



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Longridge Retirement Village

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Longridge Retirement Village in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Longridge Retirement Village is three years until 5 May 2013.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Longridge Retirement Village				
RACS ID:	6069				
Number of beds:	44	Number of high care residents:	37		
Special needs group catered for:	<ul style="list-style-type: none"> • People with dementia and related disorders • People from culturally and linguistically diverse backgrounds 				
Street:	29 Attiwill Street				
City:	NARACORTE	State:	SA	Postcode:	5271
Phone:	08 8762 1340		Facsimile:	08 8762 1359	
Email address:	longridgerv.doc@bigpond.com				

Approved provider

Approved provider:	Naracoorte Home for the Aged Incorporated
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Assessment team

Team leader:	Cherie Davy
Team member:	Judy Aiello
Dates of audit:	9 February 2010 to 10 February 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
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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
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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	Longridge Retirement Village
RACS ID	6069

Executive summary

This is the report of a site audit of Longridge Retirement Village 6069 29 Attiwill Street NARACORTE SA from 9 February 2010 to 10 February 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 Longridge Retirement Village.

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 9 February 2010 to 10 February 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:	Cherie Davy
Team member:	Judy Aiello

Approved provider details

Approved provider:	Naracoorte Home for the Aged Incorporated
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Details of home

Name of home:	Longridge Retirement Village
RACS ID:	6069

Total number of allocated places:	44
Number of residents during site audit:	41
Number of high care residents during site audit:	37
Special needs catered for:	People with dementia and related disorders People from culturally and linguistically diverse backgrounds

Street:	29 Attiwill Street	State:	SA
Town:	NARACOORTE	Postcode:	5271
Phone number:	08 8762 1340	Facsimile:	08 8762 1359
E-mail address:	longridgerv.doc@bigpond.com		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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
Executive officer / Director of care	1	Residents/representatives	9
Clinical nurse	1	Volunteer	1
Care staff	5	Quality risk manager	1
Administration assistant	1	Laundry staff	1
Catering staff	1	Cleaning staff	2
Business manager	1	Maintenance staff	1

Sampled documents

	Number		Number
Computerised assessments/care plans and progress notes	5	Medication charts	5
Wound care charts	4	Personnel files	7
Resident agreements	5	External service provider contract agreement	1

Other documents reviewed

The team also reviewed:

- 'Food for thought' folder
- 40th Anniversary history booklet
- Activities and lifestyle bowls, weekly activity
- Annual report booklet 2009
- Annual service report -compartmentation
- Asbestos register
- Audit records
- Beauty therapy folder
- Bush fire evacuation protocols
- Carers procedure manual 2010
- Carers Manual folder
- Checklist of entry documents
- Cleaning procedures and schedule
- Clinical assessment tools
- Complaints form
- Complimentary therapy policy
- Compliments form
- Compulsory reporting guidelines-Elder Abuse
- Contractor orientation program
- Contractor register
- Correspondence letters regarding rents and maintenance and increase in hostel service charges
- Credentiailling records
- Duty statements / job descriptions performance management folder
- 'Easy-moves' evidence folders
- Education folders 2009 & 2010
- Electronic monitoring police clearances & nursing registrations
- Emergency procedure manual
- Evacuation plans
- External contracts
- Fire system maintenance records
- Food safety audit and action plan
- Food safety plan
- Food safety program
- Friday bus outings folder
- Hazard register and technical bulletins
- Hostel orientation booklet
- Incident summary reports and recommendation
- Infection control folder
- Infection surveillance report
- Job descriptions
- Laundry procedures
- Lifestyle network folder
- Lifestyle program evidence folder
- Longridge Retirement Village corporate strategic plan 2003-2008
- Maintenance records
- Material safety data sheets
- Medication manual
- Memorial folder
- Men's Wednesday bus outing folder
- Menus and recipe plans

- Minutes of various meetings
- Missing residents' policy-Draft
- Observation charts
- On-on-one assistance folder
- Orientation checklist document
- Outbreak management guidelines
- Palliative care information for families and friends booklet
- Plans for continuous improvement 2009 resolved
- Police clearance folder
- Policies and procedures
- Quality improvement folder including plan for continuous improvement 2009/ 2010
- Quality Improvement minutes folder
- Quality Improvement planner 2010
- Recruitment policies and procedures
- Relatives satisfaction survey
- Representative feedback records
- Resident activity / event participation records
- Resident guide booklet
- Resident transfer list
- Residents' information handbook
- Respite book
- S4 and S8 licences
- Sing-a-long group activity folder
- Staff annual / long service leave 2010 planner
- Staff continuous improvement suggestion forms
- Staff rosters 2009/ 2010
- Staff satisfaction survey
- Standard three folder
- Testing and tagging records
- Triennial fire safety clearance 2007
- Various hostel newsletters
- Various Independent living newsletters
- Various kitchen temperature indicators-December 2009
- Various resident newsletter
- Various staff newsletters

Observations

The team observed the following:

- 'Fellas' garden and reminiscence wall
- 'Hot pots' cooking session
- Activities in progress including church service
- Chemical storage
- Consultation room
- Equipment and supply storage areas
- Exit signs clearly sign-posted
- Feedback forms
- Fire equipment
- Hair dressing services
- Interactions between staff and residents
- Kitchen and laundry facilities
- Large site map
- Lifestyle office
- Living environment
- Lounge areas including area with pool table and chapel area
- Meal service
- Medication storage area
- Medication trolley and medication round
- Notice boards
- Nurses station
- Outside garden areas including men's' shed
- Palliative care supplies
- Recreation room
- Resident ambulating with aids
- Resident exercise sessions
- Residents charter of rights and responsibilities
- Secure front entrance with visitors sign in book / contractor sign in book
- Storage of medications
- Suggestion boxes
- Wound care supplies

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

Longridge Retirement Village has a continuous improvement framework in place to identify opportunities to improve and monitor compliance with the Accreditation Standards. The homes’ quality audit system identifies improvement opportunities across the four standards. Information is collected from staff meetings, educational feedback, surveys, suggestions, performance appraisals, incidents and hazard data, compliments and complaints, internal and external auditing processes, clinical indicators, risk assessment tools, industry guidelines and legislative requirements. The quality risk manager collates and trends the information from the various audits to identify improvement opportunities, Information is presented monthly at the Quality Improvement / Occupational Health Safety and Welfare committee meetings. Residents, representatives and staff are aware of the continuous improvement system and are satisfied their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to management systems, staffing and organisational development in the last 12 months include:

- Due to an organisational wide restructure, management identified that the job descriptions and duty statements were not specific to the roles and tasks being performed. Management reviewed, developed and implemented new guidelines for each position. Staff now have clear guideline in which to operate. Management confirmed staff satisfaction with the new guidelines. This is yet to be formally evaluated, and will form part of the feedback from the performance appraisals due in 2010.
- The home identified that service contract agreements with external providers contained minimal information on legislative requirements and performance requirements. All service contract agreements with external providers are now individualised and contain key information regarding licensing registrations, police clearances, and specific key performance indicators. This has now formalised a professional working relationship with external contractors.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines. The home maintains links to peak business and industry associations. The quality risk manager distributes relevant information to the managers in each area including the Executive Officer / Director of Care. Required actions, including policy updates or procedural changes are implemented through the Quality Improvement / Occupational Health Safety and Welfare meetings and go the Board of Directors to be ratified. Meetings, newsletters, memos, noticeboards, electronic notification and direct correspondence are used to communicate changes to staff. The home has processes in place to meet the regulatory requirements of Accreditation Standard One. These include notifying residents and representatives about the accreditation audit, police clearances for staff, volunteers and external service providers, monitoring work related registrations and licenses for nurses and allied health professionals and compulsory reporting guidelines. Staff are aware of the legislative requirements that affect their role and responsibilities.

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

Staff are employed by the home based on their skills, ability, qualifications and suitability to work in the aged care industry. A five day orientation program is available to all staff, and includes an ongoing mentoring system. Processes including performance reviews, mandatory training, on-line training system, competency assessments, feedback from resident and staff surveys, various audits, observation and supervision are used to monitor staff skills and knowledge. The training schedule has been developed to reflect the needs identified through these processes. Information on internal and external training is displayed on notice boards, and is conveyed through staff meetings and electronically through the messaging system. Staff attendance at training sessions is supported and monitored, and staff evaluation feeds back into the home's continuous improvement system. Managers and staff have attended training relevant to management systems, staffing and organisational development, including Certificate III in Financial Services, Certificate IV in Human Resources and Business Management and an information technology training computer skills course. Staff are satisfied with their access to educational opportunities and information and with the ongoing support to enhance their knowledge and skills.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents are aware of and satisfied with the opportunities available to discuss issues of concern and feel their concerns are listened to and actioned in a timely manner. Residents and their representatives are informed through pre-admission processes of both internal and external comment and complaint mechanisms. Information is available in the orientation booklet, the resident guide book and care agreement and through information displayed in the home. A complaints flow chart has been developed and is displayed in each resident's room. Residents know and understand

the home's internal comment and complaint system but prefer individual discussions with staff and management's open door policy if raising concerns. If an issue or concern is raised, written feedback is given within five days. The home monitors the effectiveness of these processes through yearly resident and representative satisfaction surveys. Staff know and understand how to assist residents when making verbal complaints.

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 has documented its commitment to the delivery of a high quality service that supports individual resident's rights, dignity and care needs. These statements are displayed in the orientation booklet and residents guide book and includes the organisational chart, the vision statement and residents' Charter of Rights.

1.6 Human resource management

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

Team's recommendation

Does comply

Residents are satisfied with the responsiveness of staff and the level of care and services provided to them. The home has processes for identifying and assessing the required staffing levels to meet residents' needs on an ongoing basis. Job and duty statements guide staff in their daily working role. Care and enrolled staff have access to a registered nurse at all times. An external recruitment agency assists the home to screen and select the appropriate qualified staff. Personnel files are kept locked and secured and contain all personal information including orientation and induction records. The home conducts annual performance appraisals. The staff roster and skill mix allows for the flexibility of extra hours and shift changes between staff. Recently retired staff have made themselves available to assist the home in the delivery of care and services. The home has recently increased its staffing hours in response to the increase in resident acuity. Staff indicate they feel supported by management and have enough time to perform their duties.

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

Residents and staff confirm there are sufficient and appropriate supplies and equipment for care and services. Department managers have delegated responsibility for ordering and maintaining supplies according to the home's procedures and changing resident needs. Equipment requirements are ordered according to planned replacement programs, maintenance history reviews, risk assessments and environmental audits. In addition, resident care and safety reviews and resident and staff suggestions may contribute to purchase decisions. Staff feedback is sought prior to purchase of new equipment and instructions for safe use are provided. The home benefits from community and private donations which enables the home to enhance provided services and the resident's living environment.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes to provide staff with sufficient and appropriate information to enable them to perform their roles. Regular audits, annual surveys, compliments and complaints processes and incident and hazard reports provide management and staff with the information required to provide and monitor resident care and services. The home has procedures for the secure storage of resident and staff information and files to be archived are stored appropriately. Electronic information is password protected, backed up weekly and stored in the fire proof safe. There are processes for informing staff of changes to resident care plans, needs, legislation, policies and procedures. Staff are satisfied they have access to the appropriate information to guide them in the delivery of care and services to residents'. The home provides residents and their representatives with access to information to assist them to make decisions about their care and lifestyle choices on entry to the home, and on an ongoing basis.

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

Residents confirm their satisfaction with external services and that the home is responsive to their feedback on services provided. The Executive Officer /Director of Care is responsible for establishing and monitoring external contracts according to the home's procedures. A preferred supplier list assists this process. Externally sourced service providers in direct contact with residents are required to complete a confidentiality agreement, a computer access agreement and provide a police clearance. Contracts and services agreements are regularly reviewed.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has systems and processes to identify, action and evaluate opportunities for improvement and monitoring compliance with health and personal care. Processes include gathering information from meetings, educational feedback, surveys, performance appraisals, incidents and hazard data, internal and external auditing processes, clinical indicators, care evaluations, risk assessment tools, industry guidelines and legislative requirements. The information assists the home to monitor and maintain compliance with the home's processes and all outcomes are evaluated to ensure their effectiveness. Residents, representatives and staff are aware of the continuous improvement system and are satisfied their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to health and personal care include:

- The clinical nurse identified that the pamphlet containing information on palliative care was insufficient to explain the palliative care end of life phase. A new information booklet was developed to support residents and their families in their understanding of the clinical care aspects of the palliative care process. Feedback from families has been complimentary as it has helped them understand the palliative care process.
- Due to the increasing frailty and complexity of residents' wounds, the home has implemented and trained two care staff in wound care management to support the registered nurse. This has improved the clinical care needs of residents' and has improved staff education on wound care management. Care staff confirmed their satisfaction with the knowledge and training offered, and commented that this has helped them to identify and managed wounds more effectively.

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

Management has systems in place to identify and ensure compliance with legislation, regulations, and professional standards and guidelines relevant to health and personal care. Nursing registration is monitored by the home and processes are in place to ensure these are updated annually. Medications are managed according to legislative requirements and care assessments and reviews are conducted by qualified staff. Care staff have access to registered nurses at all times. Relevant information is disseminated to staff and residents through meetings, newsletters, memo, noticeboards, electronic notification and direct correspondence. Staff are aware of their regulatory responsibilities relating to health and personal 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

The home’s management team demonstrates a commitment to develop and maintain staff knowledge and skills in relation to health and personal care. Management support staff to attend training and professional development opportunities. Mandatory training programs are in place and include manual handling, cardiopulmonary resuscitation, texture modification diets, continence education, behavioural management, medication management and drug calculation testing for care and nursing staff. Examples of additional educational topics offered to staff to date in relation to health and personal care include stoma care, oxygen therapy, infection control, pain and wound care management. Staff are satisfied that they have access to a broad range of training and educational opportunities to enhance their skills and knowledge to assist them in their role and responsibilities.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents interviewed are satisfied that the care they receive meets their needs and preferences. Assessment and care planning processes are conducted in consultation with the resident and their family, allied health staff and the general practitioner. The home uses an on-line care management system to document assessments, care plans, monitoring processes and progress notes. A hard copy care plan is also available to staff. Documented handover reports include day to day changes to resident care needs and care plans are regularly reviewed and evaluated. Care is monitored through direct observation by registered nurses, incident reporting, audit processes and resident feedback processes. Regularly circulated ‘Food for thought’ articles assist staff to keep up to date with best practice information and new innovations in resident care.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents confirm their satisfaction with the specialised care provided. Residents’ specialised care needs are assessed and planned by appropriately qualified staff. Plans for complex care needs are documented and guidelines accessible for specific aspects of care such as oxygen therapy, anticoagulant therapy or wound management. Externally sourced services from the local hospital provide assistance as required, or residents may be transferred to a high care facility when care needs increase. Specific training is provided to assist staff to meet resident specialised care needs.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents confirm they are referred to specialist services according to their needs. Care assessment and regular review processes identify resident referral needs. Residents and their families are informed of services available in the resident handbook. On-site and visiting services are available and residents are assisted to attend appointments for external services. Visiting allied health services document their assessment and treatment plans in the on-line care management system which is also linked to the local medical clinic. The clinical nurse maintains a schedule to identify required screening services.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

Residents are satisfied that their medications are managed safely and correctly. Registered nurses enrolled nurses and credentialed carers administer medications according to medication guidelines. Medications are supplied in pre-packed dose aids and securely and appropriately stored. Supply processes are audited. Medication charts include administration guidelines and resident identification and are regularly reviewed. There are processes for the assessment and authorisation of medication self administration. Medication incidents are monitored and the home has implemented a medication manual which has assisted in reducing medication incidents. The home audits medication management and documentation processes.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents are satisfied with how their pain is managed. In consultation with the resident pain, experiences are assessed and documented. The physiotherapist contributes assessment information and assists with planning non-pharmaceutical strategies to manage resident pain. These may include use of the transcutaneous electrical nerve stimulator, spa baths, massage, heat and cold treatments and gentle exercise. Care strategies to maintain resident comfort are integrated in the resident care plan. Use of as required pain management medication is monitored in progress notes and the effectiveness or medication alternatives discussed during handover. Pain management processes are audited.

2.9 Palliative care

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

Team’s recommendation

Does comply

Representatives appreciate the home’s practices to maintain the dignity of terminally ill residents. Entry processes include discussion about residents’ terminal wishes which is documented in on-line resident records. Access to this information is regularly reviewed and if palliation is required a specific care checklist is documented in consultation with the resident and their family, to guide staff in all aspects of resident care. A palliative care information booklet has been prepared by the home to assist resident/representative understanding of palliative care processes. The home has access to required equipment to support palliative care and external palliative care services and spiritual support available as required. Staff training has been provided.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents are satisfied with the home’s approach to meeting their nutrition and hydration needs. Residents’ diet and fluid preferences are identified and forwarded to catering services and a nutrition plan documented which includes information regarding utensils and staff assistance required. Referrals are arranged for at-risk residents and the dietitian may discuss specific resident needs with the chef. Training in the preparation of special diets has been provided to catering staff. Residents’ nutrition needs are regularly monitored and reported to the general practitioner. Nutrition supplements are provided as required. Adequate hydration is encouraged and residents have access to water in their rooms and during meals in addition to regularly offered drinks and snacks. The home’s menu has not been formally reviewed by a dietitian.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents are satisfied with the care provided to maintain their skin integrity. Residents’ skin care requirements and preventive strategies are identified through risk based assessment processes. The resident’s room environment is also assessed to reduce the risk of soft tissue injury. Regular moisturisers, limb protectors, gel socks, pressure relieving mattresses and sheep skins reduce the risk of monitored skin integrity incidents. A trained wound care team coordinated by a registered nurse provides wound management according to wound care plans and wound management protocols. Regular podiatry services, hand and nail therapy and hairdressing services are provided.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents confirm that the home assists them to meet their continence needs. Resident consultation together with observed and documented continence patterns, assist the home to plan residents’ continence management and support for natural bowel patterns. The clinical nurse coordinates continence assessment processes and develops evaluated management plans. Natural bowel patterns are supported through diet, additional fluids and exercise and are monitored daily. Residents have access to their own en-suite toilet facilities. There are protocols for the management of identified urinary tract infections and mandatory staff training in continence management.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents are satisfied with the home’s approach to managing challenging behaviours. Behaviour management plans are documented from identified behaviours and potential triggers. Referrals to specialist services are arranged as required. Behaviour incidents are monitored and progress notes record resident responses to behaviour management strategies. The home regularly consults with residents’ families regarding the safety and suitability of the home to accommodate wandering or more challenging behaviours. Lifestyle activities are integrated with the addition of one-to-one sessions to meet residents’ needs. Staff across all care and service areas in the home have access to training on behaviour management.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents confirm that the home assists them to optimise their mobility and dexterity. Residents’ mobility and transfer needs, risk of falls and dexterity needs are assessed in collaboration with the physiotherapist and occupational therapist. Mobility and risk reduction plans which are regularly reviewed, include regular exercise programs assisted by physiotherapy aids and mobility and dexterity related lifestyle activities. Hand rails, walkers, wheel chairs and other aids promote safe mobility and independence supported by manual handling training for staff. Dexterity is assisted by large handled cutlery, squeeze ball exercises, hand waxes and massage. Regular spa baths for selected residents contribute to resident comfort and rehabilitation programs. Falls are monitored and a post fall management protocol in place, which includes physiotherapy review. Outcomes for residents from the home’s mobility and dexterity support programs indicate return to mobility following hip fracture and improved hand strength and fine motor skills in some residents.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents interviewed confirmed that the home supports them to maintain their oral and dental hygiene. Oral and dental care needs are assessed and required support and care documented in care plans, which are regularly reviewed. Nutrition plans also may be modified relevant to residents’ dental health and specific care strategies implemented to ensure comfort for residents with oral health deficits. Regular dental reviews are arranged in consultation with the resident’s family.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents report that the home assists them to manage their sensory deficits. Care and support needs are identified during assessment and ongoing review processes, assisted by the physiotherapist, podiatrist and occupational therapist. Additional screening services for sight and hearing are arranged as required. Nutrition, sight and hearing plans include care strategies to enhance resident experiences, while increased monitoring and preventive strategies such as appropriate footwear and pressure relief address potential risks due to reduced sensation. Environmental strategies such as large print signage and notices, insulated urns and individually controlled heating and cooling assist resident comfort and safety. Lifestyle activities include opportunities for sensory stimulation through regular cooking sessions, sensory and reminiscing sessions, large print books and access to the home’s gardens.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are satisfied that they are able to achieve natural sleep patterns. Resident preferences for resting and settling at night are assessed on entry and documented in sleep and settling plans. Residents are observed for unsettled sleep and strategies such as, warm drinks, ensuring comfort, pain relief and continence needs are met, are trialled prior to using sedation. Residents’ sleep patterns and settling plans are regularly reviewed.

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

The home has systems and processes to identify, action and evaluate opportunities for improvement in resident lifestyle. Resident lifestyle is monitored through surveys, feedback, observation, evaluation from residents attending activities, auditing processes and reviewing and updating the lifestyle assessment profiles. The home monitors activity programs on offer and will modify activities to suit the changing needs of residents. Resident feedback indicates they are satisfied with the wide variety of programs on offer in the home.

Examples of improvements in relation to resident lifestyle include:

- Resident feedback indicated they would like a Happy Hour to be included in the activities program. The lifestyle coordinator has now introduced a Happy Hour each week, and has included finger food and nibbles. Feedback from residents has been positive. They are enjoying the socialising aspect of the happy hour.
- Resident feedback indicated they would like to be involved in art classes after participating in a painting session. Art classes are now offered monthly. Resident feedback indicates they are enjoying the experience of painting, drawing and colouring in. Residents are taking great pride in exhibiting their art work within the home.
- Residents requested to participate in dance classes on a regular basis after the Bordertown Dance Group visited. The home has introduced regular dance classes and has combined them with the easy-moves class. The home also introduced a light supper and refreshments. Resident feedback indicates they enjoy participating in the ballroom dancing, refreshments, and like reminiscing and are happy with the social interaction with other residents.
- The local police donated a computer for residents’ use. Residents using the computer had trouble reading the screen as it was too small. The home purchased a larger screen and computer desk with money raised from the Hot Pots cooking class. Resident feedback has been complimentary as the new screen has made it visually easier to see.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has processes for identifying and accessing relevant legislation, regulations and professional standards about resident lifestyle. Processes to monitor compliance regarding security of tenure, privacy information and mandatory reporting of resident abuse include internal audits, surveys, observations and incident monitoring. Each resident is provided with a residential care service agreement on entry to the home that explains fees and charges and security of tenure. Residents and representatives are advised in writing of any legislative changes to the fee structure. Staff are aware of their regulatory responsibilities relating to resident lifestyle.

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

The home's management team demonstrates a commitment to maintaining staff knowledge and skills in relation to resident lifestyle. Staff have the appropriate qualifications and experience to assist residents to retain their personal, civic, legal and consumer rights. Information about external training opportunities, professional conferences and workshops is made available to staff and they are supported to attend relevant training and professional development opportunities. Staff have undertaken training in the last 12 months relating to resident lifestyle issues, including a Dementia and Recreation National Conference, Brain Gym, Easy-Moves for Active Ageing and managing challenging behaviours. Staff practice is monitored through performance appraisals, surveys, feedback and evaluation of the lifestyle program.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents are satisfied that the level of emotional support offered by staff meets their individual needs. A welcome package detailing the leisure and lifestyle programs is given to residents on entry. A personal life history package is sent to residents' families to gather information about their personal, professional, religious and spiritual life including hobbies, interests and preferred activities. The information collected is used to complete residents' social and leisure profile and spiritual and cultural profile. These profiles are reviewed and updated regularly or as required. Residents receive one-to-one emotional support from care and lifestyle staff, volunteers and religious ministers of their choice. Additional supports include accessing mental health services, buddy system with other residents, pet therapy, beauty therapy, hand massages, the use of soft toys and dolls, reminiscing wall in the garden as well as an on-site memorial services. Staff monitor residents with cognitive deficits through observations, verbal and non-verbal cues and techniques.

3.5 Independence

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

Team's recommendation

Does comply

Residents are satisfied that they are assisted to achieve their independence and maintain friendships and participate in the local community. Lifestyle and care assessment and review processes identify residents' needs, abilities, interests, preferences and family and community associations. Physiotherapy assessments combined with mobility aids and access to specialised equipment assist residents to maintain their independence. Residents' families are encouraged to visit and participate in the activities offered, and where possible, take residents to outside appointments. Lifestyle activities including the use of volunteers, social outings, bus trips, shearing shed and shopping expeditions assist residents in maintaining links to the community. Residents can access their money from a cash fund for financial independence and can maintain their voting rights on the electoral roll. Access to talking books, large print bingo cards and individual phone lines assist residents to maintain their independence. Staff assist residents' whilst respecting their right to refuse participation.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents are satisfied that the home respects their individual needs and preferences and that their privacy, dignity and confidentiality is maintained. Residents are accommodated in single rooms with en-suite bathrooms. Staff assist residents in their activities of daily living by promoting and supporting their privacy needs through knocking on doors before entering and ensuring discretion during staff handover. Confidential information is stored securely and password protected with appropriate access to staff and allied health professionals. Staff and volunteers are informed of the home's privacy and confidentiality policies and sign a confidentiality agreement as part of their orientation to the home.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are satisfied with the range of activities available and the support provided to assist them to participate. On entry to the home a social, leisure, spiritual and cultural profile identifies individual needs, abilities, interests, preferences and family and community associations. Activities planners are enlarged and displayed throughout the home. Activities are developed through consultation with residents and include footy tipping, local seniors' week, men's group, happy hour, bridge, 'hot pots' cooking group and art and craft classes. The home has access to a large volunteer base to assist residents' leisure interests and activities. Participation in and support for activities programs is adjusted to meet the changing needs, preferences and capabilities of individual residents. This information is reflected in their care and lifestyle plans. All activities offered are assessed and evaluated by lifestyle staff with feedback from residents.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents are satisfied with the way staff support their cultural and spiritual needs. Residents are consulted regarding their cultural and spiritual requirements on entry to the home and have access to one-to-one support from lifestyle staff, volunteers and religious ministers of their choice. Cultural, religious and local significant days are identified and acknowledged and include Christmas, Easter, Mothers' Day, Fathers' Day, Australia Day, Remembrance Day, Anzac Day and pancake day. A church service and reflection group are held on opposite fortnights to provide spiritual comfort to residents. Memorial services are held on-site to honour the memory of deceased residents. The home monitors and evaluates residents' spiritual and cultural needs through one-on-one support, feedback, observations and the yearly survey.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents are satisfied with the consultation, choice and support provided to make decisions around issues that affect their daily life. Information on residents' rights and responsibilities is included in the resident orientation handbook, the residential care service agreement and displayed in the home. Residents are encouraged to personalise their rooms, choose their own doctor and negotiate their activities of daily living to suit them. Individual discussions with staff and management and the yearly residents' survey assist the home in monitoring residents' satisfaction with the choices and decisions made available to them. Staff respect and understand their responsibilities in providing residents with the opportunity to make choices about the services they receive.

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 and representatives are satisfied with the information provided and the processes used to assist them to understand their rights and responsibilities and security of tenure. The entry process is used to inform residents and their representatives of their rights and responsibilities, security of tenure, fee structures, and the care and services provided. This information is documented in the resident agreement and orientation booklet. The residents' Charter of Rights and Responsibilities and internal and external complaints mechanisms are displayed in the home. A security of tenure tag feature has been developed and added to the electronic care plan assessment package to assist the home in tracking and recording consultation processes with residents and representatives.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems to actively pursue continuous improvement in physical environment and safe systems. The quality/risk manager evaluates and identifies improvement opportunities through regular internal and external audits, preventative maintenance, feedback processes, meetings, surveys, industry guidelines, legislative requirements, and incident and hazard data. Information is presented monthly at the Quality Improvement/ Occupational Health Safety and Welfare meetings. Improvements are logged, reviewed and discussed with staff at meetings. Staff and residents are aware of improvements and confirm they can make suggestions and receive feedback about their ideas.

Examples of improvement activities and achievements in physical environment and safe systems in the last 12 months include:

- As a result of the duty statements being reviewed staff identified they needed a safety platform to perform various functions of their duties. A new mobile safety platform was purchased and staff are now working within regulatory safety guidelines. Feedback from staff has been positive. The platform has improved their access to high areas and they feel safer when standing on the platform.
- Volunteers identified they would like to know the correct procedure in an emergency and what to do if a resident fell in front of them. The home produced an information booklet on fire and emergency procedures and manual handling. Volunteer feedback has been positive. They have commented that the booklets have improved their understanding of manual handling techniques and now feel more confident in knowing what to do if a resident falls.
- The kitchen manager identified a potential risk with the cold room alarm when orientating a new staff member. The alarm is only audible within the kitchen area which may pose a risk in the afternoon when there are minimum staff rostered on. An external contractor installed a visible flashing alarm in the main corridor. This has increased staff safety in the event of staff inadvertently locking themselves in the cool room.
- Due to the continual breakdown of several individual air-conditioning units and the continual cost of having them repaired the home purchased and installed water coolers and fans. Resident comments have been positive reporting that they like the fans as they keep them feeling fresh. The home currently has plans in progress to install four single split system units, with an up-grade to the power board. This is yet to be implemented and evaluated.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems to monitor and respond to relevant legislation, regulatory requirements, and professional standards and guidelines in relation to the physical environment and safe systems. Established processes are implemented to monitor and action changes as they occur. External auditing processes include triennial fire inspections, building certification inspections and food safety audits. Occupational health and safety policies and procedures are in line with professional standards and guidelines and assist the home in providing a safe physical environment. Staff have access to policies and procedures and are advised of any changes through meetings, newsletters, memos, noticeboard, educational processes, electronic notification and direct correspondence. Management and staff are aware of their legislated responsibilities for maintaining both personal and environmental safety.

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

The home's management team demonstrates a commitment to maintaining staff knowledge and skills in relation to the physical environment and safe systems. Staff training needs in relation to the environment are identified through a variety of mechanisms including environmental audits, staff survey, incident and hazard data and performance appraisals.

Staff and management have attended training relevant to the physical environment and safe systems including Certificate IV in Occupational Health Safety and Welfare, rehabilitation and return to work co-ordinator training, manual handling, fire and emergency, chemical safety, infection control, occupational health safety and welfare training and food safety. Staff demonstrated the appropriate knowledge and skill required to perform their duties, and confirm they are supported and encouraged to undertake further education. Residents and representatives confirm staff have the skills to support their needs.

4.4 Living environment

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

Team's recommendation

Does comply

Residents confirm that the home provides a safe and comfortable living environment to meet their needs. The home regularly monitors the safety, comfort and cleanliness of the living environment, and residents' rooms are assessed and furniture selected and positioned to reduce risk. On entry, residents and their families are advised of safety guidelines, while being encouraged to bring personal items to furnish their rooms. Residents are accommodated in single rooms with en-suite facilities and have access to a range of sitting, dining and recreational areas which link to secure external courtyards. Staff pagers and LED displays advise staff when call bells are activated. Residents may wander freely throughout the home. Unsafe areas are secured and there are key pad operated exits. No restraint is used although there is a documented procedure to guide assessment and decision making relevant to restraint use. There is a corrective and preventive maintenance program and the home monitors incidents and hazards.

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

There are management systems to provide and monitor a safe working environment according to legislative requirements. Orientation and ongoing training provide information for staff on the home's occupational health and safety processes and staff responsibilities. The home's quality improvement and occupational health and safety committee which is representative of the home's work groups and management, monitors the outcomes of incident, hazard and accident reporting processes. Worksite inspections are regularly conducted and staff confirm that the home provides for 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

There are management systems to reduce the risk of fire, security and other emergencies. Fire equipment and alarm systems are regularly monitored and maintained by external services. There are emergency procedures, evacuation plans and resident transfer information accessible to staff. Residents are informed of their action in the event of a fire. Regular fire training and test drills are conducted and the home has prepared evacuation protocols and bush fire emergency plans. Electrical equipment is tested and tagged and chemicals safely and securely stored. A master list of hazardous substances is maintained at the fire panel. A smoking policy includes the requirement for resident supervision while smoking, and a designated external smoking area for staff. A routine inspection of the home's security is conducted each evening and external doors are key pad operated.

4.7 Infection control

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

Team's recommendation

Does comply

The home has processes to control and monitor infection incidence according to infection control guidelines and the home's procedures. Outbreak management resources and guidelines are available and have been refined following an outbreak in 2009. Staff in all areas of the home receives infection control training relevant to their role and have access to protective equipment, hand gel and hand washing facilities. The incidence of infections is reported as low. There is a vaccination program for residents, their families and staff and the home has an audited food safety program.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents are satisfied that hospitality services enhance their quality of life and the home's environment and that the services are responsive to their feedback. Residents' nutrition needs and preferences are communicated to catering services in writing and the home's chef visits residents personally to discuss their particular choices. Regular snacks are provided in addition to main meals which are served in resident dining rooms under the supervision of staff. Catering services also provide food for celebrations, special occasion meals and snacks to accompany lifestyle activities. Cleaning services are provided according to cleaning schedules and procedures and to meet residents' preferences and privacy requests.

Residents can choose to have their personal clothing items laundered on-site, while major linen items are managed by contracted external laundry services. Residents' families are encouraged to name resident clothing, while the home is planning to introduce a labelling machine. Hospitality services are provided according to infection control guidelines.