



Aged Care
Standards and Accreditation Agency Ltd

Riverslea

Approved provider: Uniting Church Homes

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 20 December 2014. We made the decision on 14 November 2011.

The audit was conducted on 18 October 2011 to 19 October 2011. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Home and approved provider details

Details of the home

Home's name:	Riverslea				
RACS ID:	7099				
Number of beds:	46	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street:	100 Guildford Road				
City:	MOUNT LAWLEY	State:	WA	Postcode:	6050
Phone:	9272 5979		Facsimile:	9271 2614	
Email address:	krock@uchwa.com				

Approved provider

Approved provider:	Uniting Church Homes
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Assessment team

Team leader:	Karen Malloch
Team member:	Julia Horton
Date/s of audit:	18 October 2011 to 19 October 2011

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

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

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

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

Riverslea 7099

Approved provider: Uniting Church Homes

Introduction

This is the report of a site audit from 18 October 2011 to 19 October 2011 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 18 October 2011 to 19 October 2011

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:	Karen Malloch
Team member:	Julia Horton

Approved provider details

Approved provider:	Uniting Church Homes
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Details of home

Name of home:	Riverslea
RACS ID:	7099

Total number of allocated places:	46
Number of residents during site audit:	43
Number of high care residents during site audit:	18
Special needs catered for:	None specified

Street:	100 Guildford Road	State:	WA
City:	MOUNT LAWLEY	Postcode:	6050
Phone number:	08 9272 5979	Facsimile:	08 9271 2614

Audit trail

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

Interviews

	Number		Number
Care manager	1	Residents/representatives	10
Executive manager operations	1	Physiotherapist	1
Executive support	1	Occupational therapist	1
Clinical nurse support	1	Occupational therapy assistants	2
Senior supervisor	1	Chef in charge	1
Enrolled nurse	1	Laundry/cleaning staff	1
Multi skilled care staff	7	Maintenance staff	1
Chaplain	1		

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Care plans	6	Personnel files	6
Resident agreements	3		

Other documents reviewed

- Accident/incidents
- Activity program
- Activity statistics
- Agency staff orientation records
- Archive register
- Audit schedule and audit results
- Chaplain's resident pack
- Chemical usage register and material safety data sheets
- Cleaning schedules
- Comments and complaints
- Communication books
- Continuous improvement forms, log, and plan for continuous improvement
- Corporate orientation schedule, and site occupational safety and health induction checklist
- Corrective and preventative maintenance records
- Emergency procedures manual, and resident evacuation mobility list
- Employee handbook
- External services records
- Fire equipment and exit lighting service records
- Food and refrigerator/freezer temperature monitoring records
- Food safety program manual
- Hazard forms and monthly analyses
- Infections records
- Job descriptions and duty statements
- Laundry round list
- Meeting minutes
- Memoranda
- Menus and meal order forms
- Minutes of meetings
- Multicultural file
- Newsletters
- Occupational therapy file
- Pain file
- Police checks and monitoring matrix
- Policies and procedures
- Professional registration matrix
- Purchase orders
- Red teapot file
- Regulatory compliance file
- Resident dietary meals and drinks screening forms
- Resident information pack
- Resident surveys
- Residents' information package
- Rosters
- Service agreements, and supplier performance reviews
- Staff communication book
- Staff competency records
- Staff handbook
- Staff performance appraisals and schedule
- Staff training matrix, attendance records, and evaluations
- Staff/resident vaccination records
- Sunshine club file

- Training needs analysis.

Observations

- Activities in progress
- Availability of personal protective equipment
- Charter of residents' rights and responsibilities displayed
- Chemical storage
- Contractor and visitor sign-in books
- Designated smoking areas
- Emergency bag
- Equipment and supply storage areas
- Fire panel
- Fire procedures displayed in residents' rooms
- Hand Sanitises
- Infectious outbreak kit
- Interactions between staff and residents
- Living environment
- Meals service
- Noticeboards and information posted around the home
- Spills kit
- Storage/administration of medications
- Suggestion box
- Vision, mission and core 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 findings

The home meets this expected outcome

The home has a framework that assists management to actively pursue continuous improvement. There are multiple methods for identifying areas of improvement including audits, clinical indicators, hazard and incident reports. Staff, residents, and representatives contribute to the home’s continuous improvement activities via meetings, surveys, and feedback forms. Information from these sources is logged, actioned, and evaluated, and transferred onto a plan for continuous improvement where appropriate. Staff interviewed reported that they are encouraged to contribute to the home’s pursuit of continuous improvement and gave examples of improvement activities. Residents and representatives interviewed reported satisfaction with management’s responsiveness to feedback.

Examples of continuous improvement activities relevant to Standard 1 are described below.

- In order to improve the management system for residents’ assessment and care planning, the home is in the process of changing from a paper-based system to an electronic one. So far, the recording of progress notes and some charts is conducted via the electronic system. Staff have attended training on the use of the system, and those interviewed reported that resident information is easier to access.
- An organisational initiative to provide residents with more appropriate beds has resulted in the home’s purchase of 12 electric beds with adjustable heights. The beds have been selected as those best suited to meet the needs of residents who are ageing in place, and to improve staff safety. Staff interviewed reported, the beds enable them to work with residents at a comfortable height.

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

Processes are in place to ensure the identification of, and compliance with, all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various industry groups and policies are updated accordingly. The manager is notified of any changes, and staff are informed as required via memoranda, meetings, and handover. The home has processes for monitoring statutory declarations and police checks on new and existing staff and volunteers, and monitoring professional registrations, where appropriate. Residents, representatives, and staff have access to information regarding the Aged care complaints scheme. Notices regarding the annual general meeting are displayed. Residents and representatives were informed of the accreditation audit via letters and notices.

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

There are processes to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. New staff receive a corporate orientation, an orientation to procedures at the home, and are supernumerary for initial shifts to ensure they are competent to perform the required tasks. The organisation provides mandatory, optional, and competency-based training, and records are kept of staff attendance, and training evaluations are completed. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, comments and complaints, and verbal feedback. A training needs analysis is conducted six-monthly, and staff can request training at performance appraisals. Staff interviewed reported, they receive appropriate education to enable them to perform their roles effectively. Residents and representatives reported that staff have adequate skills and knowledge to attend to residents' needs.

Examples of education and training related to Standard 1 are listed below.

- Accreditation overview
- Corporate and site orientation
- Electronic care planning management system training.

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

A system is in place to ensure each resident, or his or her representative, has access to internal and external complaints mechanisms. Feedback forms, a suggestion box, and information regarding external complaints mechanisms and advocacy services are readily available. Complaints are followed up in a timely manner and feedback is provided to the originator. Residents and representatives receive information regarding comments and complaints mechanisms via the resident information booklet and resident agreement. The effectiveness of the comments and complaints system is monitored via audits and surveys. Residents and representatives advised that they have access to complaints mechanisms without fear of retribution.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision, mission and core values statement is documented in the staff handbook and resident information booklet, and is displayed at multiple locations around the home. The statements are consistently documented and include a commitment to quality. In addition, the organisation has an operational plan that contains the home's vision, mission, and organisational objectives. The organisation's vision, mission, and values are covered at corporate orientation, and staff interviewed confirmed that they had received information regarding these.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with residents' needs, and there are processes in place to respond to changing needs in staffing levels or skill mix. Staff have job descriptions and duty statements, they provide professional registrations where applicable, and police checks and renewal dates are monitored. New staff are oriented to the home and are buddied for their first few shifts. Absenteeism is covered by staff picking up extra shifts, and by utilising agency staff. Staff performance is monitored via feedback mechanisms such as complaints, surveys, audits, and clinical indicators, and performance appraisals are conducted two-yearly. Staff reported that they have sufficient time to carry out their tasks and that staff skills are adequate. Residents and representatives reported satisfaction with the responsiveness of staff and the adequacy of care.

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

Processes are in place to ensure there are adequate stocks of appropriate goods and equipment for quality service delivery. Designated staff are responsible for stock control, rotation processes, and the purchasing of goods and equipment. Preventative and corrective maintenance systems ensure that equipment is maintained, repaired, and replaced as needed. Equipment is stored appropriately to ensure accessibility and prevent damage. The appropriateness of goods and equipment is monitored via regular assessments of residents' needs, and feedback and monitoring mechanisms. Staff, residents and representatives reported that appropriate goods and equipment are provided by the home, and that maintenance issues are dealt with in a timely manner.

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

Information provided for staff includes job descriptions, duty statements, policies and procedures, care plans, handovers, meetings, memoranda, communication book, and noticeboards. Staff sign confidentiality clauses, and confidential information was observed to be stored securely. Retrieval of archived information is facilitated via a register. Electronic information is backed-up daily and is protected with secure passwords and levels of access. There are systems in place for the collection and analysis of information, and audits are conducted in accordance with a schedule to monitor the effectiveness of the home's systems. Staff reported that they have access to appropriate information to help them perform their roles. Residents and representatives are provided with information via the resident information booklet, resident agreement, meetings, newsletters, family conferences, and noticeboards. Residents and representatives advised they have access to information to assist them to make decisions about residents' care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

Processes are in place to ensure that externally sourced services are provided in a way that meets the needs and goals of the home. External contractors are appointed at organisational and site level, and the of quality expected is detailed in service agreements, and certain processes are agreed to. Processes are in place to ensure that liability insurance, professional registrations, and police checks are monitored and maintained. Performance evaluations are conducted before renewing contracts. Staff, residents and representatives reported satisfaction with the standard of services of externally sourced providers.

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

See Continuous improvement in Standard 1 - Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 2 are described below.

- Management identified that medication storage could be improved. As a result, racks that separate residents' medications have been purchased. Management advised that the medication drawers are now more organised, and it is easier to keep medications in order. The home's evaluation showed the racks to be successful, and medication incidents have decreased.
- In response to a staff suggestion, a second glucometer has been purchased to measure residents' blood sugar levels. The evaluation of this is that access to machines has improved resulting in increased efficiency, and staff interviewed gave positive feedback regarding the second machine.

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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards, and guidelines in relation to all four Accreditation Standards. Initial and ongoing assessments of residents requiring a high level of care are carried out by registered nurses. Medication is administered and stored safely and correctly. Residents are provided with care and services according to the assessed level of residential care they require. The home has policies and procedures for the mandatory reporting of unexplained absences.

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

See Education and Staff Development in Standard 1 - Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and training related to Standard 2 are listed below.

- Contenance management
- Medication competency
- Medication incidents reporting training
- Person centred care
- Registered nurse/enrolled nurse development day
- Senior first aid.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are processes to ensure residents receive appropriate clinical care. Residents are assessed using a range of general and focussed assessments. Care plans are developed to guide staff practice, and are formulated in consultation with residents and representatives, care staff, allied health, and the general practitioner. Care plans are reviewed six monthly, and changes in care needs and preferences are reflected in progress notes and the resident’s care plan. Staff are informed of changes to care through handover processes, communication books, and meetings. Residents and representatives reported they are satisfied with the care that is provided.

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 specialised nursing care needs are identified and assessed on moving in to the home. Specific care plans are developed by the registered and enrolled nurse and are reviewed regularly or as needs change. The home provides specialised nursing care to residents with complex health needs such as oxygen therapy, wound care, and complex diabetes management. The home accesses specialist advice and support from external specialists when required. Clinical staff are provided with training to support residents individual nursing care needs. Residents and representatives reported they are satisfied that residents receive specialised nursing care appropriate to their needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are referred to appropriate specialists in accordance with their identified needs and preferences. The home accesses a number of specialist services, including speech pathology, podiatry, and mental health services. All residents are assessed by the physiotherapist and occupational therapist. Instructions to staff regarding the outcome of consultations with health specialists are documented in residents’ notes, and specific instructions are included in the care plan. Residents, or their representatives, are able to organise their own visits to the dentist, or any other specialist they prefer to use. Residents and representatives interviewed reported satisfaction with access to other health and related services.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents’ medication needs and preferences are identified in consultation with their general practitioner. Policies and procedures are in place to guide staff in the safe and correct ordering, storage and administration of medications. Administration of medications is completed by nursing staff and medication-competent care staff via a multi-dose blister pack system. Residents who wish to manage their own medications are assessed as being competent by a general practitioner. Medication incidents and variances are recorded and analysed, and internal audits are used to monitor the medication system. Residents reported they are satisfied that their medications are managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to identify, manage and evaluate residents’ pain effectively. This includes initial and ongoing pain assessments using observation, discussion, and pain monitoring and assessment forms. A range of pain relieving strategies is used including heat packs, physiotherapy and activity programs, anti-inflammatory creams, repositioning, and pharmaceutical interventions. Monitoring of the effectiveness of pain medication is recorded in the progress notes and on pain evaluation charts. Staff reported they are aware of verbal and non verbal indicators of pain, and of reporting requirements of any residents with indicators of pain. Residents and representatives reported satisfaction with the care residents receive to minimise their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Residents and representatives are consulted about residents’ end of life preferences when moving into the home, or when appropriate. Residents are supported to remain in the home during the palliative phase and families are encouraged to visit and stay if desired. The chaplain is available to provide spiritual support if required. The home has provision of appropriate equipment to ensure the care and comfort of residents. Consultation with residents and families is ongoing throughout the palliation process. Families reported satisfaction with the way the home cares for terminally ill residents.

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

Each residents’ nutritional and hydration needs and preferences are assessed and documented on a dietary screening form. Information is provided to the kitchen with regards to likes, dislikes, and special dietary requirements inclusive of modified food and fluids, allergies, meal supplements, specialised equipment, and cultural needs. Each resident is weighed monthly or more frequently if required, and any weight variances are reported and reviewed by nursing staff for assessment and intervention. Referrals to the resident’s general practitioner, dietician, or speech pathologist are initiated for residents with nutritional concerns. Residents are satisfied that they receive adequate nourishment and fluids.

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

There are processes to ensure that residents’ skin integrity is consistent with their general health. A skin assessment identifies areas of concern, risks, and interventions required, and these are documented in the care plan. Supplies of goods and equipment including moisturisers, skin protective aids, pressure relieving devices and wound care products are available. Residents with wounds are assessed by registered staff that plan, implement and evaluate treatment. Residents are referred to external specialists if additional treatment is required. Management record and analyse skin integrity incidents. Residents and representatives reported they are satisfied with the care provided in relation to residents’ skin.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure that residents’ continence is managed effectively. Residents’ continence needs and preferences are assessed when they first move in to the home, and individual continence care plans are implemented to guide staff. Continence management strategies include regular toileting programs, provision of suitable continence aids and equipment, appropriate diet, supplements, and hydration strategies. Staff receive training in continence management, and are able to access appropriate specialist advice when required. Residents interviewed reported that their continence needs are being met.

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

Processes are in place to effectively meet the needs of residents with challenging behaviours. All residents’ behaviours are assessed initially, using past history information gathered from family and health care specialists. Daily monitoring charts are completed that detail triggers, behaviours, interventions and outcomes. This information is used to identify effective strategies. Regular reviews are undertaken, and care interventions are established in consultation with residents, representatives, and the general practitioner. Referrals are made to specialist services for additional support and advice when required. Residents and representatives reported that they are satisfied with the way that the home manages challenging behaviour.

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

There are systems to ensure that residents maintain optimum levels of mobility and dexterity. Residents are assessed by the occupational therapist and physiotherapist, and identified issues are addressed through the implementation of a specific care plan that details interventions. A range of strategies used by the home include exercise programs, assistive equipment, and medication. Residents’ accidents and incidents, including falls, are monitored and reviewed for trends. Residents at risk of falling are clearly identified and reviewed regularly by the physiotherapist. Residents and representatives interviewed reported being satisfied with the support provided to maintain residents’ mobility and dexterity.

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

Processes are in place to assess residents’ oral and dental hygiene, and care plans include details about daily care of teeth, residents’ oral hygiene preferences and swallowing difficulties. The home supports residents to attend appointments with external service providers, and residents can access the annual government dental check. The oral and dental hygiene provided to residents is evaluated through care plan reviews and clinical audits. An oral and dental training program is being implemented for clinical and care staff. Residents and representatives advised that they are satisfied with the support provided for residents’ oral and dental care 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’ care needs related to sensory loss across all five senses are identified and recorded. The care plans outline strategies to assist residents to minimise the effects of sensory deficits, and maximise each resident’s independence and interaction in activities of daily living. Residents have access to health specialists including audiologists and optometrists, and the physiotherapist conducts sensation tests to identify risks. The activities program has opportunities for residents’ sensory enrichment, and staff interviewed described how they assist residents to manage their sensory devices. Residents and representatives reported they are satisfied with the home’s approach to managing residents’ 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’ sleep patterns and preferences are assessed following a settling in period. Routines and rituals to support sleep are documented on the care plan, and strategies are reviewed when residents are unsettled. Interventions to promote natural sleep include warm drinks, repositioning, pain relief and lighting adjustment. Night sedation is provided for residents when other interventions are ineffective. Residents reported satisfaction with the support provided by staff to help them sleep comfortably.

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

See Continuous improvement in Standard 1 - Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of recent or current improvement activities related to Standard 3 are described below.

- It was identified by staff that the television in the respite room was small and outdated. In response, a large digital flat screen television has been installed. The evaluation of this initiative is that there are now more channels, better reception, and respite residents enjoy watching television.
- Following a suggestion from therapy staff, a weekly red-teapot afternoon tea has been implemented for residents with dementia. A tea pot, cups, and saucers have been purchased, and linen serviettes made. The table is decorated with table cloth, flowers and a cake stand, and kitchen staff provide afternoon tea in accordance with a four-weekly rotating menu that includes lamingtons, scones with jam and cream, and vanilla cup cakes. The activity includes reminiscing, reading poetry, and looking through photographs. The home's evaluation shows, and staff interviewed confirmed, that residents enjoy the activity.

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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all four Accreditation Standards. The service provides each resident with a resident agreement that outlines fee and tenure arrangements, and residents are informed via letter if any changes in fees or specified care and services arise. The Charter of residents’ rights and responsibilities is provided to residents and representatives via the resident agreement, the resident information booklet, and is displayed in the home. Staff sign contracts that contain a confidentiality clause, and staff were observed to be mindful of residents’ privacy and dignity. There are processes for the mandatory reporting of elder abuse, and staff have received training on this.

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

See Education and staff development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Aged care chaplaincy and pastoral care
- Elder protection and reportable assault.

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

The home has procedures that support residents in adjusting to life within the home and on an ongoing basis. New residents and families are orientated to the home environment, the emotional support needs of all residents are identified and reflected in care plans, and particular strategies are communicated to staff and reviewed regularly for effectiveness. The chaplaincy service provides regular pastoral care to residents and relatives. Residents' rooms were observed to be personalised with photographs and ornaments. Staff described emotional support provided to residents initially and on an ongoing basis; staff reported awareness of periods when residents would require additional support. Residents and representatives interviewed stated that residents' emotional needs are being met

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 are assisted and supported to achieve maximum independence and maintain control over their lives on moving into the home, and thereafter. Residents and representatives are consulted about interests, hobbies and community activities they wish to pursue. Assessments and care plans reflect consideration of health, social and spiritual support required to maximise independence. Care plans viewed demonstrated that resident's choices are respected, and their abilities supported. There are regular opportunities for outings, and many residents maintain membership of community groups. The physiotherapist and occupational therapist provide assessments and structured programs to promote independence. Residents interviewed reported that they are supported to be as independent as possible.

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

Each resident has their own room with an ensuite bathroom, and staff respect residents' privacy and dignity by knocking and waiting for an answer before entering rooms, and by addressing residents by their preferred names. Residents' doors are closed while receiving private care, and quiet indoor and outdoor areas are available for residents to meet with family and visitors. Resident information to assist with the delivery of care is securely stored, archived, and destroyed appropriately. Staff sign a confidentiality agreement, and are able to describe ways in which they respect residents' privacy and dignity. Residents reported that staff avoid rushing them, and their privacy, dignity and confidentiality are respected.

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

All residents receive an assessment from the occupational therapist that identifies their social history, interests, and preferences for activities. This information is used to create an individual care plan, and to schedule activities that they would like to participate in. The activities program is coordinated by the occupational therapy assistants, and includes a range of activities for groups and individuals, and external outings. Activities are available that address specific needs, such as to maintain cognitive function, physical wellbeing, and promote community inclusion. Residents' preferences, activity attendance statistics, and resident feedback surveys are used to formulate the activity program. Residents and representatives reported satisfaction with the activities offered and their frequency.

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' individual interests, customs, beliefs, and cultural and ethnic backgrounds are identified when they move into the home, and communicated to staff via care plans. Non denominational and Catholic Church services are conducted, and a chaplain provides pastoral care. Cultural days reflective of residents' ethnic origins are celebrated with music and visual displays. Phrase cards are available for residents whose first language is not English, and support from cultural community associations can be accessed. Residents reported they are satisfied the home respects and fosters their beliefs and ethnic backgrounds.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has an effective system for residents to participate in decisions about care and services they receive. During the entry process information is obtained about residents' preferences, and these include what the resident wishes to be called, preferred rising and retiring times, food preferences, and spiritual and end of life wishes. Regular residents' meetings provide an arena to express their views and to receive information about developments within the home. The comments and complaints procedure provides a mechanism for feedback. Residents reported they are happy with the level of choice and decision-making provided to them.

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

On moving in to the home, residents and representatives are provided with an information pack that contains information relating to complaints and suggestions, rights and responsibilities, and information about the home and the services provided. Residents, or their representatives, sign an agreement that provides information on fees and the level of care. Assistance is available for new residents and their representatives to clarify any queries in relation to tenure. Where room changes occur, this is carried out in consultation with the resident and their representative. Residents and representatives' stated that they had no concerns regarding security of tenure.

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

See Continuous improvement in Standard 1 - Management systems, staffing and organisational development for an overview of the home’s continuous improvement system.

Examples of recent or current improvement activities related to Standard 4 are described below.

- It was identified by management that placement of chairs in the foyer was hazardous as they back onto floor-to-ceiling windows that could break if a resident were to sit heavily in a chair. In response, steel pipe guard rails have been installed behind the chairs that prevent chairs from tipping back. The evaluation of this initiative is that it has improved resident safety without affecting their access to sitting in an area they enjoy.
- Following a needle stick injury, practices regarding blood sugar level monitoring were reviewed. As a result, in consultation with residents, small sharps containers have been placed on walls in identified residents’ rooms. The evaluation of this is that it is easier and safer for staff conducting blood sugar level monitoring.

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

There are systems and processes to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff receive mandatory training in fire and emergency procedures, manual handling, and food safety. The home has regular fire safety checks, and there is a food safety program in place. External contractors are provided with service agreements that outline obligations and responsibilities, and they are required to document their arrival and departure from the home. There are reporting mechanisms for accidents, incidents, and hazards, and staff are provided with personal protective equipment. Material safety data sheets are maintained for all chemicals used within the home.

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

See Education and staff development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 4 are listed below.

- Chef and cooks development day
- Chemical safety
- Fire and emergency procedures
- Food safety refresher
- Infection control
- Manual handling, and no-lift competencies.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with ensuite bathrooms, and are able to personalise their rooms. The living environment includes communal and private dining, living, and outside areas. The home appears well-maintained, clean, clutter and odour free, and regular audits and maintenance of the home are conducted to ensure it remains comfortable and hazard free. Staff interviewed described appropriate procedures to follow to ensure the safety and comfort of residents. Residents and representatives reported that the noise levels and temperature of the home are comfortable, and that residents are safe and secure.

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

Management is actively working to provide a safe working environment that meets regulatory requirements. On commencement of employment, staff are provided with an occupational safety and health induction, and no-lift training is mandatory. The care manager investigates hazard and staff accident and incident reports, and ensures environmental inspection audits are conducted in accordance with the schedule. Incidents, accidents, hazards, and infections, are discussed at staff meetings. Staff interviewed reported appropriately how they would identify and report hazards and incidents, and stated they feel that their working environment is safe.

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 a direct link to the fire brigade, fire fighting equipment with appropriate signage is readily available and is routinely inspected and maintained by independent professionals. Emergency exits are clearly marked, well-lit, and free from obstruction. Emergency procedure manuals for fire safety and other emergencies, such as bomb threats, armed intrusion and power failure, are available at multiple points around the home. Evacuation maps, a resident list including transfer requirements, and an emergency bag that includes residents' photographic identification lanyards are readily accessible. Security procedures are conducted by afternoon staff in accordance with duty statements, and night shift staff carry duress alarms that are linked to a security company. Staff receive training in fire and emergency procedures, and staff interviewed reported appropriate actions they would take in the event of an emergency. Residents interviewed reported awareness of what to do on hearing an alarm.

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

Management demonstrated its infection control program is effective in identifying, containing, and preventing infection. The organisation contracts an external consultant who supports the organisation in infection control. Information on individual resident infections is collected and analysed by the home's care manager, who is the infection control link person. Personal protective equipment, cleaning and laundering procedures, a food safety program, disposal of sharps, a vaccination program, and pest control are some of the measures in place to minimise the risk of infection. Regular infection control audits, infection surveillance, and observation of staff practices provide monitoring on an ongoing basis, and ensure that the system is effective. Staff interviewed reported a working knowledge of the principles of infection control.

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

Catering is undertaken on site, and four-weekly rotating menus are in place that are reviewed six-monthly in consultation with a dietician. Systems are in place to ensure residents' individual dietary needs are met on an ongoing basis. Cleaning staff undertake planned cleaning duties in accordance with duty statements and cleaning schedules. Personal laundry services are conducted on site and there are processes in place to minimise loss of clothing. Management monitor the quality of services via feedback mechanisms, such as comments and complaints, audits, and surveys. Staff interviewed stated their satisfaction with, and explained their involvement in, the provision of hospitality services. Residents and representatives interviewed reported they are satisfied that the home's hospitality services meet residents' needs and preferences.