



Aged Care
Standards and Accreditation Agency Ltd

James Watson Hostel

RACS ID 7199

7 Lime Street

EAST PERTH WA 6004

Approved provider: St Bartholomew's House 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 13 March 2016.

We made our decision on 12 February 2013.

The audit was conducted on 8 January 2013 to 10 January 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

James Watson Hostel 7199

Approved provider: St Bartholomew's House Inc

Introduction

This is the report of a re-accreditation audit from 8 January 2013 to 10 January 2013 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44/44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 8 January 2013 to 10 January 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:	Katherine Prochyra
Team member	Shirley Rowney

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:	40
Number of residents during audit:	23
Number of high care residents during audit:	1
Special needs catered for:	Residents with a history of homelessness

Street:	7 Lime Street	State:	WA
City:	EAST PERTH	Postcode:	6004
Phone number:	08 9323 5112	Facsimile:	08 9325 6221

Audit trail

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

Interviews

	Number		Number
Manager aged care services	1	Residents/representatives	9
Co-ordinator	1	Administration assistant	1
Registered nurse	1	Organisational development manager	1
Senior support workers	2	Kitchen assistant	1
Support worker	5	Laundry staff	1
Human resource and compliance manager	1	Cleaning staff	2
Information systems and project development staff	1	External contracts manager	1

Sampled documents

	Number		Number
Residents' electronic files, hard copy files and care plans	7	Medication charts and sign sheets	10
Residents medical files	7	Personnel files	6
Support worker medication competencies	11	Resident contract	1
External contractor agreement file	6	Personnel file	6

Other documents reviewed

The team also reviewed:

- Accident/incident records
- Activity calendar, attendance records and evaluation of activities
- Allied health referrals
- Audits survey and collated data
- Bed change and laundry collection schedule and signing sheet
- Charter of residents' rights and responsibilities
- Cleaning schedules and laundry cleaning signing sheet
- Clinical monitoring records and treatment charts
- Communication diary and handover file
- Continuous improvement plan and quality activity improvement forms
- Corporate newsletter and the 'Watson' newspaper
- Dietary file
- Duty statements and job descriptions

- Electronic compliance and reporting tool
- Emergency contact list and procedure manual
- Employee handbook
- Fire inspection, testing and maintenance records
- Food safety program and food temperature records
- Hazard, incidents and accidents reports
- Human resource manual
- Infection control file
- Job descriptions
- Maintenance documentation
- Material safety data sheet and charts
- Medication refrigerator temperature and equipment monitoring records
- Meeting minutes
- Memoranda file
- Menu plan, diary and resident dietary information
- Minutes of meetings
- Missing persons checklist file
- New staff training book and probationary progress record
- Newsletters
- Occupational safety and health file
- Police certificates and professional registration monitoring system
- Policies, procedures and flowcharts
- Regulations folder
- Reportable incident register
- Resident evacuation list
- Residents' behaviour management snapshot
- Residents' information handbook
- Rosters
- Staff handbook
- Staff performance appraisal and matrix
- Staff training planner matrix and records
- Temperature and equipment monitoring records
- Therapy information and statistics.

Observations

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities displayed

- Chemical store
- Electronic information
- Equipment and supply storage areas
- Fire exits
- Infection control resources
- Information about re-accreditation visit displayed
- Interactions between staff and residents
- Internal and external complaints information
- Kitchen and laundry
- Living environment
- Meal and refreshment services in progress
- Noticeboards and information posted around the home
- Personal protective equipment and hand washing facilities
- Posted information and brochures for residents regarding external services including complaints and advocacy
- Resident dietary requirement chart displayed
- Storage and administration of medications.
- Suggestions/feedback forms
- Utility rooms
- Visitor and contractor sign in/out books
- Waste disposal systems.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems and processes to plan, identify, implement and review continuous improvement activities. Opportunities for improvement are identified via multiple mechanisms, such as suggestions from feedback forms, accident/incident reports, hazards and maintenance reports, audits, surveys and meetings. Improvements requiring ongoing action are added to a plan for continuous improvement. Information regarding continuous improvement is provided to residents and staff via information handbooks and meetings. Staff and residents report they are encouraged to contribute to the home's pursuit of continuous improvement and are satisfied with management's responsiveness to feedback.

Example of recent or current improvement activities related to Standard 1 are described below.

- The organisation identified the opportunity to improve the collecting, storing and monitoring of information pertaining to general incidents, hazard alerts, medication incident, suggestions, compliments and complaints. The electronic compliance and reporting tool allows staff to enter information, complete appropriate risk assessments and provides guidance to an action plan relating to the result. Staff demonstrated how designated management personal are automatically informed via email to implement actions that are recorded and monitored on the system. Evaluation shows improvements in the management of all incidents.
- The organisation identified the need to improve the documentation of clinical care. As a result, an electronic resident care management system is currently being introduced. Data is currently being entered into care assessments. Management advised further information will be entered into the system and training will be provided to care staff before they are able to document the progress notes on the new system. Management informed us this initiative which commenced in October 2012 should be fully implemented by April 2013.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are processes to ensure the organisation complies with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various industry groups and peak bodies

and local government authorities. Compliance is monitored via internal and external auditing. The home has a system to monitor statutory declarations, police certificates and professional registrations or new and existing staff. Information on the external complaints process is provided to residents and representatives. Staff reported they are made aware of any changes through meetings, memoranda and policies. Residents reported they were advised of the re-accreditation site 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 findings

The home meets this expected outcome

The home's education program ensures staff have the knowledge and skills to perform their roles effectively. Management uses feedback and requests from staff and residents, satisfaction surveys, observation of work practice and accident/ incident reports to identify training needs. The organisation provides training sessions that are mandatory and elective, and records of attendance are maintained. There is a 'buddy' system in place to support new staff through the induction and orientation process and staff complete competency-based training. Staff reported they receive appropriate education to enable them to perform their duties effectively. Residents reported staff have sufficient skills and knowledge to attend to residents' needs.

Examples of education and staff development undertaken in relation to Standard 1 are listed below:

- Communication barriers
- Compulsory reporting
- Documentation – use of homes electronic system
- Understanding accreditation.

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

Systems and processes are in place to ensure each resident, their representatives, and other interested parties have access to internal and external complaints mechanisms. The home displays brochures and literature regarding external complaints and advocacy services. Comments and complaints are followed up promptly by management. Issues are documented into the quality activity improvement plan when appropriate. The effectiveness of the comments and complaints mechanisms is monitored via audits and feedback. Staff reported many residents report issues verbally, and management is approachable and responsive to feedback. Residents reported they have access to internal and external complaints mechanisms and are satisfied with the way feedback is managed.

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 mission statement, philosophy and objectives are documented, displayed and are available in the residents information brochure and staff handbook. The statements incorporate the home's commitments to provide excellence in care, accommodation and support to enhance the quality of life for residents. The induction for new staff includes discussion of the values, mission and principles of the organisation.

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

There are systems and processes to review staffing levels and skill mix in relation to changes in residents' needs. Staff are employed against set criteria as required for each role. Initial supervised shifts ensure staff are competent to perform the required tasks. Mandatory, optional and competency-based training is provided. Management monitors the ongoing skills and knowledge of staff via observation and verbal and written feedback. Absenteeism is covered by staff doing additional shifts or utilising staff in other areas of the organisation. Staff reported they receive appropriate education and support to enable them to perform their roles effectively.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure stocks of goods and equipment are available for quality service delivery. Designated staff are responsible for monitoring, stock rotation and ordering of stocks and supplies. There are corrective and preventative maintenance programs in place to ensure equipment is repaired/serviced or replaced. Equipment is stored for accessibility and training provided to staff to use equipment safely and correctly. Staff reported management are responsive to the request for additional goods or equipment. Residents reported satisfaction with the availability and suitability of goods and equipment.

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

Organisational systems and processes are in place to guide the effective collection, use, storage and destruction of information in accordance with regulatory requirements. Staff are provided with information via policies and procedures, care plans, handovers, meetings, memoranda, communication diary, and noticeboards. Staff sign confidentiality agreements and confidential information is stored securely. Archived information is electronically scanned and recorded in a register to facilitate ease of retrieval. Hard copy documents are securely stored off site. Electronic information is backed-up daily and computer access is password protected. Residents and representatives are provided with information via resident newsletters, information handbooks, the home's newspaper, meetings, noticeboards or verbally by staff. Residents reported they have access to information appropriate to their needs which assist them to make decisions about their care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure all external sourced services are provided to meet the home's needs and quality of service. A list of preferred suppliers and contractors is in place to guide the purchasing of goods and services. Service agreements are established for suppliers and describe the responsibilities of the relevant parties and key performance measures to ensure all satisfactorily meet the requirements of the home. Police certificates are monitored to ensure currency is maintained. Residents and staff reported satisfaction with the quality of service they receive from external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 2 are described below.

- Management identified the pain assessment tool did not provide clear information relating to the location of residents' pain. In response, the assessment tool has been reviewed resulting in the addition of a body shape diagram. Staff demonstrated how pain is monitored by recording the pain level, date and location on the diagram. Evaluation shows this tool has improved the monitoring of individual resident's current and ongoing pain.
- Management identified the podiatry service was expensive which was impacting on residents' care. In response, a new podiatry service has been contracted. Residents reported improvements, with the new service proving to be more accessible and affordable.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Medication is stored safely and is administered by competent staff. The registered nurse carries out initial and ongoing assessment of residents assessed as needing a high level of 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 findings

The home meets this expected outcome

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

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

- Alcohol abuse –older adults
- Dementia
- Management of difficult behaviours
- Medication management
- Pain management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. A registered nurse is contracted to attend the home to review residents’ care. Residents’ care plans are reviewed six monthly. General practitioners review the resident when they enter the home and throughout their stay. The home monitors residents’ clinical care outcomes through individualised case management reviews and at two weekly team meetings and resident/representative feedback. Staff report significant changes in individual care needs to the attending general practitioners. Each care shift conducts a handover and staff report, record and monitor individual resident clinical and behavioural incidents. Residents stated their satisfaction with the health and personal care provided by staff

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

The registered nurse assesses, plans, manages and reviews specialised nursing care. Residents assessed as requiring a high level of care have their care plans reviewed three monthly. Staff access nurse specialists to provide additional advice and support. Specialised nursing care plans and the integrated progress notes record strategies recommended by specialist nurses. Monitoring of specialised nursing care is through care plan reviews, case management and feedback from residents and representatives. Residents reported their satisfaction with the provision of specialised nursing care

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Staff refer residents to external allied health professionals such as the speech pathologist, dietician and physiotherapist on an as required basis and accompany residents to appointments where necessary. A podiatrist visits the home every six weeks. Staff assist residents to access audiologists, optometrists and the dental service in the community. Residents are referred to the older adult mental health support service when required. Staff

enter specific information in care plans and the occupational therapist reviews all residents. Residents stated they are aware of the availability of allied health professionals

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

Medication competent support workers administer medications from original and multi-dose packaging. Resident identification is clear and administration processes are systematic. There are documented processes to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a regular basis, providing the attending general practitioners and the home with a report. All medications are administered safely, stored securely and there is a safe disposal system. Residents stated the administration of residents’ medication is managed safely and correctly

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The identification of each resident’s past history and presence of pain occurs during the initial assessment phase using validated and generic assessment tools. Pain management strategies are reviewed if there is a change in residents’ cognition levels, clinical status, when there is a new episode of reported pain and when ‘as required’ pain relief is administered over a period of time. Staff evaluate the effectiveness of PRN medication at a scheduled interval post administration. Alternatives to medication such as individualised diversional strategies are utilised. The home has access to specialised pain management nurses for additional support and advice. Residents stated they are satisfied with the home’s management of residents’ 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

Staff consult residents and representatives to plan care reflecting individual wishes and cultural beliefs to ensure the maintenance of comfort and dignity of terminally ill residents. The registered nurse reassesses the resident’s needs when the resident has entered into the palliative phase of care, in collaboration with the family where relevant, attending general practitioner and if requested, palliative care specialists. Staff deliver care according to the resident’s final wishes. To enhance resident and relative support, chaplaincy/pastoral care and external counselling services are available.

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

During the initial assessment, residents’ nutrition and hydration needs, food preferences, food allergies, intolerances/special diets, swallowing difficulties and weight management requirements are noted. Staff use this information to develop individual care plans. Residents have access to a dietician and speech pathologist when required. Staff direct specific and relevant dietary information to the catering staff, and a range of texture modified meals and adaptive crockery and cutlery are available for all meals and refreshments for those who need them. Residents are weighed frequently according to a validated protocol. The registered nurse and general practitioner monitor unplanned weight loss/gains. Nutritional supplements enhance residents’ nutritional status when required. Residents stated their general satisfaction with the quality and quantity of meals, and associated support 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

On moving into the home as part of personal hygiene practices, residents undergo a review of their skin integrity and their skin status is monitored fortnightly thereafter. The registered nurse identifies risks to skin integrity and the potential for pressure injury. Residents with diabetes, peripheral vascular disease, reduced mobility, receiving palliative care, post-surgery, or who are frail, receive additional consideration. Support workers treat simple wounds using contemporary dressings and all wounds are monitored by the registered nurse. The home has access to clinical nurse specialists for more complex wounds. The home formally monitors skin tears. Staff use emollient creams where required to protect residents’ skin. Residents reported residents’ satisfaction with the provision of skin care management.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Staff discuss individual resident continence requirements to monitor aids used, how successful the current practices are, and ways to enhance dignity and comfort. All residents currently residing at the home are able attend to their toileting needs independently. Individual trials of continence aids are conducted as required. The home has access to a nurse specialist for additional support. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. The use of invasive bowel preparations is minimised by the implementation of increased hydration, a high fibre diet and appropriate exercise to maximise normal bowel health. Residents prone to urinary tract infections receive closer monitoring. Residents stated their satisfaction with continence care.

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

On moving to the home, residents undergo behaviour management assessments during the initial phase and when behaviours change. Care plans are developed from assessment information, documented staff observations over a defined period of time, information from adult mental health professionals and family feedback where available. The home has protocols in place to manage the need for restraint. The home discretely displays a ‘behaviour snapshot’ in the care office. This document is a summary of all residents who exhibit challenging behaviours and describes frequently displayed behaviours. It also describes effective individualized management strategies for staff to use as a quick reference to de-escalate episodes of challenging behaviours. Therapy staff utilise individual diversional and reminiscing therapies Staff stated their understanding of mandatory reporting requirements. Staff interact in a therapeutic manner with all residents. Residents stated the behaviours of other residents do not impact on their privacy

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

On moving into the home, the registered nurse and occupational therapist assess the residents’ mobility, dexterity and rehabilitation needs to maximise individual independence. The general practitioner refers residents to a physiotherapist if required. Therapy staff incorporate gentle exercise into various activities throughout the week. Staff report, monitor and action all incidents related to residents’ falls and near misses. Residents stated their general satisfaction with the exercise program available throughout the week.

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

On moving to the home, the registered nurse reviews the residents’ oral and dental needs. Residents’ oral and dental status is observed and monitored two weekly thereafter. Care plans document individual preferences for cleaning natural teeth, dentures and other care. Referrals to the general practitioner and speech pathologist occur if the resident has swallowing difficulties. Staff have received training in the management of residents’ oral hygiene. Residents’ oral care is specialised during palliation. Staff assist residents to attend the dental clinic or domiciliary dentist for treatment where necessary. Residents stated their satisfaction with oral and dental care and assistance provided

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

Staff conduct a formal assessment of residents across all five senses when residents enter the home and the care plan nominates individual strategies to manage needs. Residents are referred to allied health professionals in the community for optical and audiometry services when required. Staff assist residents to compensate for sensory loss and two staff members have been trained to communicate in Australian sign language to meet a resident’s need. Resources such as large print books and talking books are available to meet sensory losses. Staff take residents for a walk into the local market garden or cafe for further sensory stimulation. Residents stated their satisfaction with the identification and management of their sensory losses

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

On moving to the home, assessment of the resident’s sleeping and rest patterns occurs and re-assessment occurs if sleep patterns are disturbed. In consultation with the resident, care plans generally nominate individual rising and settling times and other specific rituals. The home promotes the use of alternatives to medication where possible. Staff consider life histories, pain management, continence care and behavioural management when assessing disturbed sleep patterns and planning individual strategies to enhance sleep. Residents reported they sleep well and stated their satisfaction with the attention provided by night staff

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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system.

Examples of recent or current improvement activities related to Standard 3 are described below.

- The home identified the opportunity to assist residents to gain a taxi user subsidy scheme membership. Management reported this initiative has been successful in reducing travel expenses and ensures residents have safe access to the transport service. Staff reported residents who are able to leave independently to attend appointments have given positive feedback to the service.
- Following staff and resident feedback it was identified that there was a need to review the home’s smoking policies and procedures. Residents were consulted and a smoking roster has been introduced. Residents are able to go to the designated smoking area in the garden where a cigarette is provided by staff hourly. Residents report that they enjoy the social interaction and the roster is between 7.30am – 8.30pm. The evaluation report shows this initiative has improved the safety for residents, reduced incidents around smoking and increased resident and staff interactions.

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

Staff are informed of changes relevant to resident lifestyle through training, memoranda, and meetings. The charter of residents’ rights and responsibilities is displayed in the home and is included in the resident information brochure. Policies and procedures are in place for the compulsory reporting of resident assaults and unexplained resident absences. Staff sign confidentiality agreements and were observed to be mindful of residents’ privacy and dignity. Residents and representatives reported they are aware of residents’ rights and responsibilities.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

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

- Elder abuse
- Cultural, spiritual and emotional care
- Occupational therapy.

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

Management provide new residents with information regarding the home's services, an orientation and welcoming process and encourage family and friends to visit. A resident profile is completed to provide basic information about the resident. After a settling-in period, relevant staff conduct assessments to identify residents' social and emotional needs. The registered nurse and therapy staff develop residents' individual programs and review care plans. The registered nurse and therapy staff refer residents to allied health professionals as required, and volunteer and activity programs further assist residents to meet emotional needs. A chaplain is available to provide further emotional support to residents. A volunteer befriending service supports residents without friends or family. Residents reported the emotional support provided meets residents' needs and preferences

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes to ensure regular assessment of residents' needs in achieving maximum independence. Relevant staff assess and review the residents' level of ability to participate in activities of daily living. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. The home encourages residents to maintain friendships and participate in the life of the community within and outside the home through outings. The home consults with residents and their representatives about risks associated with activities and balances risk taking with safety in decision-making to allow residents to remain independent. Residents are provided with taxi vouchers to assist them to access the community. Staff described strategies to assist residents to maintain independence in all aspects of their lives. Residents reported they are satisfied with the assistance provided by the home in relation to their independence and participation in the life of the community within and outside the home.

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 ensure that each resident's right to privacy, dignity and confidentiality is recognised and respected and the admission package details these rights. Staff sign confidentiality agreements. The home's environment promotes privacy, including the provision of single rooms and outdoor areas for residents. Staff provide residents' health and personal care services discretely and management uses feedback mechanisms to monitor the effectiveness of residents' privacy and dignity. Staff described strategies for supporting personal and clinical care to protect the dignity and privacy of residents. Residents reported the home respects their privacy, dignity and confidentiality

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are processes to encourage and support residents to participate in a range of interests and activities of interest to them. The occupational therapist assesses residents when moving into the home and as required and the therapy team identify residents' leisure and interests needs by completing a resident profile. The home develops and displays a focused activity program to accommodate individual and group needs and other areas of care such as diversional and sensory therapy. There are planned sessions throughout the week to optimise residents' participation and encourage social interaction. Therapy assistants described ways to encourage residents to participate in activities and how they provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. The home provides a newsletter featuring residents in photographs and articles. Processes are in place to evaluate the residents' past/current interests and activity programs via residents' feedback, meetings, surveys/audits, and review of care planning and residents' attendance at activities records. Residents reported they are generally satisfied with the activities offered to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Staff assess residents' individual interests, customs, cultural and ethnic backgrounds when moving to the home. This information is shared with relevant staff via care plans, case management meetings and dietary sheets. The home facilitates regular religious services. Residents who wish to access representatives of other denominations receive assistance as appropriate. The home celebrates religious, special events and cultural days of significance and supports access to community associations as part of the activity program. Foreign movies and newspapers are provided as part of the therapy programme. A schedule of activities is available to residents for religious services and cultural celebrations. Residents reported satisfaction with the cultural and spiritual support provided by the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support residents' individual choices and decisions. There are processes to assess residents' individual needs and abilities, preferences, wishes, consents and authorisations across all areas of care and service delivery when moving into the home and thereafter. The home conducts meetings to provide residents and representatives with a forum to express views and participate in decisions about care and service. Authorised representatives make decisions on behalf of residents who are unable to act for themselves when moving into the home, and as required thereafter. Staff reported strategies for supporting residents' individual preferences, including meals, refusal of care, or intervention and participation in activities. The home uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported that residents are supported to make choices in all aspects of 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

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. On moving to the home, residents or their authorised representatives receive a residential care agreement covering the residents' level of care assessed, exit criteria and extra services where applicable. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, residents' rights and responsibilities and associated schedules. The home uses a monitoring mechanism to ensure residents have signed a residential agreement and received appropriate information about security of tenure and rights and responsibilities. Residents and representatives are informed of the changes when a residents' classification moves from low to high care through formal correspondence and management consults with residents and representatives prior to room transfers within the home. Residents reported they are satisfied they have security of tenure at 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 findings

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system.

Examples of recent or current improvement activities related to Standard 4 are described below.

- The living environment for residents and the working environment for staff required improvement. In response, the organisation designed and constructed a multiple floor building to accommodate offices and a two storey care home for residents. The home was opened in October 2012. Residents reported that they were informed of the building progress and were able to choose colours and their own room location. Improvements for residents include single newly furnished rooms with television and ensuite. Management demonstrated the security systems and staff gave positive feedback to their improved working environment. Resident surveys and feedback from meeting minutes show residents are enjoying their new home.
- The organisation identified the need to improve the occupational safety and health (OSH) management processes. In response, a reconfiguration of the OSH committee is currently being undertaken. Documentation provided shows the function and structure of the committee has been put into place with senior management consultation. Management advised staff have been asked for committee membership proposals and training will be provided to ensure understanding of roles and responsibilities. The continuous improvement plan shows an estimated completion date in late February 2013.

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

There are systems and processes to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Mandatory fire training is provided for staff and the home has regular fire safety checks by approved contractors. Staff have attended training in food safety and use personal protective equipment appropriately. Visitors, contractors and residents record their arrival and departure at the home. There are reporting mechanisms for accidents, incidents and hazards. Material safety data sheets are kept where chemicals are stored and infection control guidelines are available in the event of an infectious outbreak.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

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

- Chemical awareness
- Fire and emergency
- Food safety
- 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 findings

The home meets this expected outcome

The home's accommodation consists of single rooms with ensuite facilities. Call bells are accessible and suitable equipment and adjustable furniture are provided. There are centrally located internal and external communal areas that are used for social and therapy activities. A preventative and corrective maintenance program is in place to monitor fixtures and fittings are safe and in working order. A comfortable ambient temperature is maintained at the home. Hazard reports and environmental audits monitor the living environment for safety and cleanliness and any issues identified are actioned. Residents reported satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems to provide a safe working environment by regularly assessing and monitoring to identify potential hazards, reduce any risks and provide feedback to staff. Environmental audits are used to monitor the safety of the living and working environment and ensure regulatory requirements are met. The preventative and reactive maintenance program, including the use of external providers assists in maintaining a safe working/living environment. All accidents and incidents are documented and investigated with appropriate corrective and preventative actions taken to address issues as they are identified. Staff gave examples of working practices that support them and are knowledgeable in occupational health and safety issues related to their job role.

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

Processes for identifying, managing and minimising fire, safety and security risks are in place. Fire fighting equipment is readily available and identified with signage. A program of scheduled maintenance of all fire and emergency equipment is established and up to date. Fire and emergency training is provided to staff and attendance at these sessions is monitored. The fire and emergency evacuation procedure is in place. Chemicals are appropriately stored with material safety data sheets. Staff and residents reported awareness of emergency procedures and actions they are to take in the event of a fire.

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 home has infection control guidelines in place to contain and prevent infection. Some of the measures that contribute to the effectiveness of the program include the provision of personal protective equipment, hand washing facilities, a food safety program, waste management and pest control measures. Staff are provided with infection control information at induction and compliance monitoring occurs through environmental audits. Staff demonstrated awareness of infection control procedures. Residents reported satisfaction with the actions taken by staff to control the risk of cross-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 findings

The home meets this expected outcome

The cleaning, catering and laundry service assists residents and enhances their quality of life. Kitchen staff are informed of residents' preferences, choices and special dietary requirements. Residents can provide feedback on meal quality and service at resident meetings or via feedback forms and surveys. Cleaning staff use colour-coded equipment and follow a documented cleaning schedule. A resident clothing and linen collection schedule is in place and adequate linen stock levels are maintained. Residents reported satisfaction with the cleaning and laundry services.