



Aged Care
Standards and Accreditation Agency Ltd

Resthaven Nursing Home Westbourne Park

RACS ID 6895

30 Sussex Terrace

WESTBOURNE PARK SA 5041

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 April 2015.

We made our decision on 15 February 2012.

The audit was conducted on 16 January 2012 to 18 January 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

Site Audit Report

Resthaven Nursing Home Westbourne Park 6895

Approved provider: Resthaven Inc

Introduction

This is the report of a site audit from 16 January 2012 to 18 January 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 16 January 2012 to 18 January 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:	Elizabeth McGrath
Team member:	Jeane Hall

Approved provider details

Approved provider:	Resthaven Inc
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Details of home

Name of home:	Resthaven Nursing Home Westbourne Park
RACS ID:	6895

Total number of allocated places:	46
Number of residents during site audit:	46
Number of high care residents during site audit:	46
Special needs catered for:	N/A

Street:	30 Sussex Terrace	State:	SA
City:	WESTBOURNE PARK	Postcode:	5041
Phone number:	08 8271 3300	Facsimile:	08 8271 0347
E-mail address:	westbournepk@resthaven.asn.au		

Audit trail

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

Interviews

	Number		Number
Management	8	Residents/representatives	7
Clinical/care staff	8		
Hospitality/lifestyle/and environment staff	8		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	6
Weight chart	2	Blood glucose chart	2
Wound chart	2	Dietary preference chart	2
Bowel chart	2	Lifestyle files	5
Personnel files	8	Palliative care documentation	1

Other documents reviewed

The team also reviewed:

- Activities calendar
- Archiving
- Asbestos register
- Audit schedule and results
- Cleaning schedule
- Clinical incident folder
- Comments, complaints and compliments
- Communication book
- Continuous improvement data
- Emergency procedure folder
- Fire evacuation plan
- Food safety report
- Handover sheets
- Incident charts
- Infection control folder
- Maintenance records
- Material safety data sheets
- Memos, letters, and emails
- Occupational Health and Safety strategic plan
- Policy and procedure documents
- Resident agreements, information handbook and admission package
- Schedule 4/schedule 8 licence
- Smoking policy
- South Australia water certificate

- Staff and resident newsletters
- Staff and resident survey results
- Staff information handbook
- Staff recruitment, induction and orientation packages
- Staff rosters
- Staff training needs analysis, training program, certificates, records, evaluations, competency assessments, and registration records
- Vaccination programme
- Various audits/schedule
- Various educational resources
- Various meeting minutes

Observations

The team observed the following:

- Activities in progress
- Activity calendar
- Calibration log
- Call bell system
- Chemical storage
- Equipment/storage area
- Evacuation signage
- First aid kit
- Hairdresser
- Heat management plan
- Imprest system
- Infection control resources
- Information on internal and external complaints mechanisms on display
- Interactions between staff, residents and representatives
- Internal and external living environment
- Key pad security
- Kitchen facilities
- Laundry facilities
- Suggestion boxes
- Luncheon service
- Meal time
- Medication round/trolley
- Medication temperature monitoring logs
- Menu board
- Mission/vision statements
- Personal protective equipment
- Photographic records of activities
- Rights and responsibilities poster on display
- Sharps disposal kits
- Smoking apron
- Staff and resident noticeboards
- Staff practices
- Suggestion box
- Temperature monitoring log
- Testing and tagging of equipment
- Triennial fire certificate
- Various leaflet's from external agencies
- Various whiteboards

Assessment information

This section covers information about 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

Residents, representatives and staff interviewed are aware of the home’s quality management systems and how they can contribute to continuous improvement. They said they are satisfied with the feedback received on suggestions they had made. The home is one of several of Resthaven Inc. aged care facilities and is co-located with Resthaven Westbourne Park hostel. The organisation is aware of the need to identify and action continuous improvement opportunities and provides ongoing support to the home. A variety of methods are used to capture information including, feedback forms, audits, surveys and focus groups. Action request forms are generated when opportunities for improvement are identified and items are generally included in the site continuous improvement plan. Progress is monitored by the site residential care manager. Continuous improvement is a standing agenda item at all meetings, including resident meetings. Resthaven corporate office receives a copy the home’s Quality and Safety committee meeting minutes providing corporate office with the opportunity to monitor the home’s progress with continuous improvement initiatives. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- Staff continuity has been improved following a corporate initiative. The organisation has created the position of relieving care co-ordinator to back-fill care co-ordinators when they are on leave. The staff member filling this role is trained in all corporate systems and provides corporate continuity to the site when needed. This removes the need for clinical staff to fill the role. The home has used the position several times during the last twelve months. Clinical staff feedback is that they appreciate having the support of staff who are aware of corporate and site systems and processes. They commented that they are better able to continue with their clinical role without being interrupted by undertaking relieving duties.
- The home responded to an increase in resident frailty and reviewed staffing in the home. Call bell response times and incidents were reviewed and a proposal developed to increase staffing hours in the afternoon. Personal care staff hours have been increased by six hours per day on the afternoon shift. Call bell response times have decreased from an average of 7.00 minutes prior to the commencement of the increased hours to 5.9 minutes at the last audit. Incidents during this time have decreased by 50%. Staff feedback is that they appreciate the increased hours and say that it has improved their ability to respond to residents’ needs.

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 organisation has developed systems to identify and manage regulatory compliance. Resthaven corporate office identifies changes to legislation that affect the operation of the home and passes information to the residential care manager for action. Relevant legislative changes are made available to staff through the intranet, newsletters, staff meetings and the staff noticeboard. Education sessions are held as required. Legislative update is a standing agenda at all meetings, including resident meetings. The home has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframes, and maintaining an updated asset register. Staff interviewed state they understand and use the system.

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

Staff requests, surveys and annual performance appraisals are combined with residents' feedback and residents' changing needs to plan the annual training program. Staff knowledge and skills are monitored regularly and specialised education is accessed as required. The organisation's professional development fund is available to support staff with financial assistance for continuing education. Management is aware of the benefit of up-skilling and have supported two personal care staff to successfully complete registered nurse training in the last twelve months. Education and development relevant to management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last twelve months in a variety of topics. These include performance management, documentation, accreditation and the aged care funding instrument. Staff interviewed state they are satisfied with the training and education provided by the home.

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

Residents and representatives stated they are aware of the home's complaint mechanisms and are satisfied with the home's response to issues raised. The resident agreement and rights and responsibilities posters displayed in the home provide residents with information about their rights and the internal and external complaints mechanisms available to them. Processes such as surveys, resident and staff meetings, feedback forms and focus groups provide avenues to raise areas of concern. Comments and complaints are reported at Board meetings and Quality and Safety committee meetings. The chief executive officer and corporate senior manager residential services have access to all comments and complaints

via the organisation's intranet. Comments and complaints are generally trended. Staff interviewed stated they assist residents to use the system when this is required.

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 has documented its statement of purpose and values and strategic key areas. These statements are on display throughout the home and included in the annual report and resident and employee handbooks.

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

Residents and representatives stated they are satisfied with staff responses to residents' care needs. A variety of methods are used to determine the number of appropriately qualified and skilled staff required for direct care needs and service delivery. Surveys, audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. Additional hours are accessed as needed to meet residents' changing needs. One of the items in the organisation's strategic plan is the recruitment of registered nurses and the home accesses the organisation's 'new to aged care' program for assistance. This program provides funding for registered nurses to work in the home on a supernumerary basis while they gain knowledge of the aged care industry. Management is responsive to feedback and has recently increased staffing hours in nursing and personal care and allied health. Recruitment processes identify prospective staff who are resident focussed and have the necessary skills to provide care and services in line with the home's philosophy. Staff interviewed state they have sufficient time for their duties.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has processes for identifying goods and equipment. Residents and staff are able to have input into equipment required to support their needs. New equipment is trialled prior to purchase and feedback is sought from staff and residents. Supplies are stored safely and appropriately and rotated according to relevant guidelines. The home has a preventative and corrective maintenance program and access to external contractors for the maintenance and calibration of equipment. Electrical testing and tagging is managed internally to ensure the safety of equipment. Audits, workplace inspections, incident and hazard reports and maintenance requests assist the home to monitor inventory and equipment needs. Staff and

residents stated they are satisfied there are adequate and appropriate stocks of goods and equipment available to provide 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

Residents and representatives state they are satisfied with the level and amount of information provided to them prior to entry and that ongoing communication and information is clear. The home has information management systems for staff to carry out their role in the provision of care and services. These are generally current. Policies, procedures and legislation guide and direct the home in records management and information technology. Written consent is obtained from residents and representatives for the use of photographs in care provision. Current and archived resident and staff information is stored securely. Processes are in place to maintain the security of computer-based information and emergency back-up measures are in place. Regular audits and staff, resident and representative feedback systems are used to review and evaluate information management systems. Staff interviewed state they are satisfied with the information they receive to assist them in providing appropriate care to residents.

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 for external contractors in relation to maintenance, pest control, allied health services, fire services, pharmacy and agency nursing staff. The home is supported by corporate office in managing and selecting external contractors. External contractors' licenses, certificates of currency and police clearances are monitored corporately. Managers of designated areas are responsible for monitoring, actioning and evaluating contractors appropriate to their area. Feedback on the quality of services is sought from staff and residents and service providers are changed if considered unsatisfactory. Staff, residents and representatives interviewed stated they 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

Residents, representatives and staff state they are aware of the home's quality system and how to make suggestions for improvement in residents' health and personal care. Opportunities for improvement are identified by processes, including clinical audits, comments and complaints, and surveys. The home uses a variety of systems to monitor and evaluate continuous improvement and demonstrated measurable results for residents. Examples of recent improvements relating to residents' health and personal care include, but are not limited to:

- Medication management has been enhanced following the introduction of a medication imprest system. Staff identified the benefit of having an imprest stock of palliative drugs and antibiotics. This enables the provision of schedule 8 analgesia and associated palliative drugs in a timely manner should residents palliative needs change rapidly. In addition residents who require antibiotics now have immediate access to drugs as soon as they are prescribed and can commence treatment without delay. Staff have used the imprest system since introduction and have commented on the increased benefit to residents.
- Residents' access to specialist providers who can assist with low vision needs has been improved. The home has sourced an optician who visits the site and provides optical support for residents as needed. This has increased options for residents who find it difficult to visit opticians outside of the home.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify and manage regulatory compliance relating to residents' health and personal care, including the provision of prescribed care and services and the registration of nurses and allied health providers. Links with professional associations provide information about changes to legislation that affect the operation of the home. Relevant information is made available to staff through a variety of processes, including the intranet, memorandums and staff meetings. Education is provided as required. Staff interviewed state they understand and use the system.

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

Regular surveys and audits are combined with staff and resident feedback to monitor staff skills and knowledge. Specialised education is accessed as needed and staff are encouraged to access the wide range of training and development available to them. Education and development in health and personal care has been provided to nursing and personal care staff over the last twelve months in a range of areas, including wound management, oral and dental care, sensory loss and mental health. Staff interviewed state they are satisfied with the training and education provided by the home.

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 state the care provided is appropriate to residents' individual needs and preferences. The home uses a computerised system to plan, record and support individual assessments for care needs. Some documentation is paper based with a plan to move to using all computerised documentation in the next six months. Review of six monthly care evaluations occurs to monitor effectiveness in meeting residents' needs or earlier if decline in health status is identified. Nursing staff review resident care on a daily basis and consult with residents, relatives and relevant medical and allied health professionals when care needs change. Staff practices are monitored and supported to deliver clinical care needs. Senior clinical staff complete audits and review all clinical documentation and observe staff practices in the home to support clinical care. Clinical incidents are monitored, analysed and actioned as required. Staff deliver clinical care to residents in the nursing home as documented in the care plans.

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 stated they are satisfied the home is able to deliver specialised nursing care needs as identified by the clinical staff. The home has a range of specialised health professionals to contact internally and externally to support delivery of specialised nursing care needs to residents. Initial assessments are conducted by clinical nurses and ongoing assessments are conducted to identify any changes to care needs. Staff practices are monitored for compliance by the senior clinical staff. Staff are supported to access a wide range of training to support practice. Staff interviewed are knowledgeable about when to contact specialised nursing services and the specialised care they provide to individual residents.

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 stated referrals to appropriate specialists occur as needed. All referrals to specialists are monitored for effectiveness and documented in care plans. Regular consultation occurs with the doctors, dietitian and all other health specialists and feedback is sought from residents and staff. The home has recently increased physiotherapist hours on-site to support residents’ needs. Podiatry services are available as required. Staff practices are monitored by senior clinical staff to facilitate referral to appropriate specialists. All communication around referral involvement is documented on the computerised system to support residents’ needs and evaluated by clinical staff. Staff interviewed state they are able to access appropriate health specialists promptly in accordance with needs of residents.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a system to manage residents’ medication safely and effectively. All medication practice by staff is delivered according to relevant legislative, regulatory and professional guidelines. Staff practices are monitored through medication audits and senior clinical staff supervision to ensure compliance. The home ensures regular evaluation of medication use through pharmacist and doctor’s review as well as through the home’s audits systems. A regional Medication Advisory Committee meets every three months. Residents’ needs and preferences are considered and assessments are completed for residents who wish to participate in self-medication within the home. Staff practices are monitored by the senior clinical team. Staff interviewed are aware and understand safe and correct medication management practices

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 stated residents’ pain is managed effectively. Pain assessments are completed and reviewed to meet individual resident’s needs. The home uses assessment tools for residents with a noted cognitive deficit. Alternative approaches and therapies, such as the use of massage, transcutaneous electrical nerve stimulation and heat packs are trialled and implemented to support residents’ pain needs. A physiotherapist is on-site two and half days a week to assist with pain management strategies and consults with clinical staff around pain management for individual residents. Staff interviewed are aware of both verbal and non verbal indicators for pain and liaise closely with the doctors at the home around pain management. Senior clinical staff monitors individual resident’s pain needs by regular reviews and audits and by feedback from residents and relatives. Senior clinical staff refers residents to the acute care sector to attend pain clinics if further intervention relating to pain are required. Staff practices are monitored by supervising clinical staff.

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

Residents’ palliative care preferences relating to emotional, cultural and spiritual needs are assessed on entry to the home. The home has access to specialised palliative equipment to aid the resident in the terminal phase of life. Staff have access to education to support their learning needs around palliative residents. A chaplain visits the home to support residents’ spiritual needs. A social worker from Resthaven support residents and representatives with grief and loss needs. The home has access to palliative care volunteers and families are supported by the home during palliative care of their relatives. The home monitors palliative care services by observation of staff practices, review of clinical assessments and feedback from residents and families. Staff interviewed are aware of how to ensure comfort and dignity is maintained in the palliative stage of the illness.

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 stated they are satisfied residents receive adequate nutrition and hydration. Weights are recorded on entry to the home and monitored monthly or more frequently for at risk residents. Clinical staff consults with the dietitian to analyse residents’ weight records and implement a plan of care to support individual resident’s needs. Menu reviews are undertaken in consultation with the dietitian annually. Staff are able to identify and communicate changes in residents’ dietary requirements to catering staff using the documentation provided in the home. Dietary requirements and care provision are monitored by the scheduled care review process, monitoring residents’ weight and daily checks of progress notes and observation charts by senior clinical staff. Staff interviewed are aware of how to support 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 stated they are satisfied with the care provided to residents in relation to maintaining their skin integrity. The home’s entry assessment processes identify residents at risk of skin impairment. Strategies to prevent skin impairment are recorded on care plans and reviewed regularly. Staff practices are monitored by senior clinical staff. Education is provided on infection control, manual handling and wound management. Staff are aware of preventative measures for individual residents and use specialised equipment, skincare products and regular positioning to maintain skin integrity. Skin tears and wounds are monitored through audits and reviewed by senior clinical staff. Staff interviewed are aware on how to provide skin care to residents in the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents stated continence needs are managed effectively. Residents’ bowel, bladder and mobility requirements are assessed on entry to the home. Assessment processes include consultation with the residents and their representatives. An individual toileting program is initiated for each resident and is reviewed and evaluated as required. Staff are supported by a continence nurse advisor who visits the site twice a week to support residents and provide staff with education relating to continence procedures, policies, continence products and privacy and dignity. Urinary tract infections, bowel management and resident comfort requirements are monitored by the continence nurse advisor and senior clinical staff through audits and daily observations of practice. The continence nurse advisor has access to bladder scanning equipment. Staff practices are monitored by senior clinical staff. Staff interviewed are aware of the home’s processes and individual resident’s continence management requirements.

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 stated they are satisfied with the home’s approach to managing challenging behaviours. The home develops a plan to manage and evaluate care to residents to support challenging behaviours. Risk assessments are completed in accordance with safety standards. Consultation occurs with a Resthaven dementia educator, doctors, psycho-geriatricians, mental health teams and other external parties, such as the Dementia Behaviour Advisory Services to support residents care needs. All staff have access to educational support and training in behaviour management. The home uses minimal restraint. Staff practices are monitored by senior clinical staff to support methods of facilitating behaviour management. Behavior management is evaluated by the care review process, feedback from relatives and close observation of staff practices. Staff interviewed are aware of the home’s processes and how to manage individual resident’s behaviours of concern.

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 stated they are satisfied with the way the home manages mobility and dexterity. Identification of each individual resident’s need is assessed and evaluated by clinical staff and allied health professionals to optimise residents’ mobility and reduce risk factors. Consultation occurs with the doctor and the families when falls occur. Mobility aids are provided by the home and modified to encourage individual independence and safety. Falls are monitored by the home’s audit processes and risk factors are discussed and actioned. Staff are provided with training to support manual handling precautions. Care is monitored by the care review process, staff competency assessments related to manual

handling and resident care and incident monitoring. Staff interviewed are aware of the home's processes and how to support individual resident's mobility needs.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents stated they are satisfied with the oral and dental care provided in the home. An individual assessment is completed, reviewed and evaluated by clinical staff. The home ensures appropriate resources of dental products are accessible to residents to meet oral and dental care needs. Consultation is sought from the dentist and the hygienist who visits the home regularly to support resident's dental needs. Staff are able to access education and are monitored for competencies as well as through observations. Care staff review oral and dental status daily and report any changes to the clinical staff. Oral and dental care and staff practices are monitored by senior staff observation of care provided and review of care planning and progress notes. Staff interviewed are aware of how to manage residents' oral and dental health needs.

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 stated they are satisfied with how the home manages residents' sensory needs. All five senses are assessed on entry to the home. Care strategies are recorded in care plans for managing losses and re-evaluated if care needs change. The home has access to sensory kits. Consultation occurs with relevant health professionals to support and effectively manage sensory loss for residents. Staff are supported through training and education to manage residents' sensory losses. The home's environment is monitored through audits to support residents' sensory needs. Monitoring processes include senior staff monitoring of care practices, resident and relative feedback and the scheduled care review process. Staff interviewed are aware of the home's processes and how to manage residents with sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents stated they are satisfied with the assistance provided to achieve normal sleep patterns. Residents who experience sleep disturbance are monitored and strategies, including pain management, one-to-one support, massage and access to hot drinks and snacks to assist residents to settle. Staff investigate and report on any sleep disturbances and consultation occurs with doctors if sleep disturbance persist. Senior clinical staff review progress notes, monitor resident and relative feedback regarding sleep and monitor care plan reviews. Staff interviewed are aware of the home's processes and how to support residents 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

Residents and staff stated they are aware of the home’s quality system and how to make suggestions for improvement in residents’ health and personal care. Processes, including surveys, focus groups, audits and resident and representative feedback are used to identify opportunities for improvement. Examples of recent improvements relating to residents’ lifestyle include, but are not limited to:

- Resident participation in the community has been enhanced following staff intervention on their behalf. Staff identified that residents were no longer attending the nearby Church friendship club due to increased frailty. The coordinator of the club was approached and invited to hold the friendship club in the home. The invitation was accepted and the friendship group now meet in the home. This enables residents to continue membership of the club and maintain friendships with members of the community who also attend.
- Resident enjoyment of activities has been increased following feedback. Residents commented that they were not able to hear the exercise instructions clearly. The home responded by purchasing a lapel microphone for staff to use during exercises. This has enabled residents with a hearing deficit to better hear exercise instructions. Resident feedback is that they appreciate the change and no longer feel the need to ask instructions to be repeated during exercises.
- Residents’ cultural experience has been improved following resident feedback. Residents commented that the annual Remembrance Day service was not traditional enough. Staff liaised with the Returned Services league and arranged for them to conduct the service each year. Resident feedback is that they are now 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

The home has established systems to identify and manage regulatory compliance relating to resident lifestyle. This includes the provision of lifestyle and activity programs consistent with Quality of Care Principles 1997, protecting residents’ privacy, maintaining confidentiality of resident information and providing resident agreements that assist them to understand their rights and responsibilities. All changes are reviewed and passed to relevant staff for action. Staff stated they understand and use the system.

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

Staff orientation and ongoing review is combined with internal and external education sessions to provide staff with training and development relevant to their roles. Staff are actively encouraged and supported to apply for scholarships and grants and have ready access to the internet and intranet for information and education needs. Dementia awareness education is mandatory for all staff in the home, including maintenance and hospitality staff. Education and development has been provided to lifestyle staff in the last twelve months in a range of areas, including leisure and lifestyle, massage and cultural awareness. Staff interviewed state they are satisfied with the training and education provided by the home.

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 stated they are satisfied that the information they receive prior to entry assists them to prepare for life in residential care and that staff are supportive and caring. The home's entry processes ensure that residents are welcomed to the home and provided with opportunities to discuss any issues. Photographs identifying key staff are placed in the dining room in each area of the home to assist residents familiarise themselves with staff in their area. Resthaven's social work and pastoral care staff are available to visit residents and assist them with any support they may need to adjust to life in residential care. A variety of methods are used to evaluate the effectiveness of the support provided, including feedback at resident meetings and resident surveys. Staff interviewed are aware of residents' emotional support needs and the availability of care plans to provide ongoing information on residents' emotional support needs.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents and representatives stated they are satisfied with the support and assistance residents receive to retain their independence and maintain meaningful relationships. Mobility assessments and strategies contained in care plans assist residents to retain their independence in activities of daily living. The local Church friendship club meets at the home each week to enable residents maintain long standing friendships. Internet access is available in the home and residents are assisted to use the computers as required. Newspaper discussions assist residents to remain abreast of community events. Surveys and audits monitor compliance with policies and procedures. Staff interviewed are aware of their responsibilities in assisting residents to maintain 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 findings

The home meets this expected outcome

Residents and representatives stated they are satisfied with strategies staff use to respect residents' privacy and dignity, including respecting their privacy during personal care and using their preferred name. Information included in staff contracts supports residents' right to privacy, dignity and confidentiality. Staff are required to sign the employee handbook that contains the organisation's code of ethics. Surveys, planned audits and peer appraisal monitor compliance with policies and procedures. There are processes in place to address any breaches of privacy. Residents have a key to their room and have 'no visitors' signs to place on their door for additional privacy when needed. Residents' records are stored appropriately to preserve confidentiality. Staff interviewed are aware of residents' privacy rights.

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 stated they are satisfied with the support and assistance provided to participate in activities and interests appropriate to their needs and preferences. The home completes assessments of each resident's current and previous history of interests and activities. The home monitors leisure interests and activities through resident feedback, surveys and staff observation of activities provided. Staff interviewed are aware of their responsibilities in assisting residents to maintain their interests in leisure activities in the home.

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 stated they are satisfied with the support residents receive to meet their spiritual and cultural needs and preferences. Individual interests, customs, beliefs and preferences related to cultural and spiritual life are documented on entry to the home. Religious days and festivals are observed and celebrated. Various religious services are held at the home on a regular basis. Pastoral care staff visit the home regularly and are on call 24 hours a day. Cultural practices such as football tipping competitions and happy hours are maintained and alcohol is available as appropriate. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents' cultural and spiritual support needs and the availability of care plans to provide ongoing information as required.

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 stated they are satisfied with the choice they have around issues that affect their daily life, including choosing destinations for bus outings. The electoral commission provides a booth at the home during elections to enable residents to exercise their right to vote. Care plans include information on residents' capacity to make informed choices. Resident files identify representatives who can assist with care and lifestyle decisions when the resident is unable to do so. Information on residents' rights and responsibilities is included in all resident information, including the resident information package and the resident handbook. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents' right to make informed choices where appropriate.

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 and representatives stated they are satisfied that the information provided assists them to understand their rights and responsibilities and security of tenure. The home's policies and procedures support residents' right to safe and secure tenure and staff responsibilities to protect these rights. The resident agreement and resident handbook provide information about residents' rights and responsibilities, fees and charges, security of tenure and resident decision making forums. Staff in the corporate admissions unit meets with each resident and/or their representative prior to entry to assist them in understanding the issues that affect their tenure in the home. Staff access external support agencies to provide additional short term care as needed to enable residents to remain in the home. Staff interviewed are aware of residents' security of tenure rights.

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

The home’s quality system is used to identify and action opportunities for improvement in physical environment and safe systems. Outcomes are recorded, evaluated and reported and the home demonstrated measurable results for stakeholders. Staff and residents contribute to continuous improvement relating to this Standard using the home’s feedback processes. Examples of recent improvements relating to physical environment and safe systems include, but are not limited to:

- The home responded to staff feedback and upgraded staff facilities. The staff room has been expanded to include an outdoor area that has been fitted with outdoor furniture and covered with sail cloth. Internal furniture has been replaced. Staff feedback is that they appreciate the improved facilities and are enjoying the access to the outdoor area during their breaks.
- Infection control has been improved with the introduction of outbreak management kits. The home responded to the increase in the number of residents who were entering the home with infectious conditions. Duty statements were reviewed and updated to cover all infections. Cleaning and laundry procedures were updated and disposable bags purchased for use in the laundry. Outbreak management kits have been produced and placed in each area of the home. Staff interviewed are of the new procedures and of the location of the outbreak management kits.
- Communication between hospitality staff has been improved following the introduction of handover meetings. Senior staff identified the need to provide more timely information to hospitality staff. Handover meetings have been introduced and are held each morning prior to commencement of hospitality shifts. This provides staff with information on recent events, including any changes in resident needs. Staff feedback is that the handover sessions are useful in providing information on any resident infections or other changes in resident needs in a timely manner.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has processes to monitor and maintain regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations and monitoring and maintaining fire safety systems. Links with professional associations provide information about changes to legislation that affect the operation of the home. All changes are reviewed and passed to relevant staff for action. Staff interviewed stated they understand how to use the system.

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

Surveys and audits on all aspects of service delivery are used to monitor staff knowledge and skills required to perform their duties. Staff are encouraged and supported to access the wide range of training opportunities available to them. Mandatory training attendance is monitored by the organisation's corporate office and staff who miss mandatory training are directed to attend sessions at the home's sister sites. Education and development in physical environment and safe systems has been provided to all work groups over the last twelve months in a range of topics, including safe food handling, fire and emergency procedures, chemical safety and manual handling. Staff interviewed are satisfied with the training and education provided by the home.

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

Residents and representatives stated they are satisfied the home provides a safe and comfortable living environment. The home has single rooms and some shared rooms with en-suite bathroom facilities. Residents' rooms are personalised to reflect individual preferences. Residents have access to locked drawers in their rooms. Communal lounges, an activity room and dining rooms are available and there is access to enclosed external courtyard gardens. Preventative and corrective maintenance, audits and hazard reports assist the home to monitor the living environment. The home is secure and residents are able to access internal and external living environment. The home uses minimal restraint. A smoking risk assessment is conducted for residents who wish to smoke with strategies outlined in the care plan including supervision and protective aprons use. Staff stated they are aware of their responsibilities in providing a safe and comfortable environment. 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. A Quality and Safety committee is responsible for reviewing the safety of the home and monitoring incident and hazard data to identify trends. Internal and external audits contribute to the monitoring of the home's safety. Staff receive manual handling training as part of the initial induction process and on an ongoing basis. The home's corporate office has rehabilitation and return to work processes for supporting and managing staff affected by workplace injury. Staff have access to policies, procedures, guidelines and training creating a safe working environment

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to provide an environment and safe systems of work to minimise fire, security and emergency risks. Evacuation procedures and plans are posted 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 and is included in the home's induction processes. The home has a current triennial fire safety certificate and fire safety equipment inspections are recorded in log books. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems and electrical testing and tagging. Staff stated they are aware of their responsibilities in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems to monitor infection rates and procedures are provided for staff to minimise the spread of infection. Strategies are trialled by the home to prevent and control the rate of infections. The home has a staff and resident vaccination program, resources for outbreak management and spill kits are available. The home has effective procedures for managing food, linen and waste products. The home monitors the effectiveness of its infection control program through audits. Infection rates are monitored and reported at meetings. Staff receive training at induction and through regular updates. Independent inspections for food safety and the environment are undertaken on a regular basis and the home conducts regular audits to minimise the risk of infection and prevent occurrences. Staff stated they are aware of infection control practices and standard precautions to be used in the home.

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

Residents and representatives stated they are satisfied with the hospitality services provided by the home. The home provides hospitality services consistent with residents' individual needs and preferences. Residents' dietary requirements, food allergies and preferences are identified and communicated to relevant staff and regularly updated. The home has processes for regularly assessing and monitoring catering, cleaning and laundry services and identifying opportunities for improvement. Audits, worksite inspections and staff training are conducted regularly by the home to provide hospitality services in accordance with health and hygiene standards. Residents have input into the menu choices and selection. Hospitality services are monitored through regular audits, resident surveys, meetings and the home's feedback systems. Staff stated they have access to current information regarding resident needs and preferences and sufficient equipment and supplies.