



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredit Resthaven Murray Bridge

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Resthaven Murray Bridge in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Resthaven Murray Bridge is 3 years until 27 May 2012.

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

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

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Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and Approved provider details

Details of the home

Home's name:	Resthaven Murray Bridge		
RACS ID:	6081		
Number of beds:	78	Number of high care residents:	Nil
Special needs group catered for:	Nil		

Street:	53 Swanport Road				
City:	MURRAY BRIDGE	State:	SA	Postcode:	5253
Phone:	08 8532 1969		Facsimile:	08 8532 6151	
Email address:	murraybridge@resthaven.asn.au				

Approved provider

Approved provider:	Resthaven Incorporated
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Assessment team

Team leader:	Mary Dunn
Team member:	Margaret Pope
Dates of audit:	23 March 2009 to 24 March 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
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Agency findings
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Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Resthaven Murray Bridge
RACS ID	6081

Executive summary

This is the report of a site audit of Resthaven Murray Bridge 6081 53 Swanport Road MURRAY BRIDGE SA from 23 March 2009 to 24 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Resthaven Murray Bridge.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 March 2009 to 24 March 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Mary Dunn
Team member:	Margaret Pope

Approved provider details

Approved provider:	Resthaven Incorporated
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Details of home

Name of home:	Resthaven Murray Bridge
RACS ID:	6081

Total number of allocated places:	78
Number of residents during site audit:	78
Number of high care residents during site audit:	66
Special need catered for:	People with dementia or related disorders

Street:	53 Swanport Road	State:	SA
City/Town:	MURRAY BRIDGE	Postcode:	5253
Phone number:	08 8532 1969	Facsimile:	08 8532 6151
E-mail address:	murraybridge@resthaven.asn.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Resthaven Murray Bridge.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	11
Executive manager corporate services	1	Care coordinator	1
Executive manager residential services	1	Registered nurses	3
Board President	1	Personal carers	2
Senior manager clinical services	1	Lifestyle coordinator	1
Senior manager residential care services	1	Lifestyle Assistants	2
Manager residential care service	1	Coordinator housekeeping services	1
Quality and infection control officer	1	Housekeeping staff	1
Occupational health and safety coordinator	1	Maintenance staff	1
Executive manager human resources	1	Volunteer	1

Sampled documents

	Number		Number
Residents' files and care plans	7	Medication charts	9
Computerised assessments and progress notes	10	Wound charts	3
Lifestyle assessments and plans	8	Personnel files	6

Other documents reviewed

The team also reviewed:

- Vision, mission and values statements, policies and procedures, strategic plan 2005-2010, organisational charts, Murray Bridge business plan, occupational health and safety plan
- Continuous improvement folder, activity reports, action requests and log, audit schedules, results of audits, surveys, collated incident data, project information and data, statistics and graphs, management and department reports, corporate continuous improvement information
- Clinical indicator information, statistics and graphs, various reports
- Legislation list, staff police check list, S4 medication licence
- Education/training records, education schedules
- Compliment and complaint summary for 2008 and register of compliments and complaints
- Staff handbook, job descriptions, duty statements, 'standard shifts per day' document, enrolled nurse competency assessments, induction checklist for new and agency staff, medication competency assessments, staff performance appraisal records and counselling records
- Minutes of various corporate, management, staff and resident meetings, communication book, handover sheets, diaries, contractor and emergency lists
- Leisure/lifestyle assessments, leisure lifestyle satisfaction survey 2007, activity schedules, booklet given to residents/representatives re activity programs, records of attendance at activities, specific activities for individual residents in secure area
- Newsletters 'Staff Link' and 'Murray Mag'
- Medication ordering forms, register and audits, narcotic drug register
- Emergency procedures wall charts, equipment service records, preventative and corrective maintenance schedules, maintenance request records, asbestos register, fire log record
- Safe work operating procedures, occupational health safety and welfare housekeeping audits and schedule, hazard and incident reports, material safety data sheets
- Infection control data and analysis
- Food safety plan and inspection March 2009, dietary guidelines, meal plating and sizing information, descriptions of textured food, special nutritional needs, menus and selection records, dietician report, standard recipes, records of temperature checks, calibration records, fluid and diet lists.
- Cleaning schedules, routines and instructions, job descriptions, response to corporate housekeeping survey 2008.

Observations

The team observed the following:

- Internal and external living environment including hairdressing facilities, outdoor smoking areas, secure garden areas, communal areas
- Interactions between staff, residents and representatives, staff responding to call bells
- Activities in progress for groups and individuals
- Meal service and residents assisted with meals
- Storage of medications, medication rounds, nurses' station, dressing trolley, medical and continence supplies
- Storage of resident files and care plans, archived documentation storage, shredder
- Equipment storage and availability for resident and staff use
- Staff room noticeboards, and facilities
- Resident noticeboards including comment and complaint information, advocacy services and external complaints mechanisms, information brochures on advance directives and food safety tips
- Kitchen, laundry, general stores areas, cleaners' trolleys and supplies, colour coded equipment and posters
- Hand washing facilities, posters on manual handling, infection control and chemical safety
- Mission, vision and values statement displayed

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Resthaven Murray Bridge has a continuous improvement system that is driven by an overarching management system and supported through corporate structures and processes. When areas for improvement are identified, action is taken and evaluated for effectiveness. Components of this system include resident and staff meetings, ‘action request’ (improvement) forms, hazard/incident reporting, comments and complaints, surveys and a corporate and site audit program. Identified opportunities for improvement are discussed and actions are evaluated at Murray Bridge Quality and Safety committee and reported at corporate Quality Safety Review committee. Staff demonstrated an understanding of the mechanisms used to raise an improvement. Residents/representatives reported that they would raise any suggestions or concerns to staff or management and felt confident that suggestions or concerns would be addressed.

Examples of improvements in relation to management systems, staffing and organisational development introduced in the last twelve months include:

- As a result of not always having the required medical supplies available when needed, an imprest system has been introduced for the ordering and supply of cost effective medical goods. An external contractor provides this service along with advice and support in relation to general wound care to nursing staff. A new cupboard has been installed for these goods and the outcome has resulted in medical stock being on hand at all times or supplied at short notice. An additional benefit is timely care to residents and reduced time spent by nursing staff.
- To improve the timeliness and efficiency of communication and time spent by the coordinator of housekeeping services, a messaging system has been introduced that allows the coordinator to send one message to notify a group of housekeeping staff about roster changes. This improvement means that vacant shifts can be filled in a timely manner. The messaging system also provides information to staff about meetings and education and training requirements. The coordinator of housekeeping services gave positive feedback about the messaging system.
- While exploring options for staff recruitment, the home has accessed a school based training apprenticeship and a staff member is currently undertaking certificate three studies. In addition, a second staff member who is currently on probation is expected to commence studies in certificate three through this apprenticeship scheme.
- As a result of care staff expressing distress in relation to workloads at a staff meeting, an additional three hour shift has been allocated to the high care area of the home. Staff meeting minutes indicated that staff felt less rushed and that resident care is now able to be provided in a more timely manner.

- To increase work efficiencies in the main kitchen, two hours have been added to the roster. Rostered hours have been rearranged in consultation with staff and duty statements and work processes reviewed. Staff feedback has been positive.
- The home identified that short term (agency) staff were not provided with sufficient information when they worked instead of permanent care staff. In order to provide improved information to agency staff, the check list for orientation of agency staff has been reviewed and extended to now include a map of the home, staff meal list, site security procedure, information about the electronic care system, a list of residents and their diagnosis, and a duty statement and signature list. Management indicated positive outcomes when agency staff are now rostered.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

Established corporate processes monitor changes to legislations, regulations and guidelines that impact on management systems, staffing and organisational development. The manager residential care service informs staff of any changes to legislation through meetings, memos and training. Staff have access to policies and procedures, which are reviewed in consultation with relevant groups of staff and updated centrally. Additional training or resources may be incorporated to increase staff and resident understanding and compliance. Processes, such as police checks and human resource management requirements are managed by corporate officers. Audits are conducted to check compliance with legislation, standards and guidelines. Management and staff are aware of their individual responsibilities and of legislation that impacts on their area.

1.3 Education and staff development:

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

Team’s recommendation

Does comply

Information outlining the roles and responsibilities of staff is provided through the home’s induction program and includes a buddy shift with an experienced staff member. Staff attend corporate induction within two months of commencing employment. Staff are provided with job descriptions, duty lists and work instructions and are shown how to access policies and procedures. All staff (care, lifestyle and housekeeping) complete competencies and attend education relevant to their role. Training needs are identified through a corporate training survey, annual performance appraisals, audits, clinical indicator trends, and staff and resident feedback. Staff are encouraged to take responsibility for their professional development and assisted to attend external education forums. Education is planned, advertised, evaluated and processes have been established to monitor attendance. Staff from all areas indicated their understanding of their role and responsibilities.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Information regarding internal and external complaint resolution processes is provided in the resident handbook and resident agreement. The complaint process is periodically discussed at resident meetings and included in the home's quarterly newsletter. A compliment or complaint form is placed in accessible locations within the home and information in relation to advocacy services and the external complaints mechanism is similarly displayed. Comments and complaints are registered and reflect management investigation, corrective action and feedback. Residents and/or representatives indicated awareness of comments and complaints processes.

1.5 Planning and leadership

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

Team's recommendation

Does comply

Resthaven's vision, mission and values is documented in the employee and volunteer handbooks, in newsletters (Staff Link), the resident handbook and on Resthaven's website. A framed copy is also located in Murray Bridge's entry foyer.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has processes to identify, monitor and review the skills, qualifications and numbers of staff required. Staffing levels are based on resident care levels, changing resident care needs, clinical indicators, workloads and staff feedback. Position descriptions outline the skills and qualifications needed to fill roles and staff are recruited consistent with these requirements. Monitoring of staff knowledge and skills occurs through competency assessment, attendance at training, annual performance appraisals and observation of staff practice. The home has processes, through the corporate office, for ensuring current criminal record checks and nursing registration requirements of staff. Residents expressed satisfaction with the care and services they received. Staff reported that they felt confident that they had the skills to deliver care and services to residents as their needs indicate.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has processes in place to assess, purchase, monitor and maintain appropriate goods and equipment for the delivery of care and services. All new equipment is trialled with residents and staff prior to purchase, and education is provided to staff on the correct use of equipment as required. The maintenance officer and external contractors undertake preventative and reactive maintenance for building and equipment. Stock levels are maintained by key personnel to ensure availability of goods to meet health and personal care needs, housekeeping and environmental service needs. Staff and residents and/or representatives reported that equipment meets residents' needs and is maintained.

1.8 Information systems

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

Team's recommendation

Does comply

The home has established processes and procedures to ensure information is managed in a secure and confidential way, including restricting access to resident and staff information. Processes include restricted access to computers through electronic passwords. Policies and procedures are routinely reviewed and are available through the home's intranet. Information regarding changes to residents' care needs is communicated to staff through the staff meetings, handover process, communication books and resident records. Newsletters, resident meetings, one to one interviews and case conferencing are used to inform residents of relevant matters. The service has processes in place for document archiving and destruction. Residents and their representatives have access to information to assist them to make decisions about their care and lifestyle on entry to the home and on an ongoing basis.

1.9 External services

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

Team's recommendation

Does comply

Staff, residents and their representatives reported satisfaction with the quality of external services provided. External service agreements for contractors are established and reviewed on a regular basis by corporate office. External contractors are provided with information detailing the expectations of the home in relation to service provision. Performance of external service providers is monitored through feedback from staff and residents. External service providers complete an induction program when working at the site for the first time and police checks are completed as required.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has a continuous improvement system that is driven by an overarching management system and supported through corporate structures and processes. When areas for improvement are identified, action is taken and evaluated for effectiveness. Components of this system include resident and staff meetings, 'action request' (improvement) forms, hazard/incident reporting, comments and complaints, surveys and a corporate and site audit program. Identified opportunities for improvement are discussed and actions are evaluated at Murray Bridge Quality and Safety committee and reported at corporate Quality Safety Review committee. Staff demonstrated an understanding of the mechanisms used to raise an improvement. Residents/representatives reported that they would raise any suggestions or concerns to staff or management and felt confident that suggestions or concerns would be addressed.

Examples of improvements in relation to health and personal care that have been introduced in the last twelve months include:

- A clinical practice manual with contemporary clinical practices has been developed in response to identified need. Care staff now have access to practice guidelines, recommendations, work instructions and standard plans of care that contribute to contemporary levels of care for residents. Review of staff meeting minutes indicates that staff are using the manual and that this is contributing to improve clinical care for residents.
- An electronic information management package to manage resident care was introduced in the home in October 2008. Assessments and progress notes are recorded electronically. All relevant staff have received training in the use of the computer and the package, and have been provided with modules and booklets. Positive outcomes include timely and accurate reporting of resident information, easy to read documents, eliminating the need for repetitious documentation, eliminating risk of transcription errors, improved communication and improved clinical practices for residents. Staff confirmed the benefits of this improvement.
- Following a clinical audit of behaviour management in August 2008, a suggested improvement was inclusion of leisure/lifestyle strategies into behaviour management care plans. Team meetings to discuss resident care reviews now include the lifestyle coordinator. Care plans contain leisure/lifestyle strategies to assist care staff in the management of challenging behaviour. This has been particularly helpful in the dementia specific secure wing of the home. Feedback from staff, the lifestyle coordinator and a lifestyle assistant indicate improvement in management of residents' behaviour.
- A corporate initiative in December 2008 included a review of wound management systems that resulted in a trial of new documents, restocking wound products and provision of a ready reference of correct wound products for registered nurses to assist in care planning. Random

audits indicate that residents' wounds are being treated with the correct product and healing rates are within expectations.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Established processes alert management, staff and residents to changes in legislation, regulations and guidelines. Routine processes, such as monitoring levels of service, nursing registrations and medication licences are established. Registered nurses are available at all times and are directly involved in the assessment of residents' care needs. Meetings, shift handover, notices with payslips and memoranda are used to inform staff about changes that impact on their roles and responsibilities. Staff practices are monitored through clinical indicators, feedback mechanisms and observation.

2.3 Education and staff development

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

Team's recommendation

Does comply

Information outlining the roles and responsibilities of staff is provided through the home's induction program and includes a buddy shift with an experienced staff member. Staff attend corporate induction within two months of commencing employment. Staff are provided with job descriptions, duty lists and work instructions and are shown how to access policies and procedures. All staff (care, lifestyle and housekeeping) complete competencies and attend education relevant to their role. Training needs are identified through a corporate training survey, annual performance appraisals, audits, clinical indicator trends, and staff and resident feedback. Staff are encouraged to take responsibility for their professional development and assisted to attend external education forums. Education is planned, advertised, evaluated and processes have been established to monitor attendance. Staff from all areas indicated their understanding of their role and responsibilities.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does comply

Residents and their representatives are satisfied with the consultation, care and services provided and how their care needs are managed. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents' needs and care strategies are regularly reviewed in consultation with residents, representatives and care staff. Information regarding each resident's care needs is documented in care plans

that are easily accessed by staff. Handover sheets, alerts on the resident care database and a diary are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits are scheduled and trends are identified.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences. The home has assessment processes to identify residents’ specialised nursing care needs and appropriate care plans are implemented. Registered nurses and organisational specialists attend to specialised nursing care, including complex wound management, bowel and pain management. Enrolled nurses and personal carers work within their role and function, reporting to the registered nurse when changes in residents’ health or care needs require re-assessment. Specialised care needs are evaluated regularly in consultation with residents and representatives, and care plans updated. Nursing staff are trained and hold qualifications to carry out care provided at 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 recommendation

Does comply

Residents and their representatives are satisfied with the referral arrangements to allied health and medical practitioners, and the care provided. The home has processes for referring residents to health specialists in accordance with assessed needs and preferences. A physiotherapist, podiatrist and general practitioners visit the home on a regular basis. Referrals to other health professionals and services are initiated in consultation with residents and their representatives as required. Residents are assisted to attend external appointments when necessary. Referrals and care recommendations are documented in electronic resident files and carried out.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied that medications are managed safely and correctly. Registered nurses, credentialed enrolled nurses and personal carers administer medications from blister packs prepared by a contracted pharmacist. A registered nurse assesses residents’ medication administration needs on entry to the home and then at regular intervals. ‘As required’ medication is administered in consultation with a registered nurse who reviews its ongoing use and effectiveness. Residents

who wish to self medicate have comprehensive initial and ongoing assessments to determine their ability and compliance with the prescribed medication regime. The Medication Advisory Committee monitors and reviews current medication practices, incidents and any changes to legislation. Review processes, including incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively. The home has processes for identifying, assessing, managing and reviewing the effectiveness of strategies used to manage residents’ pain. Staff are aware of non-verbal signs of pain in residents with cognitive impairment, and use appropriate assessment tools. Strategies for managing pain describe residents’ specific needs and preferences, such as repositioning, massage, hot packs and pressure relieving devices. Registered nurses monitor residents’ use and the effectiveness of ‘as required’ pain relieving medications and implement further assessments where indicated. Nursing staff refer to external specialists where appropriate.

2.9 Palliative care

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

Team’s recommendation

Does comply

Families are appreciative of the palliative care provided at the home. There is a process in place to maintain the comfort and dignity of residents at the end of their life. On admission or when appropriate, residents and their representatives are asked to provide information about end of life wishes. Emotional and spiritual support is included in palliative care plans to guide staff practice. Staff have training in palliative care and specialist palliative care services are consulted when required. Appropriate equipment is available. Residents and families are supported by staff and the chaplain during this time, and are prepared for the resident’s palliative care phase.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s approach in meeting their nutrition and hydration needs. Assessment processes, including body mass index plus consultation with the resident or their representative, identify nutrition or hydration risk factors. Dietary needs, portion sizes and food and fluid preferences are documented and are available to all staff who

serve meals or drinks. Requirements for assistance with meals are noted. Residents with swallowing difficulties are assessed by a speech pathologist and food consistency is modified accordingly. Residents with specific dietary needs are accommodated and menu selection is modified to suit individual preferences. Dietary supplements and referral to a dietician are implemented when inappropriate weight loss is identified. The nutritional content of the home's menu is reviewed by a dietician and recommendations have been incorporated.

2.11 Skin care

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the care provided in relation to their skin care. The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents' skin integrity. Planned skin care strategies, incorporating preventive measures and specialised equipment, are regularly reviewed and evaluated by nursing staff. Incident causes are analysed to identify trends or opportunities for improvement across the home and action is taken to improve individual care needs. Referral to external specialists is arranged as required.

2.12 Continence management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the care they receive to meet their continence needs. The home has processes for assessing residents' continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Regular care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. The home's continence nurse advisor is available five days per week to assist staff to plan and evaluate programs for residents. A training plan is in place to improve staff knowledge and understanding of continence practice. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the home's approach in managing challenging behaviour. The home assesses and plans behaviour management strategies to meet the individual needs of residents. The triggers

of residents' behaviour are identified and strategies to redirect residents are based on their personal interests or needs at that time. Strategies are developed and their effectiveness is reviewed in consultation with residents, their families and staff. This includes individual activities, lifestyle programs, adapting the environment and restraint where required. The home seeks advice from external specialists as required, including the organisation's dementia project officer. Regular dementia training is provided.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the home's approach to maintaining residents' mobility and dexterity. Their needs and falls risk are assessed using a multidisciplinary approach. Strategies, such as mobility aids, appropriate manual handling and exercise programs assist to maintain or improve residents' mobility and dexterity. Care staff are aware of each resident's mobility needs, manual handling precautions and support individual and group activities to optimise mobility. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow. The home has environmental inspections, hazard reporting and a responsive maintenance system to correct any safety hazards. Falls data is monitored, analysed and addressed in consultation with care staff, residents and allied health professionals.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

Residents and representatives are satisfied with the oral and dental care provided by the home. The home has processes for assessing residents' oral and dental hygiene needs, planning care and meeting ongoing needs and preferences. Care plans, which are regularly reviewed and evaluated, provide the strategies to support individual resident oral hygiene needs. Care staff assist residents to attend to their daily oral hygiene needs. Residents are supported to access dental care of their choice and are referred for speech pathology assessment for swallowing difficulties. Staff also refer residents to the annual dental clinic which is held at the home. Residents' diets and oral and dental care are modified according to assessed needs.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Residents and representatives are satisfied with the home's approach to managing residents' sensory loss. Residents' sensory deficits are comprehensively assessed as a component of the home's admission and care plans are reviewed at least every six months. The home has recently

implemented a test kit of essential oils to assist in identifying residents' sense of smell. Strategies are identified and monitored to prevent injury for those with poor vision. Large font books and games/puzzles, and a range of condiments at mealtimes assist to increase sensory ability. Care and lifestyle staff are aware of individual resident's sensory needs and how to manage them.

2.17 Sleep

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the assistance given to enable residents to sleep well. The home has processes to assess and review residents' natural sleep patterns, including day time naps. Individualised management plans, include residents' sleep habits and sleep preparation needs. Residents' preferences to promote sleep, such as sleeping position, hot drinks, night-lights, television and radio habits are recorded in care plans and assist staff to support residents' settling routines. Most residents have a single room. Any sleep disturbances are investigated and strategies are implemented.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous improvement system that is driven by an overarching management system and supported through corporate structures and processes. When areas for improvement are identified action is taken and evaluated for effectiveness. Components of this system include resident and staff meetings, ‘action request’ (improvement) forms, hazard/incident reporting, comments and complaints, surveys and a corporate and site audit program. Identified opportunities for improvement are discussed and actions are evaluated at Murray Bridge Quality and Safety committee and reported at corporate Quality Safety Review committee. Staff demonstrated an understanding of the mechanisms used to raise an improvement. Residents/representatives reported that they would raise any suggestions or concerns to staff or management and felt confident that suggestions or concerns would be addressed.

Examples of improvements in relation to resident lifestyle that have been introduced in the last twelve months include:

- Staff identified that residents who are confined to bed or have cognitive impairment may benefit from the use of a portable DVD player. An ‘action request’ was forwarded and presented at the Quality and Safety committee in late 2008. The DVD player has been provided and is used by lifestyle staff and volunteers when they spend one on one time with residents. The player can be used to show personal photographs for resident’s reminiscence or any topic that would interest the resident. The lifestyle coordinator reported positive responses from residents who have participated.
- Some residents requested garden pots and hanging baskets so that they could be involved in planting flowers and vegetables of their choice. In addition, residents reported that they wanted to conserve and use rain water. As a result a tank was ordered and installed. Residents now water and maintain pots with support from staff and report satisfaction with this project.
- Following requests from respite residents, a private phone has been installed in the respite room and management advised that residents using the respite room since installation have reported satisfaction.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Established corporate and site specific processes identify action and review information about legislation, regulations and guidelines. Appropriate information is disseminated to relevant staff and residents where appropriate, for instance information about privacy information. Lifestyle decisions and choices are identified and documented as residents move into the home. Information about levels of care and service entitlements, use of personal information, resident rights and security of tenure is provided. Residents are consulted if their personal circumstances, preferences or care needs change. Routine audits and processes are used to monitor compliance with regulatory requirements, such as annual surveys and observation.

3.3 Education and staff development

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

Team's recommendation

Does comply

Information outlining the roles and responsibilities of staff is provided through the home's induction program and includes a buddy shift with an experienced staff member. Staff attend corporate induction within two months of commencing employment. Staff are provided with job descriptions, duty lists and work instructions and are shown how to access policies and procedures. All staff (care, lifestyle and housekeeping) complete competencies and attend education relevant to their role. Training needs are identified through a corporate training survey, annual performance appraisals, audits, clinical indicator trends, and staff and resident feedback. Staff are encouraged to take responsibility for their professional development and assisted to attend external education forums. Education is planned, advertised, evaluated and processes have been established to monitor attendance. Staff from all areas indicated their understanding of their role and responsibilities.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents confirmed that staff provided support and assistance to them during their settling in phase and that they are happy with ongoing support. Residents are informed about their new environment prior to and on entry through provision of various packages, information sheets, resident handbook and verbal communication with the management of the home. A registered nurse is appointed to support a new resident and additional time is spent with them to assist them to settle into their new environment. A 'welcome card' and flowers are provided in the room of the new resident and they are given a booklet about activities and a current leisure calendar. The timing of care and lifestyle assessments is planned to support the resident while they are adjusting to the new environment. A chaplain visits the home regularly and volunteers visit and provide ongoing support for residents.

3.5 Independence

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

Team's recommendation

Does comply

Residents and/or representatives confirmed that staff support them to maintain their independence within the facility and the wider community. They are assisted to maintain desired levels of independence through the development of care plans which take into consideration the residents' previous lifestyle, current interests as well as physical ability. Residents are assisted to maintain links with the wider community and leisure activities provide support and encouragement for resident participation. Exercise programs assist in maintaining strength and balance and improving or optimising residents' independence. Where appropriate, mobility aids are provided to residents to assist them in maintaining their 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 recommendation

Does comply

Residents and/or representatives expressed satisfaction in relation to the maintenance of their privacy, dignity and confidentiality by staff and management. Confidentiality of resident information is included in the induction program for new staff and volunteers and is discussed at staff meetings on a regular basis. Care plans include residents' wishes in relation to privacy requirements. Only authorised staff have access to residents' records; electronic care programs are password protected. The majority of residents are in a single room with ensuite and all areas of the home have lounge areas and outdoor garden areas for residents and their visitor's privacy.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents expressed satisfaction with the leisure and lifestyle program. Their previous lifestyle, interests, abilities and preferences are identified on entry through discussion with residents and/or representatives. The lifestyle and leisure staff develop a program of activities based on resident interests. Individual programs are developed for each of the three areas (high care, low care and dementia specific). Residents are provided with a monthly activity plan, reminded of the day's activities and staff actively assist residents to attend and record attendance at activities. Residents' individual care plans are evaluated through discussion with them and review of their attendance and participation/enjoyment. Residents' meetings provide opportunities for residents to suggest new activities and to review previous activities and events. The program offers a range of activities supported by the use of volunteers to assist residents to attend and participate.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents and/or representatives expressed satisfaction in relation to their cultural and spiritual needs being fostered and valued. The cultural and spiritual needs of residents are identified on entry and this information informs the care planning. Regular church services include weekly interdenominational services and visitors from a number of religious groups visit residents as they request. The chaplain coordinates church services and pastoral care to residents/representatives. Days of cultural and spiritual significance are planned and celebrated, including birthdays and special celebrations.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents and representatives indicated they are able to exercise choice and make decisions regarding the care and services they or their relative receives. Residents and their representatives are consulted on entry and staff promote the rights of residents to participate in decision making about individual choices and decisions affecting the wider community. Residents who have appointed an enduring power of attorney are identified to staff and relevant information is kept in the resident file. Decisions surrounding refusal of care or services are respected.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

Residents and representatives feel secure in their tenure and understand residents' rights and responsibilities. Residents are provided with information about secure tenure prior to and during the entry process by discussion with residents and their representatives and through completion of the resident agreement. Residents' agreement includes information about fees and charges, complaint processes, specified care and services and residents' rights and responsibilities. Regular newsletters and residents' meetings provide residents/representatives with information in regard to security of tenure and residents' rights and responsibilities. Staff education includes elder abuse, mandatory reporting and residents' 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 recommendation

Does comply

The home has a continuous improvement system that is driven by an overarching management system and supported through corporate structures and processes. When areas for improvement are identified action is taken and evaluated for effectiveness. Components of this system include resident and staff meetings, ‘action request’ (improvement) forms, hazard/incident reporting, comments and complaints, surveys and a corporate and site audit program. Identified opportunities for improvement are discussed and actions are evaluated at Murray Bridge Quality and Safety committee and reported at corporate Quality Safety Review committee. Staff demonstrated an understanding of the mechanisms used to raise an improvement. Residents/representatives reported that they would raise any suggestions or concerns to staff or management and felt confident that suggestions or concerns would be addressed.

Examples of improvements in relation to physical environment and safe systems that have been introduced in the last twelve months include:

- In order to improve workplace safety and cleaning practices for disposal of human waste, a macerator unit and disposable waste containers were purchased in March 2008. These have been installed in both high care areas of the home. Feedback from staff is positive.
- During a focus group meeting with residents in 2007, residents identified that a shade on the balcony on the high care area of the home was required. A structure was erected in July 2008 and residents have been observed using the area and enjoying the space more often.
- During a focus group meeting with residents in 2007, residents commented on their concerns in relation to the loss of clothing when sent to the laundry. A number of strategies have been introduced since that time and include ensuring the naming of residents clothes, staff and resident/relative education, different coloured laundry bags, lists on laundry trolleys, information during staff induction and placement of purple stars on personal laundry skips. The resident focus group in July 2008 did not identify laundry as an issue and no complaints were brought forward. Residents interviewed indicated satisfaction with laundry processes.
- As a result of residents’ care needs increasing in the low care area of the home, an additional seven electric beds were purchased by the home in August 2008. Those residents with the greatest need were allocated the electric beds. Fifty percent of low care rooms are now equipped with an electric bed. Management reported that residents with new beds have reported improved comfort. Staff reported reduced potential for injury.
- In order to flag to staff and other health workers when a resident has been found to have a clinically significant organism, the electronic care package provides an alert that is also placed on the residents’ medical file. In addition, the home has developed a specific care plan to direct staff in the use of additional precautions when caring for the resident.

Staff said that they are now more aware of residents with infections.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Established processes manage the identification, actioning and dissemination of legislation, regulations and guideline information to relevant management and staff. Routine communication informs management of changes in legislation and explains how this impacts on the home’s procedures and service delivery. Policy documents are reviewed regularly by corporate officers and the board. Memoranda, training and meetings inform staff of any new or amended policies and identify how any changes may impact on their roles and responsibilities. For instance, changes to the food safety legislation, which has resulted in changes to audits, staff practices and monitoring procedures.

4.3 Education and staff development

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

Team’s recommendation

Does comply

Information outlining the roles and responsibilities of staff is provided through the home’s induction program and includes a buddy shift with an experienced staff member. Staff attend corporate induction within two months of commencing employment. Staff are provided with job descriptions, duty lists and work instructions and are shown how to access policies and procedures. All staff (care, lifestyle and housekeeping) complete competencies and attend education relevant to their role. Training needs are identified through a corporate training survey, annual performance appraisals, audits, clinical indicator trends, and staff and resident feedback. Staff are encouraged to take responsibility for their professional development and assisted to attend external education forums. Education is planned, advertised, evaluated and processes have been established to monitor attendance. Staff from all areas indicated their understanding of their role and responsibilities.

4.4 Living environment

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the safety and comfort of the living environment, including residents’ rooms and communal areas. The home has processes in place to provide a safe comfortable environment consistent with residents’ care needs. Residents are encouraged to personalise their bedroom areas with furniture and personal items. They enjoy

a number of lounge and dining rooms, with garden outlooks. The two storey home has a lift for residents to access the ground floor function areas for group activities and concerts. The home maintains a corrective and preventive maintenance program, including call bell monitoring and testing of electrical equipment. The living environment is monitored by the home's environmental audits, incident and hazard reporting system and feedback mechanisms.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home's management has systems and processes in place to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff with safe practices. Staff are provided with equipment fit for the purpose, which is regularly maintained through planned preventative and corrective maintenance programs. Personal protective equipment is provided and is used by staff. There are corporate initiatives to encourage staff health, including preventive physiotherapy and counselling services. The home has initiated several strategies to promote staff health and appreciation. Occupational health and safety incidents are reported, investigated, followed up and collated to indicate any trends. Staff are satisfied that they have a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home's management has implemented systems to provide a safe environment and work systems that minimise fire, security and emergency risks in the home. There is a fire safety program, including mandatory training of all staff. Contracted external services maintain the security, fire and emergency services. On site maintenance staff maintain regular electrical testing of equipment. The fire panel and mimic panels identify the location of the fire and staff communication is quickly enabled through the cordless phone system. Residents and representatives are provided information about fire, security and emergency procedures when they enter the home and notices are placed in each resident's room.

4.7 Infection control

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

Team's recommendation

Does comply

Residents, their representatives and staff are satisfied with the practices employed to reduce the risk of infections in the home. The home monitors resident and staff infections and the care coordinator is responsible for coordinating the home's infection control system. All staff have access to and

use personal protective equipment in their work processes. There is an appropriate waste and sharps disposal system and pest control programs are in place. Refrigeration temperatures are consistently monitored throughout the home and there is a food safety program in place. The organisation has a business contingency plan, which includes infectious gastroenteritis and pandemic influenza outbreak procedures and appropriate equipment is available. Infection control training is included in corporate and internal inductions. An infection control surveillance program monitors the incidence and trends of infections.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the catering, cleaning and laundry services provided and staff are satisfied with their work environment. The home has processes for providing hospitality services consistent with residents' individual needs and preferences. The nutritionally reviewed fresh cook menu provides variety, individual choices and special needs. The Gawler Council has audited the food safety program. The home launders residents' personal clothing, with linen going to an external contractor. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. Staff attend various training including infection control, chemicals and manual handling. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services.