



Aged Care
Standards and Accreditation Agency Ltd

May Shaw Hostel

RACS ID 8037

37 Wellington Street

SWANSEA TAS 7190

Approved provider: May Shaw Health Centre 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 25 September 2015.

We made our decision on 16 August 2012.

The audit was conducted on 11 July 2012 to 12 July 2012. 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

May Shaw Hostel 8037

Approved provider: May Shaw Health Centre Inc

Introduction

This is the report of a re-accreditation audit from 11 July 2012 to 12 July 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 July 2012 to 12 July 2012.

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:	Gayle Heckenberg
Team member:	Margaretha (Margaret) Byrne

Approved provider details

Approved provider:	May Shaw Health Centre Inc
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Details of home

Name of home:	May Shaw Hostel
RACS ID:	8037

Total number of allocated places:	28
Number of residents during audit:	24
Number of high care residents during audit:	13
Special needs catered for:	Not applicable

Street:	37 Wellington Street	State:	TAS
City:	Swansea	Postcode:	7190
Phone number:	03 6257 8114	Facsimile:	03 6257 8236
E-mail address:	admin@mayshaw.com.au		

Audit trail

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

Interviews

	Number		Number
Management	2	Administration staff	3
Clinical/care/lifestyle staff	4	Residents/representatives	5
Hospitality and environment/safety staff	6		

Sampled documents

	Number		Number
Residents' clinical files and care plans	7	Continuous improvement plan	1
Summary care plans	7	Residential agreements	4
Leisure and lifestyle files and care plans	5	Personnel files	7
Medication charts	5	External contractor files/agreements	9
Restraint authorisation forms	3		

Other documents reviewed

The team also reviewed:

- Action required improvement forms, procedure and log
- Activities calendar
- Allied health reports
- Archives destroyed or retrieved record book
- Assessment of resident's ability to self medicate
- Assisted meals list
- Audits and survey results
- Bus accreditation folder and letter of accreditation
- Call bell response report
- Chief warden checklist
- Cleaning schedules
- Clinical and complex care directives
- Clinical assessment forms and charts
- Communication diary
- Complaints and compliments folder
- Consolidated register of reportable incidents
- Daily maintenance requests

- Disaster management plan (work in progress)
- Drugs of addiction registers
- Emergency contact list
- Emergency lighting maintenance log book
- Emergency response procedure manual
- Employee letters of appointment
- Equipment purchase review forms
- Evacuation plan report
- External contractor insurance/police checks/registrations
- Food safe audit certification
- Generic workplace inspection checklists
- Governance handbook
- Handover list
- Human resource management policies and procedures
- Incident forms
- Infection control orientation/induction program
- Infection register
- List of residents and activities involvement
- Mandatory reporting guidelines
- Material safety data folder and sheets
- Meeting minutes
- Memoranda
- Menu
- Missing resident mandatory reporting policy and flowchart
- New key personnel form
- Notifiable infection report
- Occupational health and safety workplace book
- Pest control folder
- Police check form reports and database for staff and volunteers
- Policies and procedures
- Position descriptions
- Preventive management/safety inspection check sheets
- Professional registration database
- Prudential reporting process documentation
- Resident evacuation list with mobility status
- Resident newsletter 'Dolphin Express'
- Resident participation in lifestyle activity report

- Resident room check forms
- Resident shower list
- Residents' handbook
- Restraint report
- Risk and hazard register/risk assessments
- Rosters
- Smoking policy
- Staff application package
- Staff confidentiality agreements
- Staff handbook
- Staff induction and orientation checklist
- Staff probationary assessment reports and annual performance reviews
- Staff training calendar/attendance sheets and database
- Staff training certificates and competencies
- Staff training records for mandatory education
- Statutory declaration forms
- Stock rotation lists
- Strategic plan and rules of association
- Temperature logs
- Test and tagging folder
- Texture modified diet and drinks list

Observations

The team observed the following:

- Accreditation visit notices on display
- Activities in progress
- Annual maintenance certificate Form 56 displayed
- Archive area
- Charter of residents rights and responsibilities displayed
- Chemical storage
- Cleaning duties in progress
- Comfortable furnishings
- Comments and complaints forms available throughout the home
- Complaints and advocacy brochures displayed
- Computer server area and backup tapes
- Computer stations for residents
- Electronic clinical software program
- Equipment and supply storage areas

- Evacuation maps displayed throughout the home
- Exit signs illuminated
- Fire panel/mimic panel and fire fighting equipment
- Hairdressing salon
- Hand washing stations and alcohol hand sanitiser gels
- Hydrotherapy spa pool
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Laundry
- Library area
- Maintenance workshop
- Memorial corner
- Menu of the day on display
- Mobility aids and equipment in use
- Notice boards
- Nurses' station
- Palliative care room
- Smoke detectors and sprinklers
- Spill kit
- Staff room
- Staff seated assisting residents with lunch time meal
- Storage of medications
- Transmission based infection resource kit
- Unobstructed and uncluttered corridors and exits
- Vision, mission and philosophy displayed.

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's management team actively pursue continuous improvement against the Accreditation standards. Action required forms record opportunities for continuous improvement and the continuous improvement priority action plan reflects a wide range of current, closed and projected initiatives. Entries made on the plan assist with tracking of improvements, capturing milestones and evaluating outcomes of improvements. Comments, complaints and compliments, audits, clinical data and survey results contribute to the home's performance and continuous improvement plan. Senior management meet regularly to discuss, monitor and evaluate activities of improvement. An administration assistant has responsibility to review audits and clinical data monthly and forward relevant results to area managers for actioning. Staff demonstrated an understanding of continuous improvement.

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

- Upgrade of the payroll and accounting computer system. Management identified there were incomplete systems in operation including no specific asset register. As a result of the upgrade, completion of the asset management program occurred and management reported the payroll improvements provided added benefits to financial outcomes for the home.
- In order to provide assistance to the Board of management, the chief executive officer requested a revision of the Governance handbook. A review of the handbook took place with board member input resulting in a current and contemporary Governance handbook. The review process also enabled Board members to receive increased knowledge and awareness of Governance.
- Management made a decision to implement an electronic documentation system to assist with clinical care reporting, staff communication and for submitting maintenance requests. Management reported and staff confirmed the system is easy to use and has improved communication methods within the home.

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

Management demonstrated there are effective mechanisms in order to identify and ensure compliance with all relevant legislation. The home subscribes to a variety of peak bodies and receives information from Government departments. The chief executive officer ensures policies, procedures, professional standards and guidelines reflect changes to regulations. There is an effective system for ensuring all staff, contractors and volunteers have current police checks. Staff receive current information and advice of changes through education sessions, attendance at meetings, attachments to payslips, memoranda and electronic communication. Residents and their representatives acquire notification regarding Accreditation audits and legislative information at meetings, via notices and newsletters.

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 allocates resources for education to support and develop the knowledge and skills of management and staff in order for them to effectively perform their roles. A projected six monthly event plan reflects current resident needs, staff requests, changes to legislation and mandatory topics. New employees participate in an orientation program. Further education occurs through clinical competencies, online training resources, attendance at external seminars and conferences and certification courses. Records reflected staff attendance and feedback on education sessions provided. Memberships and subscriptions assist with evidence based information. Staff stated they received many opportunities to attend both selective and mandatory internal and external education sessions.

Recent education relating to Standard 1 includes:

- grief and loss
- Diploma of management
- Diploma of administration.

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

Stakeholders receive information related to internal and external complaints procedures via pre-admission discussion, newsletters, the residential agreement and resident handbook. Additional opportunities for comments are available to residents and their representatives at resident meetings and through completion of compliment and suggestion forms or a complaint form. Further avenues for input include case conferences and annual surveys. Relevant managers initiate response and tracking of comments and complaints within

appropriate timeframes and the chief executive officer reviews all complaints for response and closure. Printed brochures and suggestion boxes are accessible to residents throughout the home. Staff raise suggestions via action required forms and through discussions with management, the annual staff survey, attending meetings and annual performance reviews. Staff, residents and representatives stated they are satisfied with response timeframes to matters raised.

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 organisations Board of management assumes overall Governance responsibility for the home. A Governance handbook and strategic plan provides direction and guidance for current and future planning. A documented vision, mission and philosophy reflect the home's beliefs and expectations of care and services. Board members receive support and information through Governance training and regarding Accreditation audits. The home's systems reflect a commitment to quality across all services.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home's recruitment and selection systems ensure skilled and qualified staff provide effective services across all areas. Management demonstrated the numbers and roles of staff meet residents' needs. Documentation reflected ongoing reviews occur in response to changes to residents' health and general well being. A comprehensive orientation and induction process supports staff when commencing employment including flexible 'buddy shifts', mandatory police records checking process and probationary assessment. The home provides position descriptions, duty lists, handbooks, policies, procedures and guidelines to assist effective role performance. Staff confirmed rostering generally provides sufficient numbers of staff and time to conduct their duties. Management encourage staff participation in an annual performance review to assist identification of skills, projected educational needs and to enable feedback. Residents stated they are satisfied staff demonstrated skills and knowledge when providing care and delivering services.

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 demonstrated the availability of appropriate goods and equipment to ensure quality service delivery. An annual allocation of expenditure occurs for purchases and replacement of equipment. A review of stores occurs regularly and a newly established asset

register records all items of equipment. A hazard identification program identifies items requiring repairs and cleaning schedules assist with infection control processes. Appropriately clean, safe and secure areas maintain storage of stock, goods and equipment. Trials and training in safe use of new equipment occurs, and formal evaluation of trials takes place after staff or residents provide feedback. A responsive maintenance program allows for ongoing availability of goods and equipment. Staff stated they are satisfied regarding the availability and quality of stock, 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

The home provides stakeholders with effective and relevant information through a range of communication methods to ensure efficient delivery of care and services. An electronic documentation system enables collection and recording of resident care, health and well being details. Integrated communication hardware allows for successful communication between residents and staff. Exchange of a range of information occurs for stakeholders through meetings, handovers and reports, communication books, case conferences, memoranda, newsletters and notices. We observed an effective archiving system and secure storage of confidential information. Staff reported they received timely information regarding resident care. Residents and representatives stated they have regular and appropriate feedback from the home on a variety of matters.

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

Management negotiate the home's externally sourced services from their local rural community and from further afield. A contractor induction information package reflects notification about the home and expectations regarding quality of service and compliance with legislation. Verbal communication occurs between the home and service providers related to any identified concerns regarding service provision. Supervision occurs on site for the majority of external contractors. Management stated they are satisfied with externally sourced services provided. Staff confirmed visiting contractors are polite when visiting the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, clinical audits and specific indicators allow for routine collection and discussion regarding resident incident data. This includes resident falls, skin tears, medications, behaviours, missing persons and infections. Staff confirmed they received information regarding continuous improvement items through meetings, notices, education and verbal communication.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months are:

- Management identified a requirement to provide further medication competency training for qualified staff. After discussion with the pharmacy an online medication training package now provides staff with a competency based education program. Management reported they have received positive feedback from staff regarding improvement in knowledge and skills.
- Due to outdated equipment, management purchased two new technical medication administration devices to assist with pain management for residents receiving palliative care. Management stated they now have contemporary equipment that is much safer and easier to use.
- To improve providing accurate information to staff the home introduced a podiatry assessment through the new electronic documentation system. Management stated staff now have correct information to guide their foot care practices and to enable referral to the podiatrist when required.

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 chief executive officer has responsibility for ensuring relevant legislative changes are documented, made available and communicated to staff that reflect the health and personal care of residents. Police checks occur for allied health professionals and we noted a record of qualified staff certification. The home provides clear descriptions of clinical roles and we observed staff performing their duties within their scope of practice.

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

A variety of educational topics reflecting resident’s health and personal care occurs to assist in improving staff knowledge and skills. Staff are supported in undertaking and completing further study to obtain care, allied health and nursing qualifications. Contemporary, evidence based resources are available for staff access. Staff stated management support regular attendance at education programs and records reflect many opportunities available to staff for clinical education.

Recent education in Standard 2 includes:

- anti-psychotic medications
- Parkinson’s disease
- end stage dementia and comfort care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management demonstrated residents receive care appropriate to their needs and preferences. The home follows an admission checklist ensuring assessments of all clinical areas using validated tools and charting. Information gained from assessments auto populates the nursing care plan which is individualised to meet residents’ specific needs and preferences. Plans of care include directives from medical practitioners and other health professionals as appropriate. Staff review care plans with reassessments completed as needs change. A care plan summary is located in each resident’s room providing accessible information for care staff. Registered nurses provide care across all shifts and monitor clinical care outcomes through handover, care plan reviews and consultation with the resident or their representative. Residents and representatives stated they are satisfied with the home’s approach to providing clinical 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 findings

The home meets this expected outcome

Pre-entry information as identified from hospital discharge records or medical practitioner notes, often highlight the resident’s need for specialised nursing care. Registered nurses manage this care completing assessments, care plans and evaluating care. Medical and nurse directives give guidance to aspects of specialised care such as management of diabetes, wounds, pain, urinary drainage devices and oxygen therapy. The home has a referral system to other health professionals such as dietitians, speech pathologists, physiotherapists, podiatrists and behaviour management specialists. Staff receive education relevant to residents’ care needs and complete clinical competency tests. Residents and

representatives stated they were confident staff had the necessary skills to manage their 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

Clinical staff demonstrated, and documentation verified, that referral to other health and related services occurs as needed. In consultation with the resident or their representative, referrals to visiting or onsite services occur. This includes physiotherapy, podiatry, speech pathology, geriatrician services, social workers, dentists and optometry. Staff also facilitate referrals to external specialists and provide access to telecommunication services. Comprehensive assessments and prescribed treatments, entered onto the electronic clinical notes, contribute to revised care plans which then reflect any changes to needs. Residents expressed satisfaction with their ability to access other 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

The home demonstrated the medication administration system is safe, delivered in accordance to relevant legislation, regulatory requirements, professional standards and guidelines. The initial assessment, completed when the resident enters the home, identifies medication requirements and preferences, allergies and any assistance needed. Medication charts are accurate, current, include clear medication orders, up to date photographic identification and detail residents’ needs for taking medication. Medications are stored securely in the home’s designated medication area and in locked cupboards in residents’ rooms. Registered and medication endorsed enrolled nurses administer medications from a single dose packaged medication system. Nursing staff or the pharmacist assesses the ability and safety of those residents who wish to self administer. An accredited pharmacist conducts annual medication reviews of residents’ medications and staff complete annual medication competencies. Residents expressed satisfaction with the medication systems and stated they generally receive their medications on time.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home implements processes and actions to assist residents to be as free from pain as possible. Validated pain assessment tools are used to assist clinical staff in assessing residents pain and capturing both residents who can and cannot give verbal feedback. Assessments for the presence of pain identify present and past pain history and effective management strategies. Registered nurses initiate re assessment and charting for continuing or new pain and include this information in the plan of care. Strategies to assist with pain management include medical review, medication, alternative therapies according to resident choice, massage, heat packs, hydrotherapy and electronic stimulating devices. Evaluation of

pain management strategies occurs as part of the care plan review process. Residents stated they are satisfied with the home's management of their pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has systems to maintain the dignity and comfort of terminally ill residents. Each resident provides information in regard to their terminal care wishes on entry to the home. This includes their preferences for treatment, location for palliative care and any specific cultural and spiritual needs. The home provides a dedicated palliative care room that also accommodates relatives who wish to stay during the terminal care phase. A dedicated 'kit' contains items to enhance both the physical and spiritual comfort of the dying resident. The registered nurses generally reassess the resident's needs when the resident has progressed to the palliative phase of care in collaboration with representatives and the attending general practitioner. Consultation to palliative care specialists occurs as required. To enhance resident and representative support, the home facilitates visiting clergy and pastoral carers.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home demonstrated residents receive adequate nutrition and hydration. The admission process includes assessment of dietary preferences, notation of allergies, special dietary needs, likes and dislikes. Staff assess residents' risk status for malnutrition within two weeks of entry, repeating this at three monthly intervals and care plans reflect residents' individual needs and nutritional risk status. Food cooked fresh on site enhances the residents' meal experience. Nursing staff communicate assessment information and any subsequent changes to the kitchen and include this information in the care plan. A range of texture modified meals, thickened fluids and adaptive cutlery and crockery are available for all meals. Nutritional supplements added to food or drink, are implemented in cases of unplanned weight loss. Residents stated they are happy with the choices, quantity and quality of meals provided to them.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

The home has protocols to ensure residents' skin care is appropriate and consistent with their general health. The initial skin assessment identifies residents at risk and the registered nurse develops care strategies from this information to minimise and manage identified risk. Pressure relieving measures used to prevent and/or alleviate compromises to skin integrity include sheepskin rugs, gel and air cushions, air mattresses and repositioning. Strategies to

promote skin integrity include limb protectors, continence programs and the use of barrier oils. The incident reporting system monitors skin tears and pressure injuries. Staff observations, resident and representative consultation and care plan reviews monitor the effectiveness of care. Staff stated they have access to education on contemporary practices in wound management and have sufficient and appropriate wound care products. Residents and representatives confirmed they are satisfied with the care provided to manage residents' skin integrity.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Residents receive continence care that effectively manages their continence needs. Assessment and charting completed following entry to the home establishes voiding patterns, dietary and medication strategies and use of appropriate aids to manage continence. Reassessment and charting occurs if care needs change. A continence team oversees the supply and monitoring of continence products. Education in continence management ensures staff deliver appropriate care. The use of invasive bowel preparations is minimised by the implementation of early intervention strategies such as increased hydration and a nutritious, high fibre diet to maximise normal bowel health. Monitoring of urinary tract infections occurs as part of the infection surveillance process with validated signs and symptoms used to ensure accurate diagnosis. Residents and representatives confirmed that staff assist with residents' continence needs in a timely and discreet manner.

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

Management demonstrated effective behaviour management strategies with referral to specialist services as required. Charting and assessment determines the presentation of challenging behaviours and plans of care include the behaviour, triggers, and strategies for management. Security measures such as wanderer's bracelets activating door closures enhance the safety of residents who tend to wander. Staff receive regular input and guidance from external specialists to assist with the management of adverse behaviours. Leisure and lifestyle staff utilise individual diversional, validation and reminiscing therapies. The home affords access to a range of living spaces, both internal and external for relaxation and change of environment to moderate challenging behaviours. Staff provided examples of suitable strategies to manage behaviours and confirmed their understanding of mandatory reporting guidelines. Residents reported no disturbances by other residents and stated the environment was conducive to their needs.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home demonstrated each resident’s mobility, dexterity and flexibility is optimised. A physiotherapist assesses all residents post entry to gain baseline information on current mobility, dexterity and rehabilitation needs. Staff conduct initial falls risk assessments, then repeat at six monthly intervals or in instances of increased falls to identify potential changes to care needs. Environmental audits of rooms also identify any risks in relation to mobility. Care and lifestyle staff implement exercise regimes and a falls prevention class is held weekly. Consultation occurs with residents and representatives when evaluating effectiveness of the program. Suitable mechanical transfer equipment and mobile chairs are available and staff reported they have received education in manual handling and safe transfer techniques. Residents stated staff support their mobility and dexterity needs.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain residents’ oral and dental health. The oral and health assessment tool used includes details of residents’ teeth or dentures, identification of any problems with mouth, gums and lips and if staff need to assist with dental care. Residents are encouraged to maintain independence with their oral care. A plan of care includes details of the residents’ oral and dental health routines. Residents can access a local dentist on site. We observed adequate supplies of mouth care products including toothbrushes, toothpaste and denture containers. Mouth care products made available enhance the condition of mouths of residents in a compromised health status. Residents and representatives stated they are satisfied with the dental care opportunities available to residents.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has processes to address the identification and management of residents’ sensory losses. The assessment process identifies sensory deficits including cognitive ability, communication, vision and hearing. Care plans guide staff practice in caring for the sensory systems and assisting the resident in maintenance and storage of any sensory aids. Staff assist with referral to specialists including audiologists and optometrists. The kitchen opens onto the dining area maximising choice, meal appreciation and taste sensations. Staff monitor water temperatures during personal care to ensure individual resident’s temperature sensitivities are acknowledged. Lifestyle activities include sensory stimulation such as singing, massage, tactile and touch therapy. Residents stated they are happy with the care in relation to sensory needs.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has policies and procedures in place regarding sleep management. Sleep and retiring assessments contribute to care plan information identifying residents’ natural sleep patterns and preferences for day and night rest. Plans include consideration of concerns that may affect sleep such as pain and continence issues. Therapies to enhance sleep include baths, heat packs, hand massage, toileting, noise reduction, snacks and drinks and sedation. The home monitors resident satisfaction through care plan reviews, residents’ surveys and meetings. Residents stated the home is quiet at night and staff assist by darkening the rooms, quiet activity and offering comfort measures to assist them to sleep.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

The home actively pursues continuous improvement related to Standard 3. Information from resident meetings, audits and surveys results provides input into the continuous improvement plan. The home initiates feedback via circulation of notices, meeting attendance or direct communication. Residents confirmed they received support to maintain their independence, choice and decision making, and timely response to suggestions made about the lifestyle program occurs.

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

- Management initiated reconfiguration of the roster to improve residents’ choice regarding the time of day they would like their activities of daily living conducted. A review of care hours occurred to allow for an allocation of afternoon time to accommodate residents’ requests. Management stated as the reconfiguration of hours is new they are awaiting feedback from staff in order to evaluate outcomes.
- Staff feedback to management indicated resident discomfort from the use of ineffective continence aids. As a result, management implemented a new system with continence aids that would accommodate resident needs. Management stated residents’ privacy, dignity and comfort needs have improved and staff provided positive feedback regarding the enhanced quality of products now available.
- Senior management identified the home did not have any guidelines for volunteers. Production of a volunteer handbook occurred and management reported the handbook now provides volunteers with a point of reference to allow individuals to understand their duties.

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

The chief executive officer ensures updates to relevant legislations, regulations, professional standards and guidelines occur relating to resident lifestyle. Residents and representatives receive documented information regarding privacy and confidentiality, their rights and responsibilities and security of tenure. There are policies and procedures to guide staff for compulsory reporting and management maintain a register of reportable incidents.

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

A range of education offered to staff reflects topics related to resident's lifestyle. Management support staff to undertake and complete further study to obtain allied health and lifestyle qualifications. Staff have been afforded opportunities to enhance their knowledge by attending external conferences and through networking experiences.

Recent education in Standard 3 includes:

- well being
- swim teacher rescue
- develop and deliver activities in rehabilitation therapies for dementia.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

An orientation process to the home assists new residents adapt to their new environment. The resident handbook provides information on services available within the home and residents generally receive this prior to entry. A social worker is available to assist with matters pertinent to moving into residential care. Pastoral carers provide emotional support both following entry and in response to critical episodes. Leisure and lifestyle staff assess resident's emotional needs and compile a plan. Staff visit residents frequently during the settling in period and gradually encourage them to participate in the home's activity program. Representative involvement is encouraged and promoted. Residents stated they are satisfied with the support received to meet their individual emotional needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management provide opportunities for residents to maintain maximum independence relevant to ability and preferences. Residents are encouraged to make informed health related decisions and can maintain financial independence by having their own cash available at reception. Trips out of the facility and visits from community groups such as local schools, uphold contact with life outside the home. A weekly falls prevention class forms part of the activities calendar and a variety of mobility aids assist residents with movement around and outside the home. Other strategies to maximise independence include meal assistive aids, a library area, large print books and notices, hydrotherapy pool and shopping trips. Residents have access to an onsite kiosk run by volunteers, enabling a café experience often enjoyed with visitors. Consultation occurs with residents for their preferred choice of a

range of care, activity needs and preferences. Residents stated they are satisfied their independence is supported and respected

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 implements systems and processes to recognise and respect each resident's right to privacy, dignity and confidentiality. The admission assessment process identifies information such as the resident's preferred form of address, likes, dislikes and preferences in meals, lifestyle and care needs. Resident clinical and administrative details are stored securely. All staff sign a confidentiality agreement annually. Signage on room doors indicate that care is in progress which affords the residents privacy. Residents can access keys to lock their room doors and small areas around the home enable private exchanges with representatives and visitors. Residents and representatives stated they are satisfied the home respects residents' 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

Assessments ascertain the residents' leisure interests, both past and present, along with those activities with which they would like to continue. Input from these assessments and feedback from residents' meetings form the basis of the leisure and lifestyle program. Staff regularly review and evaluate residents requirements to ensure care plans remain effective. Volunteers and leisure and lifestyle staff implement the program which involves a combination of room visits and communal activities. Staff seek resident feedback on activities offered and attendance/participation records are maintained detailing residents' level of involvement. Visits from community based organisations including schools, enhance residents' experiences. Special programs implemented for residents with cognitive decline include a variety of stimulatory measures. Residents and representatives stated they are satisfied with the variety of activities offered.

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

Information gained through assessments, utilising consultation with residents and their representatives, contributes to acquiring details of each resident's cultural and spiritual needs. The home is able to make use of services offered by the migrant resource centre which also provides staff education. Holiday and special events, such as Christmas, Easter, ANZAC day, Australia Day and Melbourne Cup day are included in the activity calendar, and also include days of significance and practices of importance to residents as a group and individually. Pastoral carers and religious leaders conduct ecumenical church services,

including candlelight memorial services. The home is responsive to individual cultural dietary requirements. Residents confirmed their cultural and spiritual beliefs are maintained and respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home recognises the rights of each resident and representative to make decisions and exercise choice and control, through its systems and processes. Assessments identify residents' preferences and include those in relation to hygiene, clothing, activities and meals. The resident handbook outlines services offered, both internally and externally. The home makes use of information as provided by the Guardianship Board and Advocacy, and ensures residents receive these details through residents meetings and brochures. Access to information in languages other than English can be available. Risk assessments determine strategies by which a resident may continue with an activity of choice in a safe manner. We observed staff offering choices to residents in carrying out their duties such as menu choice at lunch time or participation in activities. Residents expressed satisfaction with their ability to give input into their care and stated they either attend residents' meetings or read the minutes.

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 systems to ensure new residents understand their security of tenure and responsibilities. Prior to entering, residents and representatives receive an information package and discussion occurs explaining residents' rights and responsibilities, financial obligations and services offered. A formal resident agreement includes details regarding termination of occupancy, Advocacy access, prudential reporting and prescribed services. Communication occurs in the event of the need to relocate residents internally or for transfer to more appropriate accommodation. Residents stated they felt secure in their accommodation and had an understanding of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

The home’s systems, procedures and guidelines support continuous improvement relevant to Standard 4. Staff incident and hazard information, environmental audits, maintenance requests and the occupational health and safety representative contributes towards the continuous improvement plan. Staff reported they received information regarding health, well being programs and safety matters. Residents stated they observed staff using safe practices and they felt safe in their living environment.

Examples of improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 include:

- The home’s employee safety representative recently completed formal training. In order to apply newly acquired knowledge and understanding of occupational health and safety matters, formulation of a committee occurred and introduction of risk assessments took place. Management have noted improved reporting of occupational health and safety issues and stated they can now track and evaluate concerns raised.
- From information received at a previous Assessment contact visit the home decided to review their restraint management. Education for staff at meetings and discussion with residents and representatives occurred. Purchasing of fall mats and low beds took place and where appropriate, there was removal of bed rails. As a result, restraint numbers have reduced, stakeholders appear comfortable with the changes and there have not been any reported adverse events.

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

The home has policies and procedures to ensure compliance with all legislations, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. The home meets building certification standards. A food safety program and certificate demonstrated compliance. Fire safety and emergency, infection control and occupational health and safety guidelines are available. Chemicals are stored off site safely and material safety data sheets are current. Staff demonstrated knowledge and understanding of safe practices regarding fire and emergency and infectious outbreaks.

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

The home provides an effective education and training program for all stakeholders regarding health and safety. Mandatory training programs have an emphasis on topics such as occupational health and safety, manual handling, infection control, fire safety and other emergencies and food safety. Staff expressed knowledge in the areas of occupational health and safety, fire and evacuation procedures and infection control.

Recent education in Standard 4 includes:

- food safety and handling
- infection control
- fire and emergency facility walk through.

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 management actively work towards providing a living environment that is clean, safe and has comfortable furniture. There are spacious areas throughout the home and a variety of private sitting areas. The external environment provides opportunities for enjoying the outdoors with unobstructed courtyards and pathways. The electronic documentation system allows for reporting of maintenance requests and systematic hazard identification occurs through reporting and regular environmental checks. We noted monitoring of ventilation and temperature promotes residents comfort. Residents' rooms reflect individual preferences and respect privacy. Access to call bells, a security coded system and an evening lock down procedure ensures a safe home environment. Residents stated they had access to comfortable furniture and expressed satisfaction with the home's internal and external living environments.

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's occupational health and safety system promotes a safe working environment that meets regulatory requirements. The system includes an occupational health and safety representative and committee. There are policies and procedures related to the physical environment and safe systems, incident and hazard reporting and relevant education. Manual handling training, risk assessments, preventive and corrective maintenance programs support staff and resident safety. Monitoring of occupational health and safety performance occurs through audits, staff feedback and observation. Staff confirmed they

received training in manual handling and stated management provides 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 findings

The home meets this expected outcome

The home's management and staff actively work towards having effective systems in place for minimising fire, security and emergency risks. Equipment includes fire fighting items such as alarms, smoke doors, automatic sprinklers and extinguishers and the home has a smoking policy and assessment. Evacuation plans and emergency procedures are current and displayed throughout the home. A resident list located at the fire panel includes evacuation methods for each resident. External contractors provide mandatory annual fire safety training for staff and maintain fire and security detection systems. We observed emergency exits clearly marked and free of obstructions. Staff expressed knowledge regarding fire and emergency procedures. Residents confirmed evacuation practices occur in the home and they are aware of procedures to follow in the event of an alarm sounding in the building.

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 dedicates a registered nurse to be the point of contact for matters involving infection control. The nurse is the coordinator, educator and chair of the infection control committee. A surveillance system is used to track and note infections and this data is forwarded to the external audit company for benchmarking. Policies and procedures include contingencies for an outbreak situation with sufficient resources available. Staff have access to hand washing facilities in each wing as well as alcohol based sanitisers in each room, and undertake regular hand hygiene competencies. Staff in all areas follow designated cleaning programs and staff are offered a vaccination program. The home has currency in food safe certification and has a monitored pest control regime. Staff demonstrated knowledge of procedures to follow in relation to infection control and prevention.

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

Management demonstrated provision of hospitality services in a way that enhances the residents' quality of life, while providing a safe working environment for staff. Meals are freshly prepared in the kitchen in accordance with the food safety plan. The menu provides for adequate variety and has approval by a dietitian. Kitchen staff have ready access to relevant information in regard to residents' dietary requirements and preferences. Cleaning schedules guide staff in practices and audits monitor the environment. The onsite laundry

washes both linen and personal clothing, returning these to the residents freshly ironed. Residents stated they are satisfied with the hospitality services provided by the home.