



Aged Care
Standards and Accreditation Agency Ltd

Resthaven Mount Gambier

RACS ID 6301

24 Elizabeth Street

Mount Gambier SA 5290

Approved provider: Resthaven 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 6 June 2015.

We made our decision on 13 April 2012.

The audit was conducted on 19 March 2012 to 20 March 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

Resthaven Mount Gambier 6301

Approved provider: Resthaven Inc

Introduction

This is the report of a re-accreditation audit from 19 March 2012 to 20 March 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 19 March 2012 to 20 March 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:	Sandra Lloyd-Davies
Team member:	Michelle Glenn

Approved provider details

Approved provider:	Resthaven Inc
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Details of home

Name of home:	Resthaven Mount Gambier
RACS ID:	6301

Total number of allocated places:	70
Number of residents during audit:	33
Number of high care residents during audit:	28
Special needs catered for:	People with dementia and related disorders

Street:	24 Elizabeth Street	State:	SA
Town:	Mount Gambier	Postcode:	5290
Phone number:	08 8723 0911	Facsimile:	08 8723 0549
E-mail address:	headoffice@resthaven.asn.au		

Audit trail

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

Interviews

	Number		Number
Corporate and site management	6	Residents/representatives	8
Clinical, care staff and allied health professionals	3	Ancillary and maintenance staff	5
Care and lifestyle staff	4		

Sampled documents

	Number		Number
Residents' files	7	Care plans	7
Medication charts	5	Personnel files	3
Lifestyle assessments and plans	5		

Other documents reviewed

The team also reviewed:

- 'We'd like to hear from you' forms
- Activities program
- Building certification
- Charter of residents' rights and responsibilities
- Clinical audits and action plans
- Clinical care assessments and documentation
- Contractor's sign in/out book
- Electrical testing and tagging records
- External advocacy brochures
- Fire safety and evacuation plans
- Food safety plan
- Handover sheets
- Infection statistics and resources
- Job descriptions and duty statements
- Material safety data sheets
- Plan for continuous improvement
- Police clearance records
- Preventative and corrective maintenance records
- Resident evacuation list
- Resident handbook
- Residential services agreement
- Schedule 4 and 8 licence
- Staff education records
- Staff handbook
- Various audits, surveys and results
- Various incident and hazard records
- Various meeting minutes
- Various newsletters and memorandum
- Various policies and procedures
- Various work instructions

Observations

The team observed the following:

- Activities in progress
- Chapel
- Chemical storage
- Cleaning in progress
- Closed circuit television surveillance
- Dining areas and luncheon service
- Equipment and supply storage areas
- Evacuation plans
- Fire safety and equipment
- Hairdressing salon
- Infection control resources
- Interactions between staff and residents
- Internal and external living environment
- Medication rounds in progress
- Personal protective equipment
- Resident and staff notice boards
- Secure archive storage area
- Storage of medications
- Suggestion boxes
- Swipe-card security

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

Resthaven Mount Gambier is a public benevolent aged care community service of the Uniting Church in Australia governed by a board of management. The home has a corporate and site specific continuous improvement framework to identify opportunities for improvement and monitor compliance with the Accreditation Standards. The home identifies improvement opportunities from 'We'd like to hear from you' forms, audits, surveys, resident and staff meetings and verbal feedback. Information is discussed at quality and safety committee meetings. The home's management monitors actions and timelines generated from continuous improvement activities. Staff and residents are encouraged to participate in the home's continuous improvement program.

Examples of improvement activities and achievements relating to management systems, staffing and organisational development include:

- Following consultation with care and nursing staff a more comprehensive and structured process was developed to assess carer competence. A personal carer competency spreadsheet was developed. Staff skill and knowledge of basic care tasks has improved.
- In response to feedback from sites, corporate office has contracted one agency to provide relief staff. The arrangement with the sole agency guarantees replacement staff to fill unplanned vacant shifts. Management are satisfied with the arrangement and are able to bulk book agency staff that are familiar with their systems when required.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify and monitor relevant legislation, regulations and guidelines. Corporate office distributes legislative updates to the home's management. Regulatory compliance is a standard agenda item at corporate meetings attended by site management. Policies and procedures, guidelines and work practices are updated to comply with regulatory requirements. Corporate processes record and monitor police clearances for staff, volunteers and contractors. Legislative compliance is monitored through meetings, work practices and scheduled audits. Staff are informed of legislative changes through the home's communication mechanisms.

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 has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. Education needs are identified at performance appraisals, through work practices and at staff requests. Training is scheduled throughout the year. Commencing employees undertake mandatory training as part of the induction process. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Staff training relevant to management systems, staffing and organisational development includes corporate and site specific induction and information technology. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

The home has processes to inform residents and representatives of internal and external complaints mechanisms, including information in the residents' handbook and residential services agreement. The home monitors resident satisfaction through surveys, 'We'd like to hear from you' forms and consultation with residents and representatives. Complaints are logged and actions monitored by management. External advocacy and complaints information is displayed in the home. Staff are aware of the comments and complaints system and feel supported in raising issues with management. Residents and representatives have access to suggestion boxes and can maintain confidentiality if they wish.

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 organisation's statement of purpose and values are documented and visible throughout the home. Information describing the home's purpose and values is available in resident and staff handbooks. Documentation containing the home's statement of purpose and values have consistent content. The home is guided by a five year strategic plan. Staff are familiar with the home's commitment to quality care and 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 has processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. Corporate human resources assist with recruitment processes including induction and police clearances. All staff and volunteers are required to provide a police clearance certificate prior to commencing employment. Training needs are identified at performance appraisals, staff meetings and through work practices. Vacant shifts are filled by casual and permanent staff or agency staff if required. The home regularly monitors and evaluates residents' satisfaction with care and services through audits, surveys, care reviews and meetings. Staff are guided in their roles by job descriptions, duty statements, various policy and procedure manuals and a staff handbook. Residents and representatives are satisfied that staff have the appropriate skills to deliver care and 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 has a system for identifying and monitoring goods and equipment required for providing a quality service for residents and staff. The home uses internal and external maintenance processes, audits, workplace inspections, hazard and incident reports to monitor plant and equipment. New equipment is trialled and feedback sought from staff prior to purchase. Storage and ordering processes are delegated to relevant staff from various areas within the home. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment to deliver care and services.

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 has an effective information management system for the collection, analysis and reporting of information. Information is stored securely and files are archived as needed. There are varying levels of access for electronic information which is password protected. Electronic data is backed up on a regular basis. The home monitors the effectiveness of their information systems through internal audits, care and lifestyle reviews and the comments and complaints process. Staff are satisfied they have access to information to guide them in the delivery of care and services. Residents and representatives are satisfied they receive information to assist them to make decisions about residents' care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has agreements with external contractors in relation to maintenance, pest control, allied health services, fire safety, pharmacy and agency nursing staff. Corporate processes assist the home in managing and evaluating external contractors. Records of required registrations, licenses, certificates of currency and police clearances are monitored corporately. Staff and resident feedback contribute to the monitoring and evaluation of service provision. Service providers are changed if considered unsatisfactory. Staff, residents and representatives are satisfied with the external services provided.

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, the home identifies improvements from resident and staff feedback, observations, complaints, audits, incident reports and care reviews. The home's management monitors actions and timelines generated from continuous improvement activities. Staff and residents are encouraged to participate in the home's continuous improvement program.

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

- In response to a staff suggestion the home improved the assessment process for residents with sensory deficits. A sensory kit was developed and staff received training on how to use the kit. The introduction of the kit has improved the quality and consistency of sensory assessments.
- Following a hazard report regarding the heating of heat packs, a comprehensive guide was developed and additional education provided to staff. Staff are aware of the safe preparation and application of heat packs resulting in increased resident safety. Management stated resident use of heat packs has increased.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Nurses' registrations are obtained prior to commencing employment and up-dated annually. Management monitors regulatory compliance through staff meetings, audits, care reviews and staff and resident feedback. Relevant information is available to staff through the intranet system. Staff are aware of regulatory requirements relating to residents' health and personal care, including mandatory reporting responsibilities.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents’ care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by clinical staff includes pain management, palliative care and medication management. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied residents receive appropriate clinical care according to their needs and preferences. Information regarding clinical care needs is gathered on entry to the home to assist with care planning processes. An admission data base and an interim care plan are completed on entry to the home and include residents’ care needs and preferences gathered from the resident and/or representative, and previous health services. Scheduled assessments are conducted to assist with the formulation of the care plan. Care is monitored through care reviews, consultation processes, feedback and clinical audits. Staff stated they have access to current care plans and changes to residents’ care needs are communicated to them through the home’s internal information processes.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied residents’ specialised nursing care needs are identified and met. Initial assessment, care planning and review processes are conducted by registered staff. Residents’ specialised care needs are identified and strategies are outlined in care plans to assist staff with maintaining care needs. The home has access to internal, external and organisational specialists to further assist and guide staff with specialised care needs. Clinical care is monitored through care reviews, progress notes, incident reporting, consultation processes and infection control data. Staff have access to clinical practice manuals and work instructions, and sufficient equipment to meet the specialised nursing care needs of residents in the home.

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

Residents and representatives are aware of the allied health services available and are satisfied residents are referred as required. Care needs are identified and assessed on entry to the home and on an ongoing basis. Care reviews, consultation and observations identify referral requirements. Physiotherapy and podiatry services are provided on-site and undertake assessments of residents’ needs on entry to the home and on an ongoing basis. The home supports residents to attend external services as required. Changes to care needs following allied health visits are documented in the progress notes and the care plan as required. Changes are also communicated to staff at handovers and through the home’s internal information processes to other departments as required. Care processes relating to allied health service referrals are monitored through care reviews and consultation processes.

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

Residents and representatives are satisfied that residents’ medication is managed safely and correctly. Assessment processes identify residents’ medication needs with strategies documented on the medication charts. Assessments are conducted for those residents who are able to self medicate in consultation with the general practitioner, with ongoing ability assessed on an annual or as required basis. Medications are managed and administered by registered staff. Medications are stored safely and securely. Contracted pharmacy services maintain a supply of medications on-site to facilitate emergency and out of hours supply as required. The home has processes to ensure medication charts are reviewed regularly by general practitioners and the pharmacist. The home monitors residents’ medication management through care reviews, clinical audits and incident data. Staff are aware of medication policies and procedures for the safe administration of medications.

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

Residents and representatives are satisfied residents are as free as possible from pain. Assessment and pain monitoring tools, including specific tools for residents with cognitive impairment, are used by the home to identify pain management needs on entry to the home and on an ongoing basis. Individual pain management strategies are documented and include massage, heat packs, compression supports and pressure area care. Additional pain charting and referrals to general health practitioners and allied health services are undertaken when new or changed patterns of pain are identified. The effectiveness of “as required” medication is monitored through progress note entries. The home monitors the effectiveness of pain management strategies through care reviews, consultation, observations, progress note entries and clinical audits. Staff are familiar with non verbal indicators of pain and strategies to assist with maintaining resident comfort.

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

Documentation in resident files and representative feedback shows that the homes’ practices maintain residents’ comfort and dignity during the final stages of care. Consultation processes provide opportunities to discuss and document each resident’s end of life wishes and preferences. The home implements an end of life pathway for those residents in the final stages of care. Accommodation of residents in single rooms provides privacy during the final stages of care, and support is provided for families who wish to stay with the resident. The home has ready access to palliative care equipment and to external palliative care services where additional expertise or clinical support is required. Pastoral care services are available for emotional and spiritual support. Staff practices and processes are monitored through observation and stakeholder feedback. Staff have access to resources and equipment to assist with maintaining resident comfort during the final stages of care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs. Assessment processes identify residents’ dietary and hydration needs, preferences and utensil requirements on entry to the home and on an ongoing basis. A nutrition and hydration risk assessment tool is undertaken to identify those residents at nutritional risk. Residents’ weights are monitored monthly or more frequently as required. Nutritional supplements and fortified meals are commenced as required. Residents with swallowing difficulties or consistent weight loss are referred to general practitioners or allied health services as required. Nutrition and hydration needs are monitored through care reviews, consultation, infection control statistics, staff feedback and clinical audits. Staff interviewed confirmed they have access to current information to assist them with maintaining residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the care provided in relation to residents’ skin integrity. Residents’ skin integrity needs are assessed on entry to the home and on an ongoing basis. Risk assessments are also conducted. Care plans outline individual needs and preventative strategies such as positioning, emollient creams, pressure relieving devices and bed cradles. Registered staff attend to and monitor wound management requirements. The home monitors the effectiveness of skin management strategies through care reviews, incident reporting, clinical audits and staff and resident feedback. Staff are aware of strategies to assist with the maintenance of 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 and representatives are satisfied residents’ continence needs are being met. Continence needs are assessed on entry to the home and on an ongoing basis. Care plans outline individual strategies for continence management including aids and assistance required and scheduled toileting times. Bowel habits are documented each shift and are monitored on a daily basis. The home has access to an organisational continence advisor to assist staff as required. The home monitors residents’ continence needs through care reviews, consultation, staff feedback and clinical audits. Staff are aware of strategies to assist with managing residents’ continence needs.

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

Residents and representatives are satisfied that staff manage residents’ challenging behaviours effectively. Assessments to identify and monitor behaviours are conducted on entry to the home and on an ongoing basis as required. Behaviour management plans are documented and identify triggers and strategies to minimise the incidence of behaviours. Further management plans are developed for residents at risk of isolation or ongoing challenging behaviours, and incorporate one-to-one activities and strategies. External allied health services are utilised to assist with management strategies for ongoing challenging behaviours. The home maintains a restraint minimisation approach; bedrails and tray tables are used by the home. The use of restraint is undertaken in consultation with residents and/or their representatives and the general practitioner, and is reviewed and monitored on a regular basis. The home monitors the effectiveness of behaviour management strategies through care reviews, incident data, progress note entries, observations and clinical audits. Staff are aware of strategies to assist with the management of challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Residents and representatives are satisfied with the home’s approach to optimising residents’ mobility and dexterity. Residents are assessed on entry to the home and on an ongoing basis by a physiotherapist. A falls risk assessment is conducted and a comprehensive, individualised mobility and transfer plan is developed to assist staff when caring for residents and includes assistance and aids required. Suitable lifting aids and equipment are available for those residents assessed as requiring them. The lifestyle program includes activities which encourage mobility and dexterity. The home monitors the effectiveness of residents’ mobility and dexterity strategies through falls statistics, care reviews and clinical audits. Staff attend mandatory manual handling training on an annual basis.

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

Residents and representatives are satisfied residents are assisted to maintain their oral and dental health. Residents’ oral and dental needs and preferences are identified through assessment processes on entry to the home. The information gathered is used to develop individualised care plans that identify dentition, personal preferences for oral care and the level of assistance required. Residents are assisted to access dental services where specific oral and dental issues are identified. Residents’ oral and dental health is monitored through care reviews and observations. Staff are aware of strategies to assist with maintaining residents’ oral and dental needs and are familiar with behaviours which may indicate oral health concerns.

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

Residents and representatives are satisfied with the support provided to minimise the impact of sensory losses. Residents’ sensory needs for all five senses are identified on entry to the home with assessments conducted where sensory deficits are identified. Individual management plans describe sensory support strategies including use and cleaning of aids, communication strategies and assistance required. Dietary requirements plans outline taste and smell deficits. Residents are assisted to attend specialist sight and hearing appointments as required. Referrals to general practitioners and allied health specialists are arranged where further supports for identified sensory deficits are identified. The lifestyle program incorporates sensory experiences for residents and assistive devices are available. The home monitors residents’ sensory requirements through care reviews, resident and staff feedback and audits. Staff are aware of strategies to support and manage residents’ sensory deficits.

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

Residents and representatives are satisfied that residents are supported to achieve natural sleep patterns. Residents’ preferences for achieving natural sleep are identified and assessed on entry to the home and on an ongoing basis. Individual strategies for the promotion of sleep are documented in the care plans including environmental preferences and settling and rising times. The home monitors residents’ ongoing needs through care reviews, incident reporting, consultation and observation. Staff are aware of strategies to promote and assist residents to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

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

Team’s 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 3 Resident lifestyle, the home identifies improvements from resident and staff feedback, surveys, activity evaluations, observations and complaints. The home’s management monitors actions and timelines generated from continuous improvement activities. Staff and residents are encouraged to participate in the home’s continuous improvement program.

Examples of improvement activities and achievements relating to Resident lifestyle include:

- In response to a resident request, a cooking group has been developed. The group is facilitated by a volunteer and provides opportunities for residents who enjoy cooking to participate. The group has been incorporated into the activities program and feedback from residents has been positive.
- Following feedback from residents at a lifestyle meeting, the home has created a small shop near the café. This provides an opportunity for residents to independently access treats, such as lollies and chocolates. A mobile shop trolley service is also available. Residents have indicated they are very satisfied with the service.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to resident lifestyle. Residential services agreements are managed by the corporate office. The home’s management monitors regulatory compliance through staff meetings, surveys and resident feedback. Relevant information is available to staff through the intranet system. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident information.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by staff includes cultural awareness and mandatory reporting. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied that residents receive support in adjusting to life in the home on entry and on an ongoing basis. Residents are presented with a welcome pack on entry to the home and are orientated to the site. A lifestyle social history and spiritual preference form are completed on entry to the home in consultation with the resident and/or representative and identifies past and present interests, including cultural, lifestyle, spiritual and social aspects. Additional emotional supports are implemented as required to meet residents' emotional needs such as pastoral care, one-to-one activities and referrals to general practitioners and allied health specialists. The home monitors the effectiveness of meeting residents' emotional needs through resident and representative feedback, care and lifestyle reviews and observations. Staff are aware of their roles in supporting the emotional needs of the residents in the home.

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

Residents and representatives are satisfied that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside of the home. The lifestyle social history, spiritual preference form and admission data base identify residents' physical, emotional, cultural and social needs and preferences. Residents are encouraged to personalise their bedrooms and maintain financial independence. Residents are encouraged and assisted to attend appointments, outings and social groups outside of the home enabling them to maintain links within the community. Cooking classes, exercise programs, specialised equipment and dietary aids are utilised by the home to further support residents' independence. The home monitors the effectiveness of strategies implemented to promote residents' independence through care and lifestyle

reviews, lifestyle surveys and observations. Staff confirm they promote, assist and respect resident' rights to maintain independence.

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

Residents and representatives are satisfied that residents' right to privacy, dignity and confidentiality is recognised and respected. The home's orientation processes outline residents' right to privacy, dignity and confidentiality. The majority of residents occupy single bedrooms with en-suite bathrooms. Lockable drawers are available in all resident bedrooms. Resident information is stored securely. The home uses resident/representative surveys, feedback forms, care and lifestyle reviews, and observations to monitor staff practices. Staff are aware of their responsibilities and the importance of respecting residents' rights to 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

Residents and representatives are satisfied that residents are encouraged and supported by the home to participate in a wide range of interests and activities of interest to them. A leisure and lifestyle assessment is completed on entry to the home and identifies activities of interest. Individual lifestyle plans are documented and outline individual preferences. A monthly activities calendar is developed and distributed to residents at their request. Daily activities are displayed on whiteboards in each area. Residents are consulted about activities on offer on a daily basis, giving them the option of attending. Residents are assisted by staff to attend activities of interest to them. One-to-one as well as group activities are offered. The home monitors the effectiveness of the activity program through surveys, lifestyle reviews, individual activity evaluations and feedback from residents and representatives through meetings and consultation. Staff confirm they support and encourage residents to participate in activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied that the home values and fosters residents' individual interests, customs and beliefs. Residents are consulted regarding their cultural and spiritual needs on entry to the home. Strategies to support residents' cultural and spiritual requirements are documented on the lifestyle plans and the care plan as required. Spiritual supports are provided in the home, including church services and chaplain chats, and individual visits from volunteers of numerous denominations as requested. Religious and significant days are acknowledged and celebrated with residents assisted to participate in celebrations or observations as they wish. The home monitors residents' cultural and spiritual

needs through resident surveys, lifestyle reviews and evaluations, feedback and observations. Staff are aware of strategies to support residents' cultural and spiritual needs.

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

Residents and representatives are satisfied with the consultation, choice and support provided to make decisions about issues that affect residents' daily life. Information is obtained on entry regarding residents' preferred care needs and authorised representatives and contacts are identified on the admission profile. Information on residents' rights and responsibilities is included in the resident agreement and is displayed in the home. Residents are encouraged to raise concerns through the comments and complaints process, meetings and through consultation. The home monitors their processes regarding resident choice and decision making through audits and resident/representative surveys. Feedback, observations and consultation with residents and representatives through care and lifestyle reviews also contribute to monitoring processes. Staff understand their responsibilities in providing residents with the opportunity to make choices about the care and 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 findings

The home meets this expected outcome

Residents are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. A corporate admissions officer contacts the resident and their representative during the pre-entry stage to provide support. Room changes are carried out in consultation with residents and representatives. Brochures regarding independent sources of advice and advocacy are available within the home. Staff are aware of residents' rights and responsibilities. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

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.

In relation to Standard 4 Physical environment and safe systems, the home identifies improvements from resident and staff meetings, incident and hazard data, workplace inspections, observations, complaints, maintenance requests and audits. The home’s management monitors actions and timelines generated from continuous improvement activities. Staff and residents are encouraged to participate in the home’s continuous improvement program.

Examples of improvement activities and achievements relating to the Physical environment and safe systems include:

- As a result of staff responses to an emergency drill, the home improved their emergency procedures. Laminated cards with colour coded emergency procedures and telephone numbers of key staff were created. A recent fire drill showed a marked improvement in staff responses.
- In response to a suspected gastroenteritis outbreak the home trialled dissolvable linen bags. The bags have reduced housekeeping staff contact with contaminated material. Following the trial, dissolvable bags have been purchased and are used for heavily soiled residents’ clothing. Feedback from staff has been positive.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Management monitors regulatory compliance through staff meetings, audits and staff and resident feedback. Audit processes include, food safety audits and workplace inspections. Occupational health and safety policies and procedures are in line with professional standards and guidelines. Relevant information is available to staff through the intranet system. Staff are aware of regulatory requirements relating to the physical environment and safe systems, including standard infection control guidelines.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by staff includes; chemical safety, manual handling, food safety and fire and emergency. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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 provides a safe and comfortable living environment consistent with residents' care needs. Residents are accommodated in single or double en-suite rooms and are able to personalise their rooms to reflect individual preferences. Communal dining rooms, lounge rooms and private sitting areas provide opportunities for interaction with residents and representatives. Residents have access to enclosed courtyard gardens. A hairdressing salon is available on-site. The home monitors the living environment through preventative and corrective maintenance processes, audits and workplace inspections. Staff are aware of their responsibility in facilitating a safe and comfortable living environment for residents. The home is secure and residents are able to wander freely. Residents have access to call bells to summon staff assistance as required.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. The quality and safety committee is responsible for monitoring the safety of the home through workplace inspections, audits, maintenance requests, incidents and hazard reporting. There are corporate processes to assist with rehabilitation and return to work programs for staff affected by workplace injuries. Staff have access to personal protective equipment, policies, procedures, guidelines and training.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation maps and mimic panels are located throughout the home and emergency procedures are accessible to staff. A resident mobility status list is available to staff and emergency services. Fire and emergency training is conducted annually. The home has current building certification and fire safety records. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems, including electrical testing and tagging. The home's security is maintained through swipe-card operated internal doors and closed circuit television surveillance to monitor access after hours. Staff are aware of their responsibilities in the event of an emergency. Instructions to follow in the event of a fire alarm are posted in residents' rooms.

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's clinical care coordinator is responsible for coordinating and monitoring the infection control program in accordance with relevant guidelines. The home has documented outbreak management plans and provisions are available as required. There is an audited food safety program. There are adequate supplies of personal protective equipment and chemicals are stored safely. The home monitors the effectiveness of their infection control program through internal and external auditing processes, temperature monitoring of food, and critical equipment, observation and environmental swabbing. The rate of infections is monitored and collated on a monthly basis. Staff are familiar with infection control practices and confirm they have access to sufficient information and personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services that enhance residents' quality of life and the staff's working environment. A four week rotating menu offers variety to meet residents' individual dietary needs and preferences. Residents' dietary requirements, food allergies and preferences are identified, updated as necessary and communicated to relevant staff. There are processes for ordering and returning incorrect stock. Residents' rooms and communal areas are cleaned according to a schedule. Hospitality services are monitored through audits, surveys, a resident food committee, workplace inspections and verbal feedback. A labelling service is available to minimise the loss of residents' clothing. Staff have access to duty statements, policies, procedures and guidelines to assist them in their roles. Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home.