisation and pest control measures, personal protective equipment, a colour-coded cleaning system, food safety program, and hand-washing and drying facilities as standard precautions. The care coordinator is responsible for the infection control portfolio and monitors residents' infections that are treated with antibiotics. The home monitors and reviews the effectiveness of its infection control program via internal and external audits. The home is aware of, and has access to the government gastroenteritis outbreak guidelines. Staff demonstrated awareness of, and competence in infection control procedures and practices. Residents and representatives interviewed reported satisfaction with the actions taken by the home to control the risk of infection.

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

Systems and processes for catering, cleaning and laundry are provided to meet the individual needs of residents. Information on residents' dietary needs and food preferences is conveyed to the kitchen staff. Catering services are provided by the on-site kitchen in accordance with a dietician-approved rotational menu that is reviewed with resident's input. Each resident's room, common areas and offices are cleaned as per the cleaning list by cleaning staff. Laundering of residents' personal clothing and flat linen is provided on-site, and there is an internal system to minimise the loss of clothing. All hospitality services are provided in a manner that meets the home's infection control requirements, and they are monitored via audits and feedback mechanisms to identify gaps and opportunities to improve. Residents, representatives and staff reported they are satisfied with the home's hospitality services.