



Aged Care
Standards and Accreditation Agency Ltd

Shawford Lodge

RACS ID 7263

8 Twyford Place

INNALOO WA 6018

Approved provider: Aegis Aged Care Group Pty Ltd

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 1 May 2016.

We made our decision on 11 March 2013.

The audit was conducted on 5 February 2013 to 6 February 2013. 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

Shawford Lodge 7263

Approved provider: Aegis Aged Care Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 5 February 2013 to 6 February 2013 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:

- 44/44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 February 2013 to 6 February 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Jennifer Bailey
Team members:	Jacqueline Gillespie
	Philippa Brittain

Approved provider details

Approved provider:	Aegis Aged Care Group Pty Ltd
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Details of home

Name of home:	Shawford Lodge
RACS ID:	7263

Total number of allocated places:	102
Number of residents during audit:	99
Number of high care residents during audit:	73
Special needs catered for:	Residents with dementia and associated diseases

Street:	8 Twyford Place	State:	WA
City:	INNALOO	Postcode:	6018
Phone number:	08 9244 8477	Facsimile:	08 9244 8488

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Residents/representatives	17
Group manager clinical	1	Assistants in nursing	9
Group clinical consultants	2	Manager hospitality services	1
Clinical nurse manager	1	Hospitality service manager	1
Registered nurses	2	Chef	1
Enrolled nurse	1	Catering staff	2
Group physiotherapy consultant	1	Cleaning staff	3
Physiotherapists	2	Laundry staff	1
Physiotherapy assistant	1	Maintenance staff	1
Occupational therapist	1	Administration assistant	1
Occupational therapy assistants	3		

Sampled documents

	Number		Number
Residents' files, including assessments, care plans and progress notes	15	Medication profiles and signing sheets	10
Pain record and evaluation forms	8	Residents' agreements	4
Drinks and snack lists	2	Personnel files	9

Other documents reviewed

The team also reviewed:

- Activities calendar, activities log and activities feedback
- Agency staff file and orientation records
- Allied health communication books
- Audits, surveys and audit schedule
- Blood glucose monitoring report
- Clinical indicator files
- Comment and complaints file
- Continuous improvement files, plan and corrective action reports
- Contractors file
- Daily check/refrigerator temperatures

- Diaries and communication books
- Electronic tagging file
- Emergency response plan
- External contractors file
- External food safety audit report
- Fire contractors files
- Incident analysis and hazard file
- Infection management log
- Job descriptions and duty statements
- Material safety data file
- Meal choice survey
- Meeting file
- Memoranda file
- Physiotherapy files
- Policies and procedures
- Preventative and corrective maintenance files
- Resident's contract
- Residents' information leaflets and handbook
- Restraint file
- Risk acknowledgement form
- Sign-in registers for contractors and visitors
- Staff handbook
- Staff roster and allocation records
- 'Standard' files
- Training files
- Vaccination file
- Weight loss comparison report.

Observations

The team observed the following:

- Activities in progress
- Archive storage
- Charter of residents' rights and responsibilities displayed
- Chemical storage system
- Equipment and supply storage areas
- Infection control resources
- Interactions between staff and residents
- Kitchen and laundry

- Living environment
- Meal and drink services, including residents being assisted
- Mobility and transfer aids
- Notice boards, displayed information, leaflets and locked suggestion box
- Storage of medications
- Tagged electrical goods
- Waste disposal systems.

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, incidents, hazard reports, comments and complaints, family conferences, surveys and meetings. Improvements requiring ongoing action and monitoring are added to the continuous improvement plan. Staff reported they are encouraged to make suggestions and provide examples of improved outcomes for residents. Residents and representatives advised they are aware of improvements, and are satisfied with the response to any suggestions.

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

- The organisation identified the need for a reliable system for ensuring staff employment regulatory requirements, such as police certificates currency. The records are linked to the electronic rostering system and staff are notified prior to renewal dates. The manager is able to check the system and is notified prior to any police certificates lapsing. Feedback from staff and management indicated the process is working well.
- To ensure consistency across the organisation, a corporate continuous improvement plan has been introduced. The manager has attended a 'master class' in using an electronic spreadsheet and stated she can now maintain the continuous improvement spreadsheet, add improvements onto the spreadsheet and make adjustments as required.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Organisational systems and processes are used to assist the home comply with relevant legislative requirements and inform the manager of any changes to regulatory requirements, legislation and professional standards and guidelines. Any regulatory changes are forwarded to the manager who communicates these to staff through memoranda, notices, training sessions and at meetings. There is a process for ongoing monitoring of police certificates for new and existing staff. Staff reported they provide police certificates and registration documents as required. Residents and representatives have access to brochures and

information regarding the Aged Care Complaints Scheme and have been informed a Re-accreditation audit was to take place.

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 roles effectively. An internal training program is developed based on residents' needs, staff performance appraisals, incident monitoring, audit results and feedback from residents and representatives. Site and corporate orientation and a buddy program are established for new staff. Mandatory and optional training takes place with both organisational and external trainers. A staff training matrix is available, attendance is monitored and evaluations and quizzes are used to ensure the training is effective. Staff reported they have a variety of training and management is receptive to any requests for additional training to meet residents' needs. Residents advised the staff are able to meet their needs.

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

- Complaints management
- Continuous improvement
- Elder abuse and mandatory reporting
- Use of electronic spreadsheets.

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 internal and external comments and complaints mechanisms via the resident handbook, meetings and posted information. Feedback forms are available, along with secure suggestion boxes in the foyers of the home. The manager logs and actions both verbal and written comments and complaints, and changes are made where necessary. Staff stated they assist residents to access and complete forms if they are unable to resolve the issue 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's mission statement, vision, philosophy, objectives and key standards are on display in the home, and are documented in the resident and staff handbooks. Staff, residents and representatives reported their awareness and knowledge of the mission of the organisation.

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 to deliver services in accordance with residents' needs and the organisations philosophy and objectives. There are organisational processes in place for the recruitment, selection and orientation of new staff, and appraisal of staff performance is undertaken at the end of the probationary period and bi-annually. New staff are provided with additional support from an experienced staff member. The manager monitors staffing levels and performance via feedback and reporting mechanisms, internal audits and performance appraisals. Staff have access to policies, procedures and duty statements. Position descriptions outline responsibilities for each role. Staff reported they have sufficient time to carry out their duties. Residents and representatives stated residents are satisfied with the responsiveness of staff and the standard 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

The home has adequate supplies of stock and equipment to enable the delivery of quality services. Designated staff are responsible for stock control and rotation, and there is an ordering process to ensure there are sufficient goods. Equipment is regularly checked, repaired, replaced or serviced through the corrective and preventative maintenance program. 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 adequate for their 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. Organisational processes facilitate the collection, analysis and dissemination of information related to resident care and business and operational issues, and 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 in the delivery of resident care. Information is stored securely and processes maintain the security of computer-based information. Staff described 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 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

Externally sourced services are provided in a way that meets the needs and goals of the home. Organisational policies and procedures are followed in relation to the provision of external services, and contracts for services are coordinated by corporate office. Management systems clearly define requirements related to the engagement, conditions and review of external service providers. The quality of services are monitored via feedback mechanisms. Staff, residents and representatives reported satisfaction with the standard of externally sourced services.

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 health and personal care are described below.

- The organisation has negotiated with the contracted pharmacy to develop an online ordering process to improve the communication between the home and the pharmacy and to eliminate the need for faxing documents to the pharmacy. All staff have been trained in using the electronic program. As a result, there has been an increase in compliance with pharmacy deliveries and residents receive any medication changes sooner. Staff confirmed the electronic system is easy to use, safety processes are inbuilt and residents receive their correct medications in a timely manner.
- Following the implementation of a diabetes management improvement that took place during 2012, the organisation has reviewed the use of insulin pens with retractable needles. Designated staff have been trained in using the new equipment and as a result, there has been a reduction in staff related needle stick injuries.

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. Registered nurses oversee initial and ongoing assessment of residents who require high care. Monitoring of nursing staff professional registration occurs. 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. Staff are provided with appropriate training to their positions and responsibilities and reported knowledge of mandatory reporting 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 health and personal care are listed below.

- Care of a stoma
- Continence management
- Dysphagia and texture modified food
- Eye toilets
- Falls prevention
- Grief and loss
- Management of residents with Parkinson’s disease
- Oral health
- Pain management and use of an electronic pump
- Palliative care and care of the deceased
- Skin care
- Support for people living with dementia
- Wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

When residents move into the home, registered nurses assess their clinical care needs using validated assessment tools. Care plans are developed to guide staff in the provision of residents’ individual care requirements and these are reviewed annually and as required. Residents’ general practitioners and relevant allied health practitioners regularly review residents. Competency based training and education is provided to ensure staff are competent in the delivery of residents’ care. Clinical incidents are reported, actioned appropriately and analysed to identify risks, trends, opportunities for improvement and the need for further education. Residents and representatives reported they are consulted about residents’ clinical care and expressed satisfaction with the care residents receive.

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

Registered nurses plan and direct the implementation of residents’ specialised nursing care needs. Complex nursing care plans are developed and include information and directives from the general and allied health practitioners. The home provides specialised nursing care to residents with continence management and complex wound management. Registered nursing staff are on site to provide care and supervision at all times. Residents and representatives stated residents receive specialised nursing care according to their needs and preferences.

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 health specialists in accordance with their needs and preferences. A multidisciplinary team with involvement of the general practitioner contribute to residents’ assessments and identify the need for information from other health specialists. Referrals are made to other specialist services, including speech pathology, dietician, dentist, optometrists, residential care line and mental health services. A podiatrist visits the home regularly and attends to the needs of the residents. Registered nurses access information and recommendations resulting from specialist reviews and implement changes to care or medication. Residents and representatives stated residents are satisfied with their access to health specialist 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

Medication competent staff administer residents’ medications via a pre-packaged multi-dose system and any ‘as required’ medications are administered by registered nurses. Medication profiles and signing sheets contain clear information pertaining to prescription instructions for medication. General practitioners regularly review residents’ medications and sign an authority for residents who wish to self-medicate. Medication audits are undertaken according to the audit schedule, medication incidents are recorded and addressed immediately by senior clinical staff, and the data is collated and analysed monthly to identify areas for improvement. An external pharmacist conducts review of residents’ medications and communicates their findings to the general practitioner and the home. Residents and representatives stated they are satisfied residents’ medication are administered and 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

Registered nursing staff assess residents' pain management needs when they move into the home and on an ongoing basis. Assessment tools include a verbal and non-verbal descriptor scale to identify signs of pain in residents with a cognitive or speech deficit. Use of a multidisciplinary approach to manage residents' pain includes the general practitioner, registered nurse and the physiotherapist. Strategies to alleviate individual residents' pain are identified in their care plans. In addition to pain relieving medication, the use of alternative methods of manage residents' pain includes heat packs and massage. Staff reported they refer to the registered nurse when pain relief strategies are not effective, or residents report a new pain. Residents and representatives reported staff manage residents' pain effectively.

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

The home's approach to palliative care ensures the comfort and dignity of terminally ill residents is maintained in accordance with their needs and preferences. When residents move into the home or thereafter as preferred, discussion occurs with the resident and their family on treatment decisions for the future and end of life planning. When necessary, a specific palliative care plan with strategies to manage resident's care needs such as pain relief and personal care. Registered nurses monitor the effectiveness of care interventions, including review of pain management or care needs. Residents have access to a spiritual advisor of their choice, and staff and the general practitioner provide residents and their families with support during the palliative period. Staff reported families have been appreciative of the care and provision of services the home provides.

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

Assessment of residents' needs in relation to nutrition and hydration occurs when they move into the home and on an ongoing basis. Relevant staff are notified of residents' meal preferences, special needs, allergies and cultural requirements. Recording of the resident's weight occurs during the initial assessment period, monthly thereafter and more frequently if required. The clinical nurse manager notes variations and determines appropriate interventions, and if necessary, residents receive nutritional supplements. Referral to the speech pathologist and dietician take places for residents identified at risk. Meals and fluids with altered texture and consistency are available, as well as modified cutlery and crockery. Staff reported they assist residents with their meals and drinks. Residents and representatives stated they are satisfied residents' nutrition and hydration needs are being met.

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

An assessment of resident’s skin integrity occurs when they move into the home. Care plans contain strategies and interventions for care staff to follow to maintain residents’ skin integrity, hair and nails. Residents who require wound management have an individual wound care plan to ensure continuity of care and ongoing monitoring. For complex wound care, registered nurses liaise with an external wound care specialist and residents’ general practitioners. Strategies to prevent skin breakdowns and maintain integrity are repositioning, application of emollient creams and pressure-relieving equipment. Staff reported they monitor residents’ skin integrity and report abnormalities to the registered nurse. Residents and representatives reported residents are satisfied with their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Assessment of residents’ continence needs occurs when they move into the home and care plans are developed, reviewed annually or as required. Residents receive assistance to manage their continence through a range of measures, including scheduled toileting programs and the use of suitable continence aids and their bowel elimination is recorded and interventions documented. Monitoring of residents’ urinary tract infections occurs through the infection control surveillance process and strategies are implemented as necessary. Staff reported they have sufficient supplies and training to enable them to manage residents’ continence needs. Residents and representatives reported staff are effective in meeting residents’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Assessment of residents’ behavioural management needs occurs when they move into the home. Individual care plans identify triggers to the behaviour and interventions required to assist in minimising or preventing challenging behaviours and their effects on others. Referrals to specialist services, including the mental health team are made in consultation with the general practitioner, and recommended behaviour management strategies are implemented and monitored for effectiveness. There are procedures to minimise and monitor the use of restraint, and there is a process for authorisation and review. Staff reported on strategies they use to manage residents with challenging behaviours. Residents and representatives stated they are satisfied residents are not adversely affected by the behaviour of 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

When residents move into the home the registered nurse and allied health practitioners assess each individual's level of mobility and dexterity and falls risk. Residents are encouraged to maintain their mobility and dexterity by participating in the home's physiotherapy and activity programs that include group exercise programs and physical activities to improve independent movement. Appropriate seating and other aids are available to assist mobility and maintain residents' independence. An incident reporting system includes analysis of incidents to identify trends and implement strategies to reduce resident falls. Residents and representatives reported they are satisfied with the way staff encourage and support residents to maintain their mobility.

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

An assessment and evaluation of residents' oral and dental health care needs is conducted when residents move into the home. Care plans identify the assistance residents require to maintain their oral and dental hygiene, including assisting them to clean their teeth or dentures. Residents are offered the opportunity to be assessed by the visiting government dentist, and family can arrange for residents to attend external dental appointments. Staff reported they routinely undertake oral care for residents and ensure they have appropriate oral health equipment and products. Residents and representatives reported they are satisfied with the oral and dental care provided to residents by staff.

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

Assessment of residents' sensory losses in all five senses occurs when they move into the home. Care plans include strategies to manage residents' sensory losses and to maximise each resident's independence and interaction in activities of daily living. The activity program includes sensory activities such as cooking, hand massage and garden therapy. Residents have access to allied health professionals, including audiologists and optometrists. Staff described the strategies they use to assist residents with sensory loss and to manage their sensory devices. Residents and representatives stated they are satisfied with the assistance residents receive to manage their 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

Assessment of residents’ sleep patterns occurs when they move into the home and if sleep disturbances are identified. Residents’ settling routines are recorded and care plans are developed to assist staff to promote and optimise strategies to enhance natural sleep patterns. Night sedation medication is administered as prescribed and is regularly reviewed by residents’ general practitioners. The home provides a quiet and calm environment, and staff are available to assist residents if required. Staff reported they assist residents to settle at night by repositioning, pain management and the offer of snacks and drinks. Residents and representatives reported they are satisfied with the way staff assist residents to achieve a restful sleep at 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 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.

- As a result of staff and resident feedback and to encourage independence, a mobile shop has been introduced. Residents were surveyed as to what small goods they would like to purchase and particular brands they liked. Following the introduction of the weekly shopping trolley, a survey confirmed it is meeting residents’ needs. Residents stated they enjoy seeing the trolley and making their purchases on a weekly basis.
- Following an audit, staff identified the ‘Key to Me’ document they asked residents and family members to complete were not being returned. As the document was very long and complex, staff have reduced the number of questions and made it shorter and more user friendly and named it ‘About Me’. As a result, the document is now being completed and staff stated they are able to use the information to support and assist residents when they move into the home.

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 about 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 that outlines 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 stated they are informed of changes relevant to resident lifestyle through training, memoranda and meetings, and there is a process for 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.

- Aromatherapy
- Balance exercises
- Dance club
- Food safety and cooking with residents.

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 in 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 residents' emotional status is recorded on an assessment and the care plan guides staff in the social and emotional needs of the resident. Residents and representatives are encouraged to personalise residents' rooms with photographs, ornaments and personal effects. Residents reported the staff support their emotional needs, and 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

The home has processes to ensure regular assessment of residents' needs in achieving maximum independence. The physiotherapist and occupational therapist assess and review residents' level of ability to participate in activities of daily living. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. The home encourages residents to maintain friendships and participate in the life of the community within and outside the home. Residents and their representatives are consulted about risks associated with activities and balance risk taking with safety in decision-making to allow residents to remain independent. Staff described strategies to assist residents to maintain independence in all aspects of their lives. Residents reported they are satisfied with the assistance provided by the home in relation to their independence and participation in the life of the community 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

There are processes to ensure that each resident's right to privacy, dignity and confidentiality is recognised and respected and the information package details these rights. The home's environment promotes privacy, including the provision of single rooms and outdoor areas for residents. Staff reported they sign confidentiality agreements and provide residents' health and personal care services discretely to maintain their dignity and privacy. Management uses feedback mechanisms to monitor the effectiveness of residents' privacy and dignity. Residents and representatives reported the staff respect residents' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The occupational therapist and the therapy staff assess and collect information of both past and current interests of the resident when they move into the home and as required. The therapy staff develop and display a focused activity program to accommodate individual and group needs and other areas of care such as diversional and sensory therapy. There are planned sessions throughout the week to optimise residents' participation and encourage social interaction. Therapy assistants described ways to encourage residents to participate in activities and how they provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate the residents' interests and activity programs via residents' feedback, meetings, surveys/audits review of care planning and residents' attendance at activities records. Residents and representatives reported they are satisfied with the activities offered to residents.

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

Staff assess residents' individual interests, customs, cultural and ethnic backgrounds when moving into the home. This information is shared with relevant staff via care plans, meetings and dietary sheets. The home facilitates regular religious services. Residents who wish to access representatives of other denominations receive assistance as appropriate. The home celebrates religious, special events and cultural days of significance and supports access to community associations as part of the activity program. A schedule of activities is available to residents for religious services and cultural celebrations. Residents and representatives reported satisfaction with the cultural and spiritual support provided by the home.

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

Management and staff encourage and support residents' individual choices and decisions. There are processes to assess residents' individual needs and abilities, preferences, wishes, consents and authorisations across all areas of care and service delivery when moving into the home and as required. Management conducts meetings to provide residents and representatives with a forum to express views and participate in decisions about care and service. Authorised representatives make decisions on behalf of residents who are unable to act for themselves when moving into the home and as required. Staff reported strategies for supporting residents' individual preferences, including meals, refusal of care, or intervention and participation in activities. The home uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported residents are supported to make choices in all aspects of their daily life.

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 to the home, residents or their authorised representatives receive a residential care agreement covering the residents' level of care assessed, exit criteria and extra services where applicable. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, residents' rights and responsibilities and associated schedules. The home uses a monitoring mechanism to ensure residents have signed a residential agreement and received appropriate information about security of tenure and their rights and responsibilities. Case conferences are held with residents and representatives to inform them of the changes when a residents' classification moves from low to high care. Management consults with residents and representatives prior to room transfers within the home. Residents and representatives reported they are satisfied residents have security of tenure at the home.

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 advised fire and other emergencies have been a focus of the organisation and the home during 2012, resulting with the staff customising the fire procedures and training pertinent to the home and the fire panel. The fire trainer, one of the registered nurses, ensures all new staff are trained in the fire and emergency procedures. The mobility list includes residents’ photographs, so everyone is easily identifiable. The organisation has organised a direct link to the fire and emergency services authority (FESA) website on the computer desktop. The manager advised they can check if there is any danger to the home if a local fire is suspected. Management feedback indicates they have every possible resource available to them in the case of an emergency.
- Following ongoing problems with personal laundry going missing, the home introduced colour coded personal laundry bags. Laundry skips are labelled so staff are reminded to separate personal laundry from flat linen, which goes out to an external service. Management advised they offer to name residents’ clothing if residents are unable to complete this themselves so it is easier to identify clothing. All residents interviewed are satisfied with laundry services.

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 environment safety checks, material safety data sheets are stored with chemicals and gastroenteritis outbreak information is available. The home has a food safety program, catering staff attend training in food safety and external audits are conducted. 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 training
- Fire safety training
- Food safe training
- Infection control
- Manual handling
- Occupational safety and health
- Restraint management.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment, consistent with residents' care needs. The home is secure, clean, clutter and odour free and appears well maintained. Staff are able to describe the regular and preventative maintenance processes and audits are conducted to ensure communal living, dining and external garden areas remain hazard free and safe for residents and others to use. Residents are encouraged to personalise their individual rooms with furniture, paintings and mementos, and have access to communal and private areas for social interactions and activities. The home is temperature controlled and access is restricted via key pad. Minimal restraints are used and protocols are established to manage residents who may wander from the home. Residents and representatives reported satisfaction with how the home ensures a safe, private and comfortable living environment according to the residents' needs and preferences.

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. New staff attend orientation, which includes occupational health and safety, manual handling and fire and emergency procedures. Occupational health

and safety resource staff monitor staff practices, review and action any reported accidents, incidents, or hazards and carry out the six monthly environmental audits. Chemicals are securely stored and material safety data sheets are available. Staff described how they identify and report hazards and accidents and stated they feel 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 processes to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire fighting equipment is readily available and scheduled maintenance of all fire and emergency equipment is established and up-to-date. Fire and emergency training is provided to staff and attendance at these sessions is monitored. Fire information is provided on the back of residents' doors and has been discussed at resident meetings. A list containing the current residents' transfer needs is located strategically for staff reference in the case of an emergency. Chemicals are appropriately stored with material safety data sheets. Staff described emergency procedures and the actions they would take in the event of a fire or evacuation. 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

The home has infection control guidelines in place to contain and prevent infection. Some of the measures that contribute to the effectiveness of the program include the provision of personal protective equipment, hand washing facilities, a food safety program, waste management and pest control measures. Management stated the organisation employs an infection control consultant and staff are provided with infection control information at orientation and ongoing education as required. Compliance monitoring occurs through environmental audits. Staff reported their awareness of infection control procedures. Residents and representatives reported satisfaction with the actions taken by staff to control the risk of cross-infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The cleaning, catering and laundry services assist residents and enhances their quality of life. Kitchen staff are informed of residents' preferences, choices and special dietary requirements. Residents can provide feedback on meal quality and service at resident meetings, or via feedback forms and surveys. Cleaning staff use colour-coded equipment and follow a documented cleaning schedule. A resident clothing and linen collection

schedule is in place and adequate linen stock levels are maintained. Residents and representatives reported satisfaction with the catering, cleaning and laundry services.