The War Veterans Home Myrtle Bank Inc
RACS ID 6211
55 - 59 Ferguson Avenue
MYRTLE BANK SA 5064
Approved provider: The War Veterans Home Myrtle Bank Incorporated

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 18 August 2015.

We made our decision on 10 July 2012.

The audit was conducted on 28 May 2012 to 30 May 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.

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

#### 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
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<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
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<td>2.4 Clinical care</td>
<td>Met</td>
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<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
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<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
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<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
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<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
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<tr>
<td>2.11 Skin care</td>
<td>Met</td>
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<td>2.12 Continence management</td>
<td>Met</td>
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<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
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<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
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<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
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<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
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<tr>
<td>2.17 Sleep</td>
<td>Met</td>
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### 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.

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

### 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
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</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
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</tbody>
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Audit Report

The War Veterans Home Myrtle Bank Inc 6211
Approved provider: The War Veterans Home Myrtle Bank Incorporated

Introduction
This is the report of a re-accreditation audit from 28 May 2012 to 30 May 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team’s findings regarding performance against the Accreditation Standards
The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes
Audit report

Scope of audit
An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 28 May 2012 to 30 May 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

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Judy Aiello</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member:</td>
<td>Robert Hughes</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | The War Veterans Home Myrtle Bank Incorporated |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>The War Veterans Home Myrtle Bank Inc</th>
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</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>6211</td>
</tr>
</tbody>
</table>

| Total number of allocated places: | 95 |
| Number of residents during audit: | 95 |
| Number of high care residents during audit: | 68 |
| Special needs catered for: | People with dementia or related disorders |

<table>
<thead>
<tr>
<th>Street:</th>
<th>55 - 59 Ferguson Avenue</th>
<th>State:</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>MYRTLE BANK</td>
<td>Postcode:</td>
<td>5064</td>
</tr>
<tr>
<td>Phone number:</td>
<td>08 8379 2600</td>
<td>Facsimile:</td>
<td>08 8388 2577</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:warvets@warvets.com.au">warvets@warvets.com.au</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Audit trail
The assessment team spent three days on site and gathered information from the following:

## Interviews

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<thead>
<tr>
<th></th>
<th>Number</th>
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<th>Number</th>
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<tbody>
<tr>
<td>Management</td>
<td>6</td>
<td>Residents/representatives</td>
<td>17</td>
</tr>
<tr>
<td>Nursing, care and allied health staff</td>
<td>10</td>
<td>Lifestyle and ancillary staff</td>
<td>7</td>
</tr>
</tbody>
</table>

## Sampled documents

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
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<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Residents’ computerised files, including care and lifestyle plans</td>
<td>8</td>
<td>Medication charts</td>
<td>8</td>
</tr>
<tr>
<td>Medical officer files</td>
<td>3</td>
<td>Personnel files</td>
<td>6</td>
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</tbody>
</table>

## Other documents reviewed
The team also reviewed:

- Board reports
- Body mass index charts
- Cleaning schedules
- Comment and complaint data
- Continuous improvement documentation
- Diet/nutrition plans
- Duty statements/rosters
- External contracts
- Fire system monitoring reports
- Food safety plan
- Incident reports and analysis
- Infection data
- Job descriptions
- Maintenance records
- Material safety data sheets
- Menus/alternate meal choice list
- Policies and procedures
- Recruitment policies and procedures
- Resident handbook
- Resident surveys
- Residents’ information package
- Sample resident agreement
- Staff handbook
- Staff surveys
- Various audits and actions
- Various clinical indicator data reports
- Various meeting minutes

## Observations
The team observed the following:

- Activities in progress
- Archive storage
- Equipment and supply storage areas
- Fire suppression equipment
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Medication round
- Men’s shed
- Notice boards, pamphlet racks
- Storage of medications
- Waste disposal area
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 War Veterans Home Myrtle Bank Inc actively pursues continuous improvement through their quality improvement framework which is documented in policies and procedures. Data collected through various clinical and service monitoring processes, such as incident reporting, audits, comments and complaints, is analysed and reported against the home’s key performance indicators. Opportunities for improvement identified are logged and corrective action reports generated, which include all details of action taken and evaluation. Large projects are documented on quality improvement activity records. A continuous improvement plan records summary details of all improvements completed and in progress. Continuous improvement is monitored through the Quality Committee and is an agenda item at all management, staff and resident meetings. Residents and staff interviewed said they are encouraged to make suggestions and participate in improving the home and management is responsive to their feedback.

- To manage the home’s strategic direction and merger with a related service, a change to the management structure and governance framework has been implemented. A review of existing management skills, reporting arrangements and committee structure indicated deficiencies in management and Board capabilities. The structure required change to support future direction, development, innovation and organisational strength to be the provider of choice for the ex-service community. A chief executive officer has been appointed to oversee ongoing management of the merged organisation, a new care manager position has been created and a hospitality manager appointed who also has responsibility for maintenance services. A number of external advisors have been appointed to support the management team such as finance, human resource management and a culture change specialist. Board sub-committees have been set up to oversee specific aspects of governance and services. To date these changes have had a positive impact on staff morale, resident satisfaction and improved clinical care outcomes.

- To improve the home’s monitoring and reporting processes, a key performance indicator analysis and reporting framework has been established. Outcomes of monitoring processes, such as staff and resident incidents, comments and complaints, surveys and audits are collated, analysed and trend graphs developed for each category. This documentation is tabled at relevant staff and management meetings, at Board sub-committees and is used by the Director of care to prepare a summary report for the Board. The data is used to guide and support the home’s strategic directions and decisions. It is also used to engage and communicate to staff the importance of reporting and how it can effect change. Staff interviewed said they appreciated being kept informed and that their efforts contribute to positive changes. The Board has endorsed the reporting process.
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 home has systems to identify action and monitor compliance with relevant legislation and regulatory requirements. Relevant industry subscriptions, consultant services and Department of Health advisories assist the home to identify required legislation, regulations and professional standards. A regulatory compliance file is maintained which includes a register of all requirements and related information. A regulatory compliance action sheet prompts and enables documentation of actions taken in response to legislative changes; for example, policy and procedure updates, staff training, communication to relevant staff or residents and required monitoring processes. The Board is advised and regulatory compliance is an agenda item at relevant meetings. The home monitors regulatory compliance through external and internal audits. Relevant to Standard 1 the home has processes to inform residents and representatives of re-accreditation audits, assessing and monitoring required police clearances for relevant staff and processes to ensure compliance with the privacy policy.

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

Team’s findings
The home meets this expected outcome

There are processes to provide management and staff with the appropriate skills and knowledge for their role and responsibilities. Job descriptions outline required skills and experience. Recruitment, selection and induction processes provide for appointment of management and staff with relevant skills and knowledge. Ongoing performance monitoring and changes to care or service needs or policies and procedures, advise ad hoc and planned training needs. Individual training for professional development and further qualifications is supported. Training attendance is recorded and sessions evaluated. Staff said they are provided with relevant training and opportunity for professional development. In relation to Standard 1 staff have received training in computer use and the home’s on-line care management system, leadership training, bullying and harassment training and ACFI documentation. The Board has received governance training.

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

Team’s findings
The home meets this expected outcome

Complaint management processes are accessible to residents, representatives and others. Entry processes and information packs provide residents and their families with information about internal and external comment and complaint processes. Further information and ‘tell us what you think’ brochures and feedback forms are accessible around the home, re-enforced at resident meetings and in the resident newsletter. Staff are advised of their responsibilities for advocating for residents on induction and through ongoing training. All
feedback is logged and actioned by relevant managers and reviewed by the Director of care according to the home’s procedures. Opportunities for improvement are identified and a summary report and analysis presented to management, staff, resident and Board meetings. Confidentiality is observed. Resident and staff surveys are used to monitor satisfaction with comment and complaint processes. Both residents and staff said management is responsive to their feedback and complaints and communication and actions are prompt and to their satisfaction.

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 War Veterans Home Myrtle Bank Inc mission, vision and values was reviewed by the Board of Directors in February 2012 and is displayed in the home. Resident and staff hand books include this information. This information is discussed at staff induction and during resident entry processes.

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

Staff recruitment, monitoring and rostering processes provide for sufficient appropriately skilled staff to meet care and service needs. A base-line standard roster is modified or augmented relevant to residents’ changing needs and service demands. Additional staff resources are provided through part-time or contracted staff. Volunteers support the lifestyle program. Rosters and staff hours are reviewed relevant to feedback from staff and residents and outcomes of monitoring processes, such as incidents and tracking agency staff usage. Relevant orientation, job descriptions and duty lists advise both regular and contract staff of their role and responsibilities and there is both on-line and hard copy access to policies and procedures. Supervision and performance appraisals monitor staff practice and training needs. Residents interviewed were complimentary about staff, their attitude and approach and responsiveness to residents’ needs.

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

There are systems to provide appropriate levels of supplies and equipment to meet quality service requirements. Supplies are ordered, managed and monitored by relevant service managers, according to procurement procedures and delegations of authority. Equipment requirements are monitored through maintenance programs, audits and assessment of resident needs. Staff and residents contribute to purchase decisions and participate in pre-
purchase trials, such as for lifting equipment, resident specific furniture and mobility aids. Physiotherapy and occupational therapy services assist with resident specific equipment selection and support staff training. Inventory and equipment management is monitored through corrective and preventive maintenance programs, environmental audits, incident and hazard reporting and resident and staff surveys. Residents and staff interviewed advised they have access to sufficient supplies and suitable equipment for care and services.

1.8 Information systems

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

**Team's findings**

The home meets this expected outcome

There are effective information management systems for residents, management and staff. Resident entry processes, information packs and displayed information around the home advise residents of the home’s services and information required to support their decisions about care and services. Information processes for staff include induction, handbooks, access to policies and procedures, memos and notice boards. Resident care information is accessible on-line and the system is also used to send message alerts to staff. On-line progress notes are monitored for accuracy and effectiveness. The home has an established committee structure and where relevant standard agendas; recorded and distributed minutes provide residents, staff and management with current information about the home. These committees are used to inform all parties about relevant key performance indicators. There are relevant document control processes, regular policy reviews and archiving procedures. Information held electronically is backed up and security procedures restrict access. Confidential information is securely stored. Residents told us they are kept informed by the home and have access required information.

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

There are processes to manage and monitor that external services meet the home’s needs. External service agreements and contracts document required services and performance standards. Administration processes monitor police clearance and registration requirements. External contractors attending the home register on entry and relevant orientation and supervision is provided. A contractor handbook outlines requirements for safe work practices. Contracts are regularly reviewed through meetings with service providers, audits of service processes and outcomes, resident satisfaction surveys and care reviews. Documented resident feedback and resident interviews indicate satisfaction with externally provided 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 expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, opportunities for improvement are identified from staff and resident feedback and suggestions and care review processes. Clinical care monitoring data, such as falls and behaviour incidents, pain and weight monitoring outcomes, also contribute to improvement programs. Research and education assist management and staff to identify best practice and consider relevant improvements to residents’ health and personal care processes.

Improvements implemented by the home relevant to health and personal care in the last 12 months include:

- To improve residents’ pain management and to meet their complex health care needs, the home has implemented a collaborative approach between clinical staff and a contracted allied health service provider. There are allied health services on-site across six days of the week and registered nurse hours allocated to specific resident treatments. Comprehensive resident assessments are conducted by nursing, physiotherapy and occupational therapy staff and treatment plans and exercise regimes documented. Staff education has included the application of heat packs, massage techniques and the use of transcutaneous electrical nerve stimulation (TENS). Additional equipment has also been purchased to support resident comfort and safety such as therabeads, resident specific furniture and mobility aids and pressure relieving cushions. Thirty six residents have participated in this program relevant to their needs with noted improvement in mobility and balance, pain management and reduction in the use of ‘as required’ medication. The home is further developing this program with planned increase in the range of treatments and equipment purchases.

- To improve residents’ nutrition management and reduce the risk of malnutrition, the home has implemented new processes for assessing, monitoring and managing residents’ nutrition in consultation with a dietician and speech pathologist. The Director of care was concerned weight monitoring was not sufficiently frequent for effective monitoring and other parameters such as body mass index (BMI) were not considered. Procedures for nutrition assessment and monitoring were reviewed, regular weight monitoring and BMI calculation introduced and an on-line spread sheet developed to track each resident’s management. The project included a review of modified texture diets and relevant standards introduced with training provided to clinical, care and catering staff. Regular reviews are conducted for at-risk residents by allied health staff. The menu has been reviewed and fortified meals introduced in preference to supplements. There has been a reduction in the number of low weight residents over the last six months.
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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Relevant to Standard 2 the home holds a current licence to store controlled substances and has processes to provide for specialised nursing care requirements as per the Quality of Care Principles 1997. Staff and professional contractor registrations are monitored.

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 expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes. Staff training relevant to Standard 2 includes palliative care and pain management, nutrition and hydration, dental care, continence management and wound management. The home has access to on-line training programs which staff can also use to meet their own training needs. There are credentialling processes for care staff and medication competency assessments for relevant staff administering medications.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents interviewed state they receive clinical care appropriate to their individual needs and preferences. On entry interim care plans are developed for each resident with ongoing care plans developed within six to seven weeks following comprehensive consultative assessments. The home uses an electronic care management system. Care plans are reviewed and updated according to set routine schedules every three months or if needs change. Resident events and need changes are documented into the computerised care system and relayed to care staff through means, including handover, electronic care alerts and individual conversations. Resident changes are monitored by clinical managers. Staff receive training through the routine education program or as specific needs are identified. Staff practices are monitored through audits, incidents, surveys, care reviews, resident feedback mechanisms and individual conversations.
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 interviewed are satisfied the home is able to deliver specialised nursing care according to assessed needs. Clinical staff undertake specialist nursing care according to their defined scope of practice, including wound management. A registered nurse is available on-site at all times. Staff are provided ongoing training to maintain knowledge and skills and are supported to access external education if desired. Education is also provided by appropriate specialists when required. Staff practices are monitored through audits, surveys and clinical indicator data collection to ensure consistent resident care and management. Staff interviewed are aware of their limitations to provide specialist care according to their individual qualifications.

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

Team’s findings
The home meets this expected outcome

Residents and representatives stated referrals to appropriate specialists are timely and occur as needed. Various health specialists regularly visit the home, including medical officers, physiotherapists, occupational therapists and speech pathologists. Referrals are made by a clinical manager according to individual resident requirements. Resident referrals and changes to care needs are documented into the electronic care management system and relayed to staff. Medical officers run clinics within the home twice a week. Staff interviewed stated appropriate health specialists are accessed according to the resident needs.

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

Team’s findings
The home meets this expected outcome

The home has processes to manage residents’ medication needs safely and correctly. Registered and enrolled nursing staff administer ordered medications according to their professional scope of practice, regulatory legislation and specific site policies and procedures. Medication charts are developed and regularly reviewed by the medical officer. Assessments and consent are available for residents preferring to self medicate. Medications are stored securely. After-hours medications are sourced through the pharmacy services or on-site stores. Staff undertake annual mandatory medication competencies which include a mixture of drug calculations and knowledge of procedural guidelines. Practices are monitored through regular audits, incident reporting and meetings, including a medication advisory committee. Staff interviewed understand and undertake safe and correct medication management according to their individual professional qualifications.
2.8 Pain management

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

Team's findings

The home meets this expected outcome

Residents and representatives interviewed are satisfied residents’ pain is managed effectively. There are processes to assess, monitor, refer and communicate identified individual residents' pain needs. Assessments used are according to individual resident cognition. A variety of strategies are used by the home to manage residents’ pain, including medication, massage, physiotherapy and aromatherapy. Health specialists are accessed as required for further treatments. Training for new treatments or equipment is provided if required. Pain management practices are monitored through clinical audits and assessment, care reviews and feedback mechanisms. Staff interviewed are aware of individual resident needs and provide treatments and care accordingly.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Residents’ palliative care preferences relating to emotional, cultural and spiritual needs are assessed on entry to the home. Advanced directives and alternate resident decision makers, such as Power of Attorney, are documented. Palliative care plans are accessed through the home’s electronic care management system when required. Specialist health services and spiritual leaders are accessed when needed. Specialist palliative equipment and resources are available. Palliative care practices are monitored through clinical reviews, audits, feedback mechanisms and direct observation. Staff interviewed are aware of resident individual needs and how to ensure comfort and dignity to residents in their end stage of life. Representatives expressed confidence in the home’s practices to preserve the comfort and dignity during end-of-life care.

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 interviewed are satisfied residents receive adequate nutrition and hydration. Individual nutrition and hydration requirements are assessed on entry to the home and monitored through the routine care plan reviews or if needs change. Catering staff are informed of assessed resident needs and changes by the clinical managers. Menu selections are varied and developed through dietician consultation. Specific equipment, diet or cultural requirements are catered for. Resident weights are routinely monitored monthly and actions developed if their body mass index displays significant variances. Specialists, including a speech pathologist, visit the home at regular intervals or as needed. Training is provided to staff, including managing resident nutrition and food handling. Staff interviewed are aware of how to manage and support residents’ nutrition and hydration needs.
2.11 Skin care
This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings
The home meets this expected outcome

Residents and representatives interviewed are satisfied with the care provided in relation to maintaining skin integrity. The home’s entry care assessment and review processes identify and manage resident skin integrity issues. Care strategies and equipment are used to promote skin integrity, including offering nourishing diet and fluids, repositioning, use of skin emollients and massage. Skin tears and wounds are treated and monitored by clinical staff according to their level of professional expertise. Specialist wound care consultants are contacted if required. Staff practices are monitored through incidents, audits, clinical care review and clinical indicator data, including skin tears and pressure ulcers. Staff interviewed are aware of how to provide and promote skin care to residents in the home.

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

Team’s findings
The home meets this expected outcome

Residents and representatives interviewed are satisfied continence needs are managed effectively. Residents’ bowel and bladder habits are assessed on entry to the home and monitored through the routine care review process or if needs change. An individual toileting program is developed and documented on the electronic care plan. Continence aids are available and individual requirements are managed on a daily basis. Training and resources are provided to staff. Continence management is monitored through urinary infection rates, clinical care assessments and reviews and resident feedback. Staff interviewed are aware of individual resident’s continence management requirements and how to manage these.

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 interviewed are satisfied challenging behaviours are managed effectively. Consultative clinical assessments and review processes manage and evaluate care to residents with challenging behaviours. Types of behaviour, triggers and management are noted on care plans for staff to follow. If deemed necessary processes are available for restraint use including an assessment, type of restraint, level of consultation, reviews and monitoring. A variety of sensors are used to monitor resident activity and to promote individual freedom of movement within the home. Consultation with external professionals, such as dementia services, is used as required. Staff are provided education such as dementia training, to manage individual resident needs. Audits, incidents, surveys and feedback mechanisms monitor practices within the home. Staff interviewed are aware of individual resident’s needs and how to manage these.
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 interviewed are satisfied the home promotes optimum levels of resident mobility and dexterity. A physiotherapist is included in the assessment and ongoing reviews of all residents. Exercises and appropriate equipment to enhance mobility and dexterity are provided according to assessed needs. Resident mobility aids are provided and maintained by the home. Residents are encouraged with group or individual activities to promote and maintain individual mobility and dexterity, including massage and exercise programs. Fall prevention strategies are used by the home, including use of monitoring sensors and bed fall mats. Practices are monitored within the home through audits, incidents and clinical observations. Training, such as manual handling, is provided to staff. Staff interviewed are aware of how to support individual resident’s mobility and dexterity needs.

2.15 Oral and dental care
This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings
The home meets this expected outcome

Residents and representatives interviewed are satisfied oral and dental health is maintained within the home. Individual resident dental needs, such as denture cleaning or dietary adjustments, are outlined in the care plans. A dentist and dental hygienist visit the home and are able to provide minor on-site treatments. Appropriate resources are available to meet resident oral and dental needs. Monitoring of oral hygiene is through audits, feedback and clinical observations. Currently the home is undertaking dental care research with the consent of the residents involved. Staff interviewed are aware of how to manage residents’ oral and dental health needs.

2.16 Sensory loss
This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings
The home meets this expected outcome

Residents and representatives interviewed are satisfied with how the home manages residents’ sensory needs. Sensory needs and deficits are identified through the care assessment and ongoing review processes. The home’s care plan addresses strategies to manage individual resident sensory losses. A sensory room is available for individual sensory promotion. Staff assist residents as required to wear or clean sensory loss aids, such as spectacles or hearing aids. Monitoring is achieved through auditing, feedback mechanisms and clinical observation. Staff interviewed are aware of processes and strategies to manage residents’ individual sensory losses.
2.17 Sleep
This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team's findings
The home meets this expected outcome

Residents and representatives interviewed are satisfied with the assistance provided to enable residents to achieve normal sleep patterns. Developed care plans detail assessed individual needs to promote sleep. Strategies to promote sleep include evening activity programs, hot drinks and supper. Audits and feedback monitor home practices to promote natural sleep patterns. Staff interviewed are aware of strategies to promote sleep.
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 expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Resident lifestyle, improvement opportunities are identified through lifestyle reviews and individual discussions with residents. Regular surveys and resident meetings encourage resident suggestions and feedback on lifestyle activities and clinical monitoring data may be used to improve individual programs. Existing activities are regularly evaluated and the program changed or improved accordingly. There are no formal audit processes for Standard 3. Residents/representatives are satisfied with the home’s responsiveness to their feedback and suggestions and reported being generally satisfied with lifestyle programs on offer.

Examples of improvements related to resident lifestyle implemented by the home over the last 12 months include:

- To improve resident contact and socialisation with younger people, the home introduced an intergenerational program with some local secondary schools. The program was focussed on residents with dementia and included a seascape art project which enabled shared activity and skills and a focussed task for residents, supporting communication and reminiscing. The painting has been completed and will be displayed in the home. While the project has yet to be formally evaluated residents’ agitation has reduced and increased socialisation and communication was observed.

- To provide increased activity for male residents the home has developed a men’s shed and relevant activities. Initially a room was set aside in the home for male residents to use for shared activities and reminiscing. The room was small and under used. An existing maintenance shed in the home’s grounds which was large enough for groups of men to get together and work on projects was converted for use. The shed was appropriately decorated and stocked with tools, wood and a small wooden boat for the residents to restore. Air conditioning was also installed. A formal opening was attended by residents, their families and staff in February 2012. Photographs record residents at ‘work’ on various tasks with the program of activities coordinated and supervised by lifestyle staff. Resident meetings and compliments received by the home indicate these activities are enjoyed by the male residents.
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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Standard 3 regulatory compliance processes include policies, procedures and staff training in reporting requirements for alleged elder abuse and relevant documentation, information and procedures for the appropriate management of resident security of tenure.

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 expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes. Relevant to Standard 3 orientation programs for all staff include elder abuse and resident rights and responsibilities. Lifestyle staff have attended a national conference on planning for lifestyle and received training in massage techniques, aromatherapy and regenerative skin care.

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 representatives interviewed are satisfied with the level of emotional support given when adjusting to the new environment and on an ongoing basis. A variety of processes are used to welcome residents to their new home, including welcome gifts and lifestyle staff introducing them to the environment and fellow residents. The home’s chaplain is able to visit residents regardless of denomination. Residents are encouraged to engage in activities within the home as well as those assisting in maintaining links with their past, such as visiting community clubs and organisations. Effectiveness of the support provided is monitored through lifestyle planning, surveys and individual discussions. Staff interviewed are aware of their role to support residents’ emotional needs.
3.5 Independence
This expected outcome requires that “residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service”.

Team’s findings
The home meets this expected outcome

Residents and representatives interviewed are satisfied with the way staff assist residents to retain their independence and maintain meaningful relationships. The home has assessment processes to identify residents’ individual interests, preferences and family and community associations. This includes visiting family and retaining membership of their clubs to maintain long standing friendships. Mobility aids are provided according to assessed needs to assist residents to retain their independence. Exercise groups are conducted regularly each week. Transport is provided to attend external events, such as to local shopping areas, on a regular basis. Some residents have personal computers and mobile phones providing independence to manage their own affairs. Effectiveness of the support provided is monitored through lifestyle planning, surveys and individual discussions. Staff interviewed are aware of their role to promote residents’ independence support needs.

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 interviewed are satisfied with strategies staff use to respect residents’ privacy and dignity. Staff utilise a variety of means to maintain residents’ privacy, dignity and confidentiality needs, including knocking on doors, closing the door during personal care routines and covering with modesty sheets when showering. All staff sign confidentiality agreements when employed at the home. Resident information is stored in secure areas or on password protected computer systems. Information is available for external advocacy services if needed. Surveys and peer review monitor practices within the home. Staff interviewed are aware of residents’ privacy rights and how to respect these.

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

Team’s findings
The home meets this expected outcome

Residents and representatives interviewed are generally satisfied with the range of activities provided. Assessment and ongoing review processes are used to identify and respond to residents’ interests and preferred activities. Individual preferences are recorded with activities in place to support residents with specific preferences, such as gardening. Maintaining contacts with external clubs or community services are promoted. Volunteers assist with some of the activities offered within the home, including playing the piano or painting pictures. Monitoring satisfaction with activities provided include resident surveys, resident meetings and attendance records. Staff interviewed are aware of their responsibilities in assisting residents with their lifestyle program and are aware of individual requirements.
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 interviewed are satisfied with the level of spiritual and cultural support offered. Residents’ cultural and spiritual needs and preferences are identified on entry to the home and recorded in their care plans. Various religious denominations visit the home, with a non-denominational service conducted each Sunday. Although currently there is minimal cultural diversity within the home, individual needs are identified and addressed. Meal service can be altered to accommodate specific needs if identified. Theme items central to the war veteran home are displayed around the home, such as various military uniforms. Strategies are monitored through resident meetings and surveys, lifestyle planning days and individual conversations. Staff interviewed are aware of residents’ cultural and spiritual needs and are able to access various resources according to individual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents and representatives interviewed are satisfied with the choice residents have around issues affecting their daily life. Residents participate in decisions about care and services provided through care and lifestyle assessment processes, menu selections, meetings, feedback mechanisms, surveys and individual discussions. Representatives able to make decisions on the resident’s behalf if they are unable to do so are identified, such as Power of Attorney. Information on residents’ rights and responsibilities is included in all resident information, including the resident agreement and the resident information book. Resident surveys and feedback mechanisms monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents’ right to make informed choices and respect these.

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/representatives interviewed feel secure in their tenure and have an understanding of their rights. The home’s resident agreement documents security of tenure rights and is sent to the resident or their advocate prior to entry. Entry information also includes rights and responsibilities, comment and complaint processes and alternative sources of advice. There is ongoing access to this information through resident meetings, newsletters and displayed information in the home. Legal services regularly review the resident agreement. Accommodation changes are negotiated with the resident and their family or advocate, relevant to resident care needs. Confirmation of agreed changes is usually recorded in residents’ progress notes. The home reviews security of tenure management processes.
through regulatory compliance monitoring, resident surveys and comment and complaint processes.
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 expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, incident reporting and audit processes, surveys and other feedback mechanisms, such as suggestions and resident meetings contribute ideas for improvements. Residents and staff said management responds to their suggestions and ideas for improvement.

Improvements implemented by the home in relation to physical environment and safe systems include:

- To improve efficiency, infection control and safe work practices, the home has reviewed laundry procedures and refurbished the home’s laundry. The laundry was small, there were observed hazards from power cords, limited hand washing facilities and wooden surfaces which were difficult to clean. The laundry layout made it difficult to achieve efficient work flow. New doors were installed, new wipe clean shelves built and power cords re-located. Bollards were also installed adjacent to the external clothes line to ensure traffic did not impinge on the external work area. Staff hours and work practices were revised. Staff were involved in the planning and implementation of this project with documented feedback indicating their workload and work environment is much improved.

- To improve the presentation of residents’ between meal snacks and following resident feedback, the home reviewed the preparation, range and presentation of snacks, particularly for residents who require modified texture foods. In consultation with residents catering staff revised the range of snacks available, improving the nutritional value and interest; for example, jellied fruit trifle or pieces of frittata instead of a slice of cake. Presentation included placing texture modified snacks or those requiring small bite size pieces into small glass bowls instead of on a flat plate. Resident feedback indicates they are pleased with the changes made. Ongoing catering surveys monitor resident satisfaction.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Relevant to Standard 4 the home holds fire certification and a current triennial fire safety clearance. There is an audited food safety program and processes for the management and monitoring of occupational health and safety relevant to legislative requirements.
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 expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes. Standard 4 training includes regular mandatory fire and emergency training and manual handling. Staff attendance is monitored. Relevant staff have received food handling training, occupational health and safety updates, safe chemical handling and hand hygiene training. Knowledge surveys assess staff knowledge of emergency procedures and infection control.

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

There are processes to provide for a safe and comfortable living environment to meet residents’ needs. Residents are accommodated predominately in single rooms with ensuite facilities. Two share rooms provide options for married couples or those who prefer to share. Dining facilities, lounge and activity rooms and private areas provide residents with opportunities to socialise and share quiet time with their families. Secure accommodation is available for residents with a tendency to wander and there are risk management strategies to reduce the use of restraint and to monitor potentially absconding residents. Residents have access to a monitored call bell system. Safe resident mobility is supported by wide uncluttered corridors, hand rails, ramps and secure garden areas. Staff competency in safe manual handling is assessed. There is a corrective and preventive maintenance program and incident and hazard reporting systems, audits and surveys assist monitoring of the living environment. Residents said they are comfortable and feel safe in the home.

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 processes support a safe working environment to meet regulatory requirements. Occupational health and safety systems are monitored and reviewed at regular occupational health and safety committee meetings. The committee is representative of all work groups and incident, hazard and accident reports and trends; worksite inspection reports are tabled. Staff have access to minutes. Staff induction, ongoing training and access to relevant policies and procedures guide safe work practices. Staff interviewed are aware of their occupational health and safety responsibilities and report satisfaction with their working environment.
4.6 Fire, security and other emergencies

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

Team's findings
The home meets this expected outcome

Management are actively working to reduce the risk of fire, security and other emergencies. Emergency procedures and evacuation plans are accessible to staff and mandatory training and assessment processes to facilitate staff awareness of emergency management processes. Residents are informed of actions in the event of a fire and a resident transfer list and resident evacuation packs are available. External fire services and internal maintenance staff monitor the fire system and relevant equipment, although maintenance requirements are not consistently actioned. There is a smoking policy which restricts both staff and resident smoking to designated areas and includes risk assessment and risk management processes for relevant residents. Electrical equipment is tested and tagged. Security patrols, closed circuit cameras and lock up procedures assist security maintenance. The home has contingency plans for power failure and emergency evacuation. Staff report they are aware of fire/emergency procedures and residents interviewed said they feel safe and secure in the home and they understand what to do in the event of a fire alarm.

4.7 Infection control

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

Team's findings
The home meets this expected outcome

There is an effective infection control program within the home. Management monitor infection control systems and data relevant to their designated areas. Infection rates are trended by management each month to monitor and identify opportunities to improve services. Infection rates and associated risks are reported at various clinical and management meetings for comment and discussion. Regular monitoring occurs, such as temperature monitoring and environmental auditing. Staff are provided with adequate resources, such as personal protective equipment and hand gels; standard precautions are promoted. Contingency plans and equipment are available to manage and contain infectious outbreaks. Hand washing audits enhance staff awareness of hand hygiene. Staff and residents are satisfied with the cleanliness of the home and the effectiveness of the infection control system.

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 home provides hospitality services in a way that enhances residents' quality of life and the staff's working environment. All meals are prepared on site and served in the various dining areas within the home. A four week dietician reviewed menu provides details of all meals. Daily resident choices are collected by the catering staff. Summer and winter menus are utilised. Specialist equipment to assist individual resident eating or drinking requirements is available. Cleaning services operate every day. Schedules guide staff cleaning routines. Controlled dispensers are used to mix chemicals required for cleaning. Colour coded equipment is used for different areas being cleaned. Only personal items are laundered on
site five days per week. All washers, driers and chemical usage are automatically regulated. Clothes are routinely labelled. Accredited contracted services launder all linen for the home. Hospitality services are monitored through regular audits, resident surveys, meetings and feedback systems. Residents and representatives interviewed are satisfied with the provision of these services within the home.