



Aged Care
Standards and Accreditation Agency Ltd

St Laurence's Court Nursing Home

RACS ID 6779

56 High Street

GRANGE SA 5022

Approved provider: Anglicare SA 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 20 April 2015.

We made our decision on 24 February 2012.

The audit was conducted on 30 January 2012 to 31 January 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

St Laurence's Court Nursing Home 6779

Approved provider: Anglicare SA Inc

Introduction

This is the report of a site audit from 30 January 2012 to 31 January 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 30 January 2012 to 31 January 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Michelle Glenn
Team member:	Jeane Hall

Approved provider details

Approved provider:	Anglicare SA Inc
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Details of home

Name of home:	St Laurence's Court Nursing Home
RACS ID:	6779

Total number of allocated places:	62
Number of residents during site audit:	61
Number of high care residents during site audit:	61
Special needs catered for:	N/A

Street:	56 High Street	State:	SA
City:	GRANGE	Postcode:	5022
Phone number:	08 8305 9500	Facsimile:	08 8305 9541
E-mail address:	admin@anglicare-sa.org.au		

Audit trail

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

Interviews

	Number		Number
Management team	13	Residents and representatives	12
Clinical and care staff	4	Lifestyle staff	4
Ancillary staff	7		

Sampled documents

	Number		Number
Lifestyle assessments, care plans and individual social activity programs	9	Medication charts	7
Residents' files	7	Personnel files	8
Residents' care plans	7	Electronic progress notes	7

Other documents reviewed

The team also reviewed:

- Activities calendar
- Activity attendance records
- Audit schedules, audit tools and various audit reports
- Clinical assessment tools and documentation
- Corrective and preventative maintenance records
- Dietary information and menus
- Emergency procedures documentation
- Fire system maintenance records, audits and documentation
- Memorandums, letters, and emails
- Newsletters
- Policy and procedure documents
- Resident agreement and welcome package
- Schedule S4 and S8 medications licence
- Staff orientation handbook
- Staff rosters
- Staff training program, certificates, records, competency assessments and registration records
- Survey results
- Various meeting minutes
- Various monitoring records
- Various work instructions

Observations

The team observed the following:

- Activities in progress
- Archiving
- Chemical storage
- Equipment and supply storage
- Evacuation plans
- Information on internal and external complaints mechanisms on display
- Interactions between staff, residents and representatives
- Internal and external living environment
- Laundry
- Locked suggestion boxes
- Luncheon service
- Main kitchen and food storage areas
- Medication round in progress
- Rights and responsibilities poster on display
- Staff and resident noticeboards
- Staff practices
- Suggestion boxes

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Residents, representatives and staff stated they are aware of the home’s quality management systems and how they can contribute to continuous improvement. They said they are satisfied with the feedback received on initiatives. The home is one of several in the Anglicare SA Inc. group of aged care facilities. Care is provided in four houses located in common grounds with the co-located low care facility. Management are aware of the need to demonstrate compliance with the Accreditation Standards by evaluating benefits for residents, staff and other stakeholders and the home is provided with ongoing support from the Anglicare corporate office. A variety of methods are used to capture information including feedback forms, audits and resident and staff survey results. Continuous improvement action plans are generated when opportunities for improvement are identified. Progress is monitored at a site level by the site manager and at a corporate level by the residential services manager. Continuous improvement is a standing agenda item at all meetings, including resident meetings.

Examples of improvement activities relating to management systems, staffing and organisational development include:

- Staff orientation has been improved following the development of a site specific orientation manual. Staff identified that the generic orientation manual was not sufficient in providing new staff with relevant information about the site. A site specific manual has been developed and was used for the first time in December 2011. Staff feedback is that the manual is more efficient in providing site specific orientation and is less cumbersome to use.
- Safety of documentation storage has been improved following an external fire audit. The audit identified that the archiving room was not protected by a fire wall and that records could be lost in the event of a fire. A former bathroom located next to the reception area was identified as being suitable for storage. This has been converted into an archive room. Records storage is now more secure and staff feedback is that the location is easier to access.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to manage and monitor regulatory compliance at a corporate and site level. Relevant information is summarised and made available to all

staff through the home's electronic system. Staff are alerted to significant changes by the use of memos placed in their personal communication folder in the staff communication room. Regulatory compliance is a standing agenda item at all staff meetings. Education sessions are held as required. The home has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframes, and maintaining an updated asset register. Staff at the home said they understand and use the system.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

Staff requests, surveys and annual performance appraisals are combined with resident feedback and residents' changing needs to plan the annual training program. Staff knowledge and skills are monitored regularly and specialised education is accessed as required. Management is aware of the benefit of up-skilling and currently there are five personal care staff being supported to undertake enrolled nurse training and two personal care staff being supported to undertake registered nurse training. Education and development relevant to management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last twelve months in a variety of topics, including Accreditation, information sharing and performance development.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents and representatives said they are aware of the home's complaint mechanisms and are satisfied with the home's response to issues raised. Residents are provided with information about their rights and the internal and external complaints mechanisms available to them by a variety of methods, including the resident welcome pack, resident handbook, resident agreement and information posters that are displayed in the home. Resident surveys, staff and resident meetings and informal discussions are combined with feedback forms to identify areas of concern. Complaints are trended and reported each month in the site manager's report to the general manager. Staff stated they assist residents to use the system when required.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, statement of purpose and values statements. These are displayed in each of the houses and included in the annual report and resident and staff handbooks.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Residents and their representatives stated they are satisfied with staff responses to residents' care needs. A variety of methods, including consideration of the environment are used to determine the number of appropriately qualified and skilled staff required for direct care needs and service delivery. Surveys, audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. Additional hours are accessed as needed to meet residents' changing needs. Management is responsive to feedback and has recently added an enrolled nurse to the overnight shift in the co-located low care facility to ease the pressure on the home's registered nurse. Recruitment processes, including student placements and links with the community identify prospective staff who are resident focused and have the necessary skills to provide care and services in line with the home's philosophy. Staff stated they have sufficient time for their duties.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Residents, representatives and said they are satisfied with the provision of supplies and equipment. The home has systems to review and trial products and goods in consultation with residents and staff. Key staff are delegated to order stock and monitor appropriate storage, rotation and replacement of goods. There are processes for preventative and reactive maintenance which ensure equipment is safe and in working order for resident and staff use. There are processes for returning faulty or damaged items. Work instructions and relevant training support staffs understanding of equipment use.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Residents and representatives stated they are satisfied with the level and amount of information provided to them and that ongoing communication and information is clear. The home has information systems, including policies and procedures, to provide staff with the information required to perform their roles. These are generally effective. Appropriate information is provided to residents and representatives to enable them to make informed decisions about care and lifestyle. Current and archived resident and staff information is stored securely. Processes are in place to maintain the security of computer based information and emergency back-up measures are in place. Regular audits and staff, resident and representative feedback are used to review and evaluate information management systems. Staff stated they are satisfied with the information they receive to enable them perform their roles.

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

Residents, representatives and staff stated they are satisfied with externally sourced services. External contracts and service agreements are managed at corporate level with input from sites. Site documentation and admission orientation processes include information on the external services provided by the home. An orientation program is provided for all external contractors who attend the home. Monitoring and review processes include a sign-in register, annual external service reviews, resident questionnaires and staff feedback.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Residents and representatives said they are assisted to contribute to the home's continuous improvement system and are satisfied with feedback they receive. Clinical indicators are combined with audits and incidents to identify opportunities for improvement in health and personal care. The home is using a variety of methods to evaluate continuous improvement activities.

Examples of improvement activities relating to health and personal care include:

- Medication management has been improved following a review of the system. Staff identified the benefit of moving to the medi-sache system. This system is less bulky to store and easier to use when residents are on an outing. Staff were provided with training in the system. Staff feedback is that the system is more user friendly. There has been a 50% reduction in medication incidents since the introduction of the system.
- Management of residents' sensory loss has been improved following training to highlight the impact of medication on residents' senses. The home worked with their pharmacy provider to identify medication that may affect residents' sensory loss. All residents now have their medication reviewed by the pharmacy on an ongoing basis. Senses that may be affected by medication are identified and information placed in care plans and on medication charts. Staff feedback is that this has increased their knowledge and awareness of the affect of medications on sensory loss.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Professional development reviews, surveys and clinical audits are used to monitor staff knowledge and skills in relation to residents’ health and personal care. Annual competency programs support skills maintenance and development and internal credentialing is undertaken for care staff as required. Specialised education is accessed as required. Education and development in health and personal care has been provided to nursing and personal care staff over the last twelve months in a range of areas, including pain management, continence, wound care and behaviour management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives said they are satisfied that residents receive appropriate clinical care according to their needs. Information regarding clinical care needs is gathered on entry to assist with care planning processes. An initial assessment and interim care plan are completed and includes residents’ care needs and preferences from information gathered from the resident, their representatives and previous health services. Scheduled assessments are conducted and assist with the formulation of the care plan. General practitioners and allied health services contribute to the care planning process. Care is monitored through care reviews, clinical audits and staff and stakeholder feedback. Staff interviewed said they have access to current resident care plans and that changes in residents’ needs are communicated to them through handovers, staff meetings and progress note entries.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents and representatives stated they are satisfied residents’ specialised nursing care needs are met. Initial and ongoing assessments, care planning and review processes are conducted by qualified nursing staff. Specialised care needs are identified and documented on the care plans and include guidelines and information to assist staff to maintain care needs. Clinical care is monitored through care reviews, progress notes, incident reporting, infection control data and clinical audits. Clinical staff have access to work instructions and clinical care guidelines and receive internal and external training.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents and their representatives said they are aware of the allied health services available and are satisfied residents are referred as required. Assessment of care needs occurs on admission and on an ongoing basis. Care reviews, observation and consultation processes identify referral requirements. Physiotherapy and podiatry services are located on-site and provide assessment and treatments for residents on entry and on an ongoing basis. Occupational therapy services are available as required. The home supports residents to attend external services as required. Changes to care needs following allied health visits are documented in residents’ progress notes and care plan. Changes are also communicated at handovers and through the home’s internal information processes to other departments as required. Care processes relating to allied health service referrals are monitored through care reviews, resident surveys and clinical audits.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Residents and their representatives stated they are satisfied residents’ medication is managed safely and correctly. Residents individual medication management needs are assessed and documented on the medication chart and on the care plan. Staff have access to an Anglicare medication management manual which guides the supply, storage, administration and review of residents’ medication. Medications are administered by registered and credentialed staff from a pre-packaged administration system. Staff who administer medications complete annual competency and credentialing processes. Contracted pharmacy services maintain an imprest stock to facilitate emergency and after-hours supply of medications as required. Processes are in place to ensure medication charts are regularly reviewed by the resident’s general practitioner and the pharmacist. Medications are stored safely and securely. The home monitors its medication management processes through incident reporting and internal and external audits. Staff interviewed are aware of medication policies and procedures and best practice guidelines for the administration of medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents and their representatives stated they are satisfied with the care provided to promote comfort and to resolve or minimise pain. Assessment and pain monitoring tools are used by the home to identify pain management needs on entry and on an ongoing basis. Individual pain management strategies are documented and include heat packs, massage and exercise programs to assist staff to maintain resident comfort. Additional pain charting

and referrals to general practitioners and allied health services are initiated when new or changed patterns of pain are identified. Pain charting is conducted on a regular basis for those residents receiving narcotic analgesia to ensure interventions remain appropriate. Effectiveness of 'as required' pain medication is monitored through progress note entries and pain charting. The home monitors the effectiveness of pain management processes through care reviews, consultation and clinical audits. Staff interviewed are familiar with non-verbal indicators of pain and strategies to maintain resident comfort.

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

Documentation in resident files and representative feedback demonstrated that residents' dignity and physical and emotional comfort is maintained during the final stages of care. Initial assessment and consultation processes provide opportunities to identify and document each resident's end of life wishes. Accommodation of residents in single rooms provides privacy as required and additional support is provided for families who wish to stay with the resident. The home has ready access to palliative care equipment and staff liaise with external palliative care services where additional expertise or clinical support is required. Chaplain services are available as requested for spiritual and emotional support with other pastoral visitors organised as necessary to meet individual needs. Staff practices and processes are monitored through internal audits and stakeholder feedback. Staff have access to resources and equipment to assist with maintaining resident comfort and dignity during the palliation process.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents and representatives said they are satisfied with the homes' approach to meeting nutrition and hydration needs. Assessment processes identify residents' dietary and hydration needs, preferences and utensil requirements. Resident weights are monitored monthly or more frequently as required. Nutritional supplements and fortified meals are commenced as needed. Residents with swallowing difficulties or consistent weight loss are referred to general practitioners and allied health specialists as required. Nutrition and hydration needs are monitored through care reviews, consultation, progress notes and staff feedback. Staff interviewed confirmed they have current information to maintain resident' nutrition and hydration needs.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Residents and representatives stated they are satisfied with the care provided to maintain skin integrity. Residents’ needs are identified and assessed on entry to the home and on an ongoing basis. Risk assessments are also conducted. Care plans document individual needs and preventative strategies such as positioning, emollient creams, air mattresses and bed cradles. Registered staff attend to and monitor wound management requirements. Skin management and assessment tools are monitored through audits, care plan reviews and resident and staff feedback. Staff interviewed are aware of strategies to assist with the maintenance of resident’s skin integrity.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

Residents and representatives stated they are satisfied that continence needs are managed effectively. Continence needs are assessed on entry to the home and on an on going basis. Individual plans are documented and include aids and assistance required and scheduled toileting times. Bowel habits are documented each shift and monitored on a daily basis. The incidence of urinary tract infections is collated on a monthly basis. A continence team consisting of staff support monitor residents’ continence needs. The home also has access to external continence advisors for further support as required. Residents continence needs are also monitored through care reviews, clinical audits and staff and resident feedback. Staff interviewed are aware of strategies to assist with managing 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

Residents and representatives stated they are satisfied the home effectively manages residents’ behaviour. Assessments to monitor and identify behaviours are conducted on entry and on an on going basis. Behaviour management plans are documented and include triggers and strategies to minimise the incidence of identified behaviours. External allied health services are utilised as required to assist with management strategies for ongoing challenging behaviours. A memory support unit provides a secure environment for wandering residents. Although the home has a restraint minimisation policy, bedrails, pelvic restraints and lap belts are used by the home. The use of restraint is monitored and reviewed regularly in consultation with residents and/or representatives and the general practitioner. The home monitors the effectiveness of behaviour management strategies through care reviews, progress notes, observations and clinical audits. Staff interviewed stated they are provided with training and are familiar with strategies to minimise behaviour traits.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents and representatives stated they are satisfied with the support provided to assist with achieving optimum levels of mobility and dexterity. Residents are assessed on entry and on an ongoing basis by a physiotherapist. A comprehensive, individualised mobility and transfer plan is developed to guide staff when assisting residents and includes support required, aids and exercise plans. Residents are reassessed following falls and changes to health status. An occupational therapist is available at the home for further support as required. Suitable lifting aids and assistive equipment are available for those residents who require them. Care strategies such as high/low beds, sensor mats and the use of hip protectors are implemented to minimise the impact of falls. The lifestyle program includes activities which encourage dexterity and movement. Care needs are monitored through monthly falls statistics, care reviews and clinical audits. Staff attend mandatory manual handling training on an annual basis.

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 and representatives stated they are satisfied with the assistance provided to maintain residents' oral and dental health. Oral and dental assessments identify each resident's individual oral and dental care needs. Information gathered through assessment processes is used to develop individualised care plans that identify dentition, personal preferences for oral care and the level of support required to maintain oral hygiene. Residents are assisted to access dental services either internally or externally where specific oral and dental issues are identified. Residents' oral and dental health is monitored through care reviews, clinical audits, resident surveys and observations. Staff interviewed stated they have access to current information to assist with maintaining residents' oral and dental care needs and are familiar with behaviours which may indicate oral health concerns.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents and representatives said they are satisfied with the support provided to minimise the impact of sensory losses. Information regarding known sensory deficits is gathered on entry. A formal assessment of the five senses is conducted to identify further care needs. Individual plans are documented and describe sensory support strategies, including the cleaning and use of aids, environmental strategies and communication strategies. Plans for dietary and medication needs describe interventions for potential and actual smell and taste deficits. Residents are supported to attend specialist sight and hearing assessments both internally and externally as required. Lifestyle programs incorporate sensory experiences for residents and assistive devices are available. Residents' sensory needs are monitored through care reviews, resident surveys and clinical audits. Staff interviewed are aware of strategies to support and manage residents' sensory deficits.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents and representatives said they are satisfied residents are supported to achieve natural sleep patterns. Residents’ preferences for achieving natural sleep are identified and assessed on entry to the home and on an ongoing basis. Individual sleep strategies are documented on the nursing care plan and include settling and rising times and environmental preferences. Residents’ ongoing needs are monitored through care reviews, incident reporting, consultation and observation. Staff interviewed are aware of strategies to assist residents with achieving natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Residents, representatives and staff said they are aware of the home’s quality system and how to make suggestions for improvement in residents’ health and personal care. Processes, including surveys, audits and resident and representative feedback are used to identify opportunities for improvement.

Examples of recent improvements relating to residents’ lifestyle include, but are not limited to:

- Staff responded to resident and representative feedback and introduced monthly fish and chip evenings. Fish and chips are purchased from local providers and representatives are invited to share the meal. Feedback is that residents and representatives appreciate the monthly function and the opportunity to mix with other residents and representatives.
- Residents requested a suitable area be established in the courtyard for external activities and socialisation. The home had one external area that was shared between smokers and non-smokers. The benefit of a non-smoking area was identified. A suitable area for activities was identified and suitable furniture and shade umbrellas purchased. Residents and representatives were observed using the area. Feedback is that residents and their representatives appreciate an area where they can socialise and participate in external activities without being affected by cigarette smoke.
- Support for representatives has been improved following a staff initiative. Staff identified the benefit of providing support for families of residents with dementia. A family support forum has been established that is chaired by the spouse of one of the residents. The group commenced in December 2011 with 16 representatives attending the first meeting. Feedback is that representatives found the meeting very useful in helping them cope with their relative and requested that the forum be held monthly. This has been established and guest speakers are being invited for meetings to be held 2012.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Staff orientation and ongoing review is combined with internal and external education sessions to provide staff with ongoing training and development relevant to their roles. Staff are encouraged and supported to apply for scholarships and grants. Respectful behaviours and zero tolerance are mandatory education sessions for all staff. Additional education and development in resident lifestyle has been provided to care and lifestyle staff in a range of areas including, dementia awareness, dignity in care and residents' rights. Staff stated they are satisfied with the training and education provided by the home.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and their representatives said they are satisfied that the comprehensive information they receive prior to entry assists them to prepare for life in residential care and that staff are supportive and caring. Residents are welcomed to the home with a welcome pack and welcome card. The home's chaplain is available to assist residents and their representatives adjust to their new environment on entry and on an ongoing basis. Memorial services are held to assist residents to pay their respects and acknowledge the lives of former residents. A variety of methods are used to evaluate the effectiveness of the support provided, including feedback at resident meetings and resident surveys. Staff interviewed are aware of residents' emotional support needs and the availability of care plans to provide information as required.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents and their representatives said they are satisfied with the support and assistance residents receive to retain their independence and maintain meaningful relationships. Mobility assessments and strategies contained in care plans assist residents to retain their independence in activities of daily living. Residents are encouraged to continue participation in the community, including maintaining membership of their community group and attending the local cinema. Newspapers are delivered to each resident on request. Surveys and audits monitor compliance with policies and procedures. Staff interviewed are aware of their responsibilities in assisting residents to maintain their independence

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents and representatives said they are satisfied with strategies staff use to respect residents' privacy and dignity, including the use of their preferred name. Residents are able to have a key to their room where appropriate and all residents have a lockable drawer in their room. Processes, including the use of privacy screens support residents' right to privacy in shared rooms. The organisation's privacy statement is included in the resident welcome package. Information included in staff contracts supports residents' right to privacy, dignity and confidentiality and staff are required to sign the organisation's code of conduct. Surveys, planned audits and peer appraisal monitor compliance with policies and procedures. There are processes in place to address any breaches of privacy. Staff interviewed are aware of residents' privacy rights.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Residents and their representatives said they are satisfied with the range of activities provided, including weekend activities. Assessment and ongoing review processes, including inviting residents and/or their representatives to complete a social history prior to entry, are used to identify and respond to residents' interests and preferred activities. Individual preferences are respected and generally recorded. The memory support unit has a dedicated lifestyle activity program to cater for residents' needs. Processes, such as prominently displaying the activity care plan in each house prompts care staff to include activities in daily care. The home has an extensive range of volunteers who assist residents to participate in activities of their choice, including knitting items for overseas charities and growing vegetables in the garden. Resident surveys and feedback at resident meetings monitor satisfaction with activities provided. Staff interviewed stated they are aware of their responsibilities in assisting residents with their lifestyle program and are able to demonstrate knowledge of residents' activity care plans.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents and representatives stated they are satisfied with the level of spiritual and cultural support offered. Residents' cultural and spiritual needs and preferences are identified prior to entry and recorded in the care plans. Planning and review processes document suitable strategies to support residents' individual needs. Religious services are held each week in the on-site chapel. Residents are supported to celebrate cultural days of significance to them such as Australia Day, St. Patrick's Day and Easter. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents' cultural and spiritual support needs and the availability of care plans to provide ongoing information as required.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

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

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents and their representatives stated they are satisfied that the information provided assists them to understand their rights and responsibilities and security of tenure. The home's policies and procedures support residents' right to safe and secure tenure and staff responsibilities to protect these rights. This includes information on residents' rights and responsibilities, fees and charges, security of tenure and resident decision making forums. The home is an ageing in place facility and staff access external support agencies to provide additional short term care as needed to enable residents to remain in the home. Staff interviewed are aware of residents' rights and security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home’s quality system is used to identify and action opportunities for improvement in physical environment and safe systems. Outcomes are recorded, evaluated and reported. Feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement relating to this Standard.

Examples of recent improvements relating to physical environment and safe systems include, but are not limited to:

- Staff safety has been improved following the development of a bed moving trolley. The home’s electric beds are heavy to move and staff identified the risk involved in lifting the beds. A bed moving trolley has been developed and is used whenever the beds need moving. This reduces the risk of staff injury. The home won a commendation for this initiative in the Anglican internal annual awards in 2011. Staff feedback is that the bed trolley is easy to use and has reduced the risk of injury.
- Resident participation in meal ordering has been enhanced following a review of the menu ordering system. Menu orders were taken weekly and staff identified that residents did not recall what they had ordered the previous week. A new system has been introduced whereby staff take meal orders each evening for the following day. Staff and residents interviewed commented positively on the change and residents stated that they appreciate being able to order meals on a daily basis.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home uses a variety of processes to monitor staff knowledge and skills required to perform their duties relating to physical environment and safe systems. A range of training opportunities provide staff with access to ongoing education and development relevant to their roles. Mandatory training attendance is monitored by the organisation's corporate office and staff who miss mandatory training are directed to attend sessions at the home's sister sites. Education and development in physical environment and safe systems has been provided to all work groups over the last twelve months in a range of topics, including infection control, fire and emergency procedures and manual handling. Food safety training is provided for catering staff only. Staff interviewed are satisfied with the training and education provided by the home.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Residents and representatives stated they are satisfied the home provides a safe and comfortable environment consistent with residents' care needs. Residents are able to personalise their bedrooms and have access to call bell pendants. Staff practices promote privacy and dignity for all residents including those in shared bedrooms and those who utilise communal bathrooms. Communal and private areas are provided including access to secure outdoor courtyard and garden areas. The use of sensor mats and high/low beds promote resident safety and there are processes for assessment, authorisation, ongoing monitoring and review of restraint. A safety risk assessment is conducted for those residents who wish to smoke with strategies outlined in the care plan, including supervision and protective aprons. There are corrective and preventative maintenance processes in place. The home monitors the living environment through audits, resident surveys, incident/accident statistics and hazard reports.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home actively works toward providing a safe work environment that meets regulatory requirements. Corporate and site processes, including hazard identification and reporting, staff education and regular site and central committee meetings are conducted to proactively manage workplace safety. Staff understanding of work health and safety is supported by induction, ongoing training and consultation. Staff and residents are given the opportunity to trial new goods and equipment prior to purchase. Risk assessments are conducted on equipment and work instructions are available for staff to direct safe use. Incident, infection and hazard data is collated on a monthly basis. Results are reported through committee processes and actions are implemented where issues or trends are identified. Occupational

health and safety is monitored through incident, hazard and accident reporting, legislative requirements, continuous improvement systems and internal and external audit processes. Staff interviewed are satisfied they have access to information to promote a safe work environment and are aware of their responsibilities for occupational health and safety.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes in place to reduce the risk of fire, security and other emergencies. External fire services regularly monitor and maintain fire systems and equipment. Electrical items are tested and tagged by external services providers. Emergency procedures manuals are available for staff and include documented emergency procedures for fire and evacuation. Current information on residents' mobility status is available and accessible in the event of an emergency. Staff understanding of fire and emergency procedures is supported through mandatory training and fire drills. Evacuation plans and a fire card checklist for staff are located in key locations throughout the home. Security is maintained through swipe card access and egress. An external security provider is utilised to monitor the home and grounds after hours. The home has a current fire inspection certificate. Residents and representatives said they are aware of their responsibilities in the event of an alarm and report that they feel safe and secure in the home. Staff interviewed are aware of their responsibilities in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has processes to identify, monitor, control and reduce the incidence of infections. Information on residents with infections is communicated to relevant departments through the home's internal communication processes and is documented in the resident's care plan. Influenza vaccinations are encouraged and supported for both residents and staff. Infection control and outbreak procedures are clearly documented. Adequate emergency supplies are maintained, including personal protective equipment to provide immediate management of potential or actual infectious outbreaks. An audited food safety program is in place and is in accordance with relevant guidelines. The home monitors the effectiveness of their infection control program through internal and external auditing processes, observations and environmental swabbing. Infection rates are monitored and collated on a monthly basis. Staff interviewed are familiar with infection control practices and confirm they have access to sufficient information, personal protective equipment and hand washing facilities.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents and representatives said they are satisfied the hospitality services meets residents' needs. Entry processes identify residents' individual preferences which are

communicated to the catering, cleaning and laundry departments. There are systems for communication to hospitality departments of residents' changing needs. Meals are served in communal dining areas or resident rooms according to care needs and residents are supported and supervised by staff. Meal choices are available. Cleaning services are provided according to daily schedules and ad hoc cleaning requirements are catered for. On-site laundry services cater for residents' personal clothing and external services are utilised for linen requirements. Services are provided in accordance with infection control requirements. Hospitality services are monitored through regular internal and external auditing processes, resident surveys, meetings and the home's feedback system. Staff interviewed said they have access to current information regarding residents' needs and preferences and sufficient equipment and supplies.