



Aged Care
Standards and Accreditation Agency Ltd

RSL War Veterans Home Mandurah

RACS ID 7154

82 Oakmont Avenue

MANDURAH WA 6210

Approved provider: The RSL (WA) Retirement and Aged Care
Association (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 13 October 2015.

We made our decision on 12 September 2012.

The audit was conducted on 7 August 2012 to 8 August 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

RSL War Veterans Home Mandurah 7154

Approved provider: The RSL (WA) Retirement and Aged Care Association (Inc)

Introduction

This is the report of a re-accreditation audit from 7 August 2012 to 8 August 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 7 August 2012 to 8 August 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:	Anne Rowe
Team member:	Karen Jane

Approved provider details

Approved provider:	The RSL (WA) Retirement and Aged Care Association (Inc)
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Details of home

Name of home:	RSL War Veterans Home Mandurah
RACS ID:	7154

Total number of allocated places:	55
Number of residents during audit:	54
Number of high care residents during audit:	36
Special needs catered for:	Nil specified

Street:	82 Oakmont Avenue	State:	WA
City:	MANDURAH	Postcode:	6210
Phone number:	95350200	Facsimile:	95350202

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents/representatives	13
Manager	1	Volunteer	1
Clinical lead (Registered nurse)	1	Physiotherapist	1
Enrolled nurse	1	Occupational therapist	1
Supervisor 1	1	Occupational therapy assistant	1
Care staff	5	Chef	1
Administration/Quality coordinator	1	Cleaner	1
Administration assistant	1		

Sampled documents

	Number		Number
Residents' care management system	7	Medication charts	7
Residents' care plans	7	Personnel files	4
Residents' file (hard copy)	7	Resident agreements	3

Other documents reviewed

The team also reviewed:

- Activity planner
- Audits and surveys including quality improvement monthly data reports
- Case conference file
- Catheter records/injections file
- Communication books and handover file
- Comprehensive medication review reports file
- Daily temperature records
- Falls response file
- Individual therapy lists
- Medical and hospital transfer file
- Meeting minutes
- Monthly activity evaluation file
- Palliative care file
- Policies and procedures
- Register of schedule eight medication

- Resident application pack and admission package
- Residents' daily monitoring files (three houses)
- Therapy statistics
- Wound care file.

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Meal service including staff assisting residents
- Palliative care equipment and box
- Storage and administration of medications.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home uses the organisation's systems and processes to pursue continuous improvement across all four Accreditation Standards. The manager oversees the continuous improvement process and improvement opportunities are identified via resident, representative and staff suggestions, audits, hazard reports, comments and complaints, surveys and meetings. Action plans are developed for improvements requiring ongoing action and monitoring and are added to the plan for continuous improvement. Staff reported they are involved in continuous improvement and provide their suggestions to the manager. Residents and representatives advised they are aware of continuous improvement and are satisfied the home actively pursues continuous improvement.

Examples of recent or current improvement activities related to Standard 1 are described below.

- Following a review of residents' files, management identified hard copies of assessments were not always up to date. Management reported a planner has been developed to alert staff when assessment reviews are due and an audit conducted in July 2012 showed all assessments are up to date. Evaluation will occur via ongoing documentation audits.
- The management team identified new staff would benefit from a site specific orientation process. Management reported the two day orientation program now includes one day of corporate orientation and one day of site specific orientation. Documented staff feedback is positive and the management team reported new staff are better prepared for their roles.

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

Organisational systems and processes are used to assist the home to comply with relevant legislative requirements, changes to regulatory requirements, legislation and professional standards and guidelines. Information on regulatory changes is sent to the manager who communicates these to staff through memoranda, notices, training sessions and at meetings. The home has a process for ongoing monitoring of police checks for new and existing staff. Residents and representatives have access to brochures and information regarding the Aged care complaints scheme, and reported they were informed of the re-accreditation audit.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home's education program ensures management and staff have appropriate knowledge and skills to perform their duties effectively. A training program is developed through staff performance appraisals, education needs analysis, incident monitoring, audit results and feedback from residents and representatives. Site orientation and a buddy program are conducted for new staff following commencement of employment, and compulsory and optional training are part of the program. A staff training matrix is used to monitor staff attendance at training and the training sessions are evaluated. Staff reported they have appropriate training to enable them to perform their roles effectively.

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

- Bullying and harassment
- Certificate IV in management
- Communication and teamwork
- Documentation
- Leadership 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

Each resident, their representative and other interested parties have access to internal and external complaint mechanisms. Residents and representatives receive information regarding the home's comments and complaints system via the resident handbook, newsletters, meetings and information displayed. 'Tell us what you think' forms are available, along with a secure suggestion box. Management follow up comments and complaints and add them to the plan for continuous improvement when appropriate. Staff reported they assist residents to access and complete forms and management is approachable and responsive to feedback. Residents and representatives stated the manager and staff are responsive to any complaints or comments and are available if they wish to raise an issue.

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 displays its mission, vision and values in the home. Information is provided to residents and representatives on moving to the home via a resident handbook and contract. Staff are introduced to the organisation's values and vision at the time of recruitment and induction, through the staff handbook and policies and procedures.

Management and staff state their vision and mission clearly and cited how they work in practice.

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

Management uses the organisation's human resource management systems to recruit, train, and retain skilled and qualified staff. The home provides orientation, relevant training and supported 'buddy' shifts and an induction program for new staff. Training incorporates mandatory and elective sessions. Management review staffing levels and skills mix in line with residents' changing care needs and preferences. The home provides staff with job descriptions and duties lists to guide and direct practices. The organisation's electronic systems are used to monitor, track and provide information about dates for training and professional registrations as required. The home's own staff generally replace absenteeism, illness and other leave. Agency staff are sourced if required. Performance appraisals are routinely completed to provide support and obtain feedback from staff about further skills and training needs. Staff advised there is generally sufficient time to complete tasks and duties. Residents and representatives reported satisfaction with the responsiveness of staff and the level of skill to provide care and services to residents.

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 adequate supplies of stock and equipment to enable the delivery of quality care and services. Designated staff are responsible for stock control and rotation processes and there is an ordering system to ensure there are sufficient stock and goods. A preventative and corrective maintenance program is in place and equipment is regularly checked, repaired, serviced or replaced. Equipment is stored for accessibility and staff are provided with training to use the equipment safely and correctly. Staff reported repairs are made in a timely manner and management is responsive to requests for additional goods or equipment. Residents and representatives stated goods and equipment are provided by the home and are accessible for the delivery of services to meet residents' needs.

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

Management and staff have access to accurate and appropriate information to help them perform their roles. Processes facilitate the collection, analysis and dissemination of information related to resident care, business and operational issues; management uses this information to monitor service delivery. Staff reported they have access to, and use of,

accurate and appropriate information to perform their roles and delivery of resident care. Information is stored securely and processes maintain the security of computer-based information. Staff reported their responsibility in relation to privacy of information. Residents and representatives stated they have access to information via meetings, newsletters and family conferences to assist them make decisions about residents' care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has processes to ensure externally sourced services are provided in a way that meets the needs and goals of the home. External contractors are appointed both at an organisational and site level, the level of quality expected is detailed in service agreements and certain processes are agreed to. Processes are in place to ensure liability insurance, professional registrations and police checks are monitored and maintained. 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

Refer to 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.

- Following staff feedback management identified residents' medication profiles did not include individual administration instructions. Management reported the registered nurse reviewed all medication profiles and forwarded the information to the pharmacy for inclusion in residents' medication profiles. A recent audit shows all medication profiles are up to date and management reported evaluation will occur via monitoring of medication incidents and audits.
- The home's clinical development group identified the printed labels on pharmaceutical creams were difficult to read after a period of time, due to smudging. To prevent this, all creams received from the pharmacy now have clear contact placed over the labels to preserve the print. Management reported staff have provided positive feedback on the initiative and evaluation will occur via ongoing medication audits.

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

Systems and processes identify and ensure the home has ongoing regulatory compliance in relation to residents' health and personal care. A registered nurse oversees initial and ongoing assessment of residents requiring high care. Professional registrations for nursing staff and other health professionals are monitored. Medications are stored and administered in accordance with relevant guidelines. The home monitors any changes in legislation and alerts the staff through meetings or memoranda. All residents are provided with care, delivery of services and goods and equipment in accordance with legislative requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to 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.

- Catheter care
- Insulin and blood glucose level monitoring
- Medication competencies
- Ostomy care
- Pain assessment and management
- Wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents’ health care needs are identified when they move into the home with a range of assessments conducted by staff including enrolled and registered nurses and therapists. A comprehensive care plan is developed to guide staff in residents’ care needs, detailing strategies in areas including mobility, personal care, behaviour and therapy needs. Residents’ care needs are monitored by registered staff and care plans are reviewed every three months or when a residents’ health status changes. Medical practitioners visit residents on a regular basis and as required and changes in care needs are recorded. Residents and representatives have the opportunity to discuss residents’ care with staff informally or at an annual care conference. Staff reported they have adequate training to undertake residents’ care according to the care plan and residents reported satisfaction with the care 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 following assessment by a registered nurse and instructions pertaining to the care are included in the care plan. Registered staff undertake all specialised services including wound care and catheter management and staff have access to external services for assistance with specialised care 24 hours per day. Registered staff regularly attend training to update their skills. Registered staff reported there is sufficient equipment, products and clinical information to support specialised nursing care. Staff reported registered nurses undertake the clinical care and they report any changes in the residents’ health status to the supervisor or registered staff.

Residents and representatives stated residents are satisfied with specialised nursing care and staff are skilled in the care they provide.

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 assessed when they move into the home by the multi-disciplinary health team that includes a registered nurse, physiotherapist, and occupational therapist. Podiatry services are conducted and the clinical leader and medical practitioners undertake referrals to other health services as required. External health providers, including a speech pathologist, dietician and disease specialist, conduct assessments and assist with planning of residents’ care. Residents are assisted to attend external specialist appointments and clinics, with instructions to staff regarding changes provided to the resident’s medical practitioner or through written reports. Residents reported they are satisfied with the range of other health services available.

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

Policies and procedures are established to guide staff in the safe and correct ordering, storage and administration of medication. Medication is administered by registered staff or medication competent care staff using a blister pack system. Daily medication audits are undertaken to ensure medication errors are identified and a fortnightly audit of ‘as required’ (PRN) medication is conducted to ensure staff are monitoring the effectiveness of PRN medication. Incidents are reported, monitored and collated each month via the quality data report. The residents’ medical practitioner monitors residents’ medication and a review of their medications is undertaken annually by an accredited pharmacist. Residents who prefer to take their medication without assistance have a medical practitioner’s authority and the residents are provided a secure unit for storage. Residents and representatives reported staff give residents their medication at the time ordered by the doctor.

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

Systems are in place for the identification, assessment, intervention, review and ongoing management of residents’ pain. All residents’ pain status is monitored by staff over a number of days and an assessment and evaluation of the residents’ pain management is conducted by a registered nurse. Pain is assessed by residents reporting their scale of pain or via signs of pain identified by staff in residents unable to report. Care plans are developed and interventions to manage pain include heat packs, splinting, creams, exercise and analgesia. Strategies to reduce pain are recorded and further assessment is undertaken by registered staff when residents’ pain needs change. Residents have access to external health specialists or clinics to assist in the management of their pain. Staff reported ways in which

they identify pain and stated they report any changes to the supervisor or registered staff for further intervention. Residents reported they are satisfied with the staffs' assistance to manage 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 or representatives have the opportunity to record the residents' end of life wishes, or complete an advanced health directive when a resident moves into the home. Systems are in place to discuss palliative care requests and advanced health directives at the annual case conference. Policies and procedures are accessible to guide staff when a resident is nearing the palliative stage of life. The home has access to an external palliative care service for the provision of assistance during residents' palliation. Adequate equipment is available to manage residents' care needs during the terminal phase of life, including a slow infusion pain relief pump. Staff reported they understand the care and support required for a resident in the later stage of life and have had education in palliation.

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

All residents' nutrition and hydration requirements are identified when they move into the home and are monitored on an ongoing basis. Residents' likes, dislikes, allergies and specialised diets are recorded, communicated to the home's kitchen and added to a list in the house kitchenette and on the residents' care plan. Residents' weights are monitored monthly by registered staff and weekly when concerns are identified. Residents are referred to the dietician or speech pathologist for further assessment as required and changes are made, recorded and communicated to staff. Residents are ordered altered texture meals and thickened fluids when required and specialised eating and drinking equipment is provided to identified residents. Residents with weight loss are ordered supplements to maintain their nutritional status and staff were observed to be assisting residents with their meals and drinks. Residents reported they are satisfied with the meals and drinks and adequate staff are available to assist them.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

Processes are in place to assess residents' skin integrity and pressure area risk when they move into the home. Care plans are developed and detail interventions to maintain residents' skin integrity. Skin care preventative strategies include regular creams, pressure stockings, regular turning, air-cell mattresses and specialised seating. Identified care staff attend simple wounds such as skin tears and registered staff attend complex wound care. The clinical

leader (registered nurse) oversees all wound care, and an external service can be accessed for further assistance when required. Incidents including wounds, skin tears and falls are reported on the quality indicator data report each month and external benchmarks are reported to the home. Staff stated they have adequate training and knowledge to provide assistance with skin care and residents reported staff are skilled in wound care.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate residents’ continence needs when they move into the home and as required. Specialised continence management is identified and care plans detail interventions for residents with specialised continence needs, including catheter care. Urinary continence plans record residents’ individual toileting programs and the use of continence aids. Bowel management strategies include daily monitoring and interventions such as adequate fluids, high-fibre diets, regular toileting and medication. Registered nurses monitor urinary tract infections, the information is used to establish a trend and is benchmarked each month by an external service. Staff described how they assist residents to maintain their continence and dignity. Residents stated they are satisfied with the support provided to enable them to manage their continence.

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

A system is in place to identify residents’ behaviour of concern. Staff report behaviours over a number of days on a record including the demonstrated behaviour, possible trigger, intervention and the action taken. The behaviour record is used by registered staff to undertake evaluation/assessment and develop a care plan to guide staff, with strategies to reduce or manage the behaviours of concern. The home accesses the regional mental health service for further assistance as required and residents are assisted to attend external specialist mental health appointments. Dementia training is provided to assist staff manage challenging behaviour and incidents of behaviour that may cause harm are reported. Behaviour incidents are monitored on the quality indicator report each month and benchmarked by an external agency for further review by management. Residents and representatives reported the home is peaceful and they are not disturbed by other residents. Staff reported they are trained and skilled in assisting residents who have behaviours that may impact on other residents.

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

An initial assessment is conducted by the physiotherapist to determine residents’ mobility and dexterity function. Residents’ mobility, dexterity and transfer needs are documented on

the care plan. Weekly balance and exercise groups are held, residents are assisted with day to day walking by care staff and organised outdoor walks are conducted by therapy staff and volunteers. The physiotherapist reviews residents following a fall and changes are made as required. Residents' falls are recorded and included on the monthly data report for follow up by management. Equipment to assist in residents' safety is provided and includes gutter frames, wheeled walkers, hip protectors and wheelchairs. Residents and representatives reported residents have adequate assistance from staff in walking and are provided with assistance from the physiotherapist regarding their walking aids. Staff reported they have had adequate training to assist residents in their mobility, dexterity and transfer 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' oral and dental requirements are assessed when they move into the home and a plan of care is developed to guide staff in residents' oral and dental needs. Residents are assisted to attend an external dentist for denture repair or dental procedures as required. Residents are referred to the speech pathologist when a swallowing deficit is identified and interventions are documented. Oral care is provided to residents who require assistance and oral health equipment is included in the palliative care kit. Residents and representatives reported satisfaction with the way staff assist in their oral and dental care. Staff reported they are skilled and knowledgeable regarding dental health and assist residents with their oral care.

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

Systems are in place to assess impairment of residents' hearing, vision, speech, taste, smell and touch when they move into the home. Information and interventions to guide staff are recorded on the plan of care. Residents are assisted to attend external specialist appointments with audiology or optometry specialists. Sensory activities are provided such as outdoor walks, cooking and music. Large print books and playing cards are accessible to residents with visual impairment, along with other assistive devices such as 'talking books'. Staff reported they assist residents with sensory loss, including insertion of hearing aids and keeping the rooms uncluttered. Residents reported staff assist them with their glasses or hearing aids when it is required.

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

Systems are in place for charting residents' sleep patterns soon after residents move into the home, followed by evaluation and development of a care plan. Strategies to assist the resident with a natural sleep pattern are identified, including information such as usual time to settle at night, sleep aids and interventions to assist the resident back to sleep. Staff

monitor the residents' sleep routines overnight and report disturbed sleep patterns to the supervisor or registered staff for further review. Staff reported information is provided at the morning handover regarding residents who have a disturbed sleep and residents reported that staff check them during the night.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to 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.

- Following feedback from residents, therapy staff have introduced a number of initiatives to acknowledge residents who have recently passed away and to provide emotional support for representatives and current residents. Improvements include a memorial wall listing the names of residents and year of their passing, a remembrance tree with stars representing each resident who has passed away during the year and a memorial service, the first one scheduled for August 2012. Management reported evaluation will occur via resident/representative surveys and staff feedback at a future date.
- The therapy team identified the home’s trailer used to transport walking aids and wheelchairs for resident outings was causing damage to the equipment during transport. New rails have been installed in the trailer to ensure equipment is secured and easier to transport. Management reported there have been no further reports of damage to equipment and evaluation will occur in the future via equipment audits.

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

Residents are informed of their rights and responsibilities in information provided to them when they move into the home, and the Charter of residents’ rights and responsibilities is on display at the home. The service provides each resident with a resident agreement outlining fees, level of care and services and tenure arrangements. Policies and procedures are in place for the compulsory reporting of resident assault and unexplained absence. Staff are informed of changes relevant to resident lifestyle through training, memoranda and meetings; there is a process for the mandatory reporting of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to 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.

- Dementia
- Dignity in care
- Elder abuse
- Leisure and lifestyle skills set
- Restraint.

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 are supported to adjust to life at the home when they move and on an ongoing basis. Therapy staff reported they provide information to new residents by introducing themselves, giving the resident an activity planner and generally making them feel welcome. Information related to the resident's background, significant life events and previous and current interests is provided via a personal profile in a 'Key to me', with information gathered from the resident or representatives. A number of assessments are conducted by the occupational therapist and a care plan developed including information regarding residents' social needs. Residents and representatives are encouraged to personalise residents' rooms with photographs, ornaments and personal effects. Care staff described ways in which they support new residents settle into the home, including introducing them to other residents and organising appropriate seating at meals. Representatives stated they can visit the home at any time and are welcomed by staff.

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' cognitive, physical and emotional status is assessed when they move into the home and plans of care developed identifying interventions to encourage and assist residents to maintain their independence. Activity programs into the local community include weekly long and short bus outings, weekly shopping, regular community bingo and organised external walks. Suitable walking and dexterity aids support residents to maintain their independence and residents have access to a community library service. The team observed

staff and volunteers assisting residents in wheelchairs or walking with residents on external walks. Residents reported they enjoyed going into the community for coffee on a bus outing or going out with family. Staff reported residents are encouraged to attend activities within and outside the home.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

The home has a system to ensure residents' privacy, dignity and confidentiality is respected. Staff are provided with information regarding the confidentiality of resident information on commencement of employment. Residents' right to privacy is reflected in the home's privacy policy and in the residents' information handbook. Residents' records are stored appropriately to ensure security and computers are password protected. Residents' accommodation is in a house of up to ten residents, with a single room and en-suite bathroom. Staff demonstrated a clear understanding of their responsibilities with regards to the confidentiality of resident information. Residents reported staff are respectful of their personal privacy needs and they are confident their confidential information is managed effectively.

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 are encouraged and supported to participate in a wide range of activities of interest to them. Residents and representatives are provided with the opportunity to give information regarding their personal history and activity preferences when they move into the home in a 'Key to me'. A number of comprehensive therapy assessments are undertaken by the occupational therapist and residents with increased memory loss have an additional scaled assessment conducted for information. Therapy and lifestyle care plans are developed by the occupational therapist from the assessment information. Residents have access to a range of activities with sensory, cognitive, motor-skills and social groups programmed along with individual therapies. A system is in place for regular evaluation of the therapy and social activities by the occupational therapist. Staff reported the program is changed according to the therapist's evaluation, statistics of residents' participation and feedback from staff and residents. Residents stated staff and volunteers provide a wide range of activities they regularly attend and enjoy.

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 valued and fostered. Information on residents' cultural and spiritual background is

documented when they move into the home. A non-denominational service and a spiritual group are held at the home each fortnight. Significant events and anniversaries are celebrated including Australia Day, Easter and Mother's Day. Other cultural activities include football tipping and a football grand final celebration. Resident lifestyle surveys identify activities residents wish to be added to the program and staff reported a remembrance service is planned to be held every six months following a resident survey. Residents stated they are satisfied with the way staff support their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

A system is in place to enable the residents to exercise choice and control over their lifestyle within their assessed abilities while not infringing of the rights of other people. Residents and representatives have the opportunity for a formal care conference with the manager to discuss residents' clinical care and lifestyle preferences, including clinical and terminal choices and advanced health directives. Residents and representatives have the opportunity to provide feedback through comments and concerns forms, residents' meetings and informal and formal meetings with clinical staff or management. Staff described some of the ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives reported residents make lifestyle decisions every day and staff are respectful of their choices.

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

Systems and processes are established to ensure residents have secure tenure within the home and understand their rights and responsibilities. Prior to entry, residents and representatives are given general information about the service by the manager and via an information pack and have the opportunity to view the home. On moving into the home, the resident agreement, which includes the residents' rights and responsibilities, accommodation bond and charges, prudential arrangements and security of tenure, is signed. A resident handbook provides residents and representatives with comprehensive information regarding the home and services. Residents and representatives are informed of the changes when a residents' classification moves from low to high care through a 'high care resident entitlement' information sheet. Following consultation with management and clinical staff, representatives sign a room change acceptance form when a change in accommodation is required. Residents and representatives reported residents feel secure at the home and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to 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.

- Management identified a designated smoking area would improve resident lifestyle and provide a safer location for residents to smoke. A new gazebo has been built in the garden area and includes smoking signs and cigarette disposal vessels. Management reported, and we observed, residents enjoy using the designated smoking area. Management reported an evaluation will occur at a future date via resident/representative feedback and surveys.
- Following resident feedback, management identified the outdoor furniture for ‘house two’ was not suitable for the current residents. Management reported, and we observed, two chairs, a table and footstalls have been purchased. Residents interviewed are satisfied with the new furniture and management reported an evaluation will occur via resident/representative survey later in the year.

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

Systems and processes identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff attend fire safety and occupational health and safety training. The home has regular fire and environmental safety checks, material safety data sheets are stored with chemicals, and gastroenteritis outbreak information is available. Occupational and environmental monitoring is scheduled and routinely carried out. The home has a food safety program and staff receive training in food safety. There are reporting mechanisms for accidents, incidents and hazards and personal protective equipment is provided for staff use.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to 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.

- Chemical awareness
- Fire and safety
- Food safety
- Infection control
- Occupational safety and health reporting.

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

Management and staff are working to provide a safe and comfortable environment consistent with residents' care needs. Residents' are accommodated in rooms with en suite bathrooms, and have access to communal and private living areas within the home. Residents are encouraged to personalise their rooms with items of memorabilia. The environment appears well-maintained, clean, clutter and odour free and temperature and noise levels are managed to the satisfaction of the residents and representatives. There are regular audits to monitor, review and improve the safety and quality of the environment. Residents and representatives expressed satisfaction with the safety and comfort of the living environment.

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 and staff are actively working to provide a safe working and living environment that meets regulatory requirements. Safety policies and procedures guide and direct staff, and induction training includes occupational health and safety (OHS) and hazard identification. There are processes to assess the physical environment, reporting of risks, identification of potential and actual hazards and review of accidents and incidents. Chemicals are securely stored and material safety data sheets are available. Staff reported they identify and report hazards and accidents and stated 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

There are systems and processes for detecting and acting on fire, security and other emergency risks and incidents. The home's fire detection, security, emergency procedures and plans are documented and accessible to staff, residents and visitors. Staff attend compulsory training in fire and emergencies and are generally knowledgeable in their roles and responsibilities in the event of a fire or emergency situation. External contractors carry out regular independent fire inspections of the home's equipment, procedures and plans. A list containing the current residents' transfer needs is located strategically for staff reference in the case of an emergency. Duress alarms are available for staff and the home is secured each evening. Residents and representatives reported residents are safe and secure in the home.

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

Processes identify, manage and minimise actual or potential infection control risks. Staff attend infection control education and have access to, and use, personal protective equipment as required. Information on resident infections is collated and analysed, trends identified and results communicated to staff. Monitoring occurs through environmental audits and surveillance. Some measures contributing to the effectiveness of the program include the provision of hand washing facilities, a food safety program, waste management and pest control measures. Staff reported the infection control education and information equips them to manage and minimise the risk of infection at 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

Hospitality services are provided in a way that enhances residents' quality of life. On moving to the home each resident's food preferences, cultural requirements, likes and dislikes and special requirements are recorded. All food is prepared on-site and delivered to the home's serveries. A four-week rotating menu is provided and residents have access to a dietician. Residents' personal laundry and flat linen is attended on-site. The cleaning is undertaken in accordance with policies and procedures and staff duty statements. Management monitors the quality of hospitality services via various feedback mechanisms, such as comments and complaints, surveys, meetings and audits. Residents and representatives reported they are satisfied the home's hospitality services meet residents' needs and preferences.