



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Uniting Aged Care - Box Hill

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Uniting Aged Care - Box Hill in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Uniting Aged Care - Box Hill is three years until 1 December 2013.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details					
Details of the home					
Home's name:		Uniting Aged Care - Box Hill			
RACS ID:		3088			
Number of beds:		120	Number of high care residents:		89
Special needs group catered for:			<ul style="list-style-type: none"> • Nil 		
Street:		75 Thames Street			
City:	Box Hill	State:	Victoria	Postcode:	3128
Phone:		03 9843 2200		Facsimile:	03 9843 2211
Email address:		unitingagedcare@uacvt.org.au			
Approved provider					
Approved provider:		The Uniting Church in Australia Property Trust (Victoria)			
Assessment team					
Team leader:		Monica Sammon			
Team member:		Gillian Walster			
Dates of audit:		14 September 2010 to 15 September 2010			

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Does comply

Agency findings
Does comply
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Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Uniting Aged Care - Box Hill
RACS ID	3088

Executive summary

This is the report of a site audit of Uniting Aged Care - Box Hill 3088 75 Thames Street BOX HILL VIC from 14 September 2010 to 15 September 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd. 17 September 2010.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Uniting Aged Care - Box Hill.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 September 2010 to 15 September 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Monica Sammon
Team member:	Gillian Walster

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Victoria)
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Details of home

Name of home:	Uniting Aged Care - Box Hill
RACS ID:	3088

Total number of allocated places:	120
Number of residents during site audit:	102
Number of high care residents during site audit:	89
Special needs catered for:	Not applicable

Street:	75 Thames Street	State:	Victoria
City:	Box Hill	Postcode:	3128
Phone number:	03 9843 2200	Facsimile:	03 9843 2211
E-mail address:	unitingagedcare@uacvt.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Manager integrated services	1	Residents/representatives	16
Executive director	1	General manager quality	1
Quality adviser	1	Laundry staff	1
Administration assistant	2	Cleaning staff	1
Catering staff	2	Chaplain	1
Cleaning and laundry contractor	1	Enrolled nurses	5
Care staff	4	Lifestyle staff	2
Occupational health and safety officer, organisation	1	Facility services manager	1
Manager occupational health and safety officer	1	Facility services supervisor	1
Hotel services manager	1	Regional manager	1
Registered nurses	2	Dietitian	1

Sampled documents

	Number		Number
Residents' files	13	Medication charts	41
Care plans	13	Personnel files	11
Resident agreements	10	External contracts	5
Lifestyle assessments and care plans	6		

Other documents reviewed

The team also reviewed:

- Actions for regulation changes July 2010
- Activity participation records
- Activity plans and evaluations
- Admission checklist
- Application pack
- Bed status book
- Blood glucose monitoring chart
- Catering policies and procedures
- Catering staff induction training program
- Catheter change record
- Certificate of audit
- Certificate of registration of food premises
- Chemical restraint assessment and authorisation
- Cleaners' audits
- Cleaners' infection control information
- Cleaners' sign off register and detailing schedule
- Cleaning roster
- Client at risk of absconding identification
- Clinical audit tool
- Clinical practice standards
- Community volunteer list
- Comprehensive care evaluation record
- Contractors' registration and other details
- Cultural care kit
- Daily and weekly activity calendars
- Diabetic management assessment and plan
- Diet care training
- Dietary needs
- Dietary requirements list
- Diversional therapy program plans
- Do not crush list
- Education notes on thickening drinks
- Emails
- Emergency response manual
- End of life pathway
- Enteral nutrition assessment and care plan
- Essential safety measures log books and reports
- Feedback forms
- Fire procedures flow chart
- First aid kit checklist
- Food focus meeting minutes
- Food handling certificates
- Food safe answer sheet
- Food safety inspection report
- Food safety plan
- Handover sheets
- Housekeeping inspection records
- Incident register
- Incident report
- Incident report analysis
- Incident reporting structure flow chart

- Induction and reference manual for cleaning and laundry staff
- Infection register
- Information from the Johanna Briggs Institute
- Laundry cleaning log
- Laundry procedures
- Lifestyle seminar program
- Lifestyle therapy program and external resources list
- List of contractors used on site
- Maintenance records
- Maintenance request folder
- Material safety data sheets
- Meeting calendar
- Meeting minutes
- Memorandums
- Menu
- Minutes and reports regarding agency usage
- Missing clothing form
- Monthly training calendar
- New infection report
- Newsletter
- Non packed regular/PRN medication expired or running low in stock list
- Notice of change of dietary requirements
- Occupational health and safety training records
- Online annual induction report
- Open and closed improvement reports
- Order forms
- Patch application history
- Performance appraisal schedule
- Petty cash withdrawal forms
- Physical restraint assessment and authorisation
- Police record checklist
- Preferred supplier list
- Pre-purchase occupational health and safety checklist
- Preventative maintenance schedule
- PRN progress notes
- Product evaluation form
- Professional development calendar
- Quote for equipment
- Refrigerator temperature and cleaning schedule
- Reportable incidents register
- Resident medical management plan
- Residents' handbook
- Restraint record
- Risk assessment for new equipment
- Roster
- Safety evaluation
- Schedule eight drug checking book
- Scope of practice – 'as required' medication
- Self medication assessment
- Simple depressive checklist
- Site inspection reports
- Special needs list
- Staff development attendance record

- Staff development session evaluation record
- Staff handbook
- Summaries of audit activity
- Temperature monitoring form
- Testing and tagging records
- Training attendance for new equipment
- Training calendar (on line)
- Training record of attendance
- Unit emergency packs
- Weight record
- Wound index

Observations

The team observed the following:

- Activities in progress
- Archive room
- Charter of resident rights and responsibilities
- Chemical storage
- Cleaner's room
- Complaints and advocacy brochures
- Confidential document bin
- Dressing trolley
- Emergency evacuation pack
- Emergency, evacuation and security signage
- Equipment and supply storage areas
- Feedback forms
- Fire prevention and fighting equipment
- First aid kits
- Food register
- Gastroenteritis response kit
- Hot boxes
- Interactions between staff and residents
- Internal/external living environment
- Medication refrigerator
- Medications administered
- Oxygen cylinders
- Palliative care kit
- Photographs of activities
- Resident and staff notice boards
- Resident meal service and assistance
- Schedule eight drug safes
- Sharp management system
- Sharps containers
- Smokers' areas
- Specimen refrigerator
- Spills clean up kit
- Storage of medications
- Suggestion boxes

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 recommendation

Does comply

The home has a system of continuous improvement that is informed by improvement forms submitted by residents, representatives and staff, meetings and surveys, incident analysis, internal and external audits, verbal feedback, direct observation and corporate directives. Residents, representatives and staff confirm that management are responsive to feedback and encourage the pursuit of improvement. Feedback forms are logged and discussed at the site quality meetings, if not actioned immediately. For each identified issue, responsibility is delegated, actions documented and outcomes identified and evaluated. Continuous improvement is monitored at a corporate level and there has been many improvements occur at the home since the appointment of a new manager. Recent improvements in relation to management systems, staffing and organisational development include the following:

- An audit by the human resources department identified that personnel files were not maintained as required. A system has now been implemented to ensure that the files of new staff cannot be filed until all details are completed and a review of the staff member’s file will be completed at appraisal. The regional manager stated that the organisation has introduced filing tabs to be used across the organisation. Personnel files are due for re-auditing in November 2010.
- Staff requested tilt chairs to cater for the increasing needs of residents. Two new tilt chairs have been purchased and staff trained in their use.
- The home had a very high use of agency staff which resulted in increased costs and decreased resident satisfaction as confirmed in the annual survey. Management also identified decreased staff morale and high absenteeism rates. Management undertook an analysis of the agency usage and casual bank usage. Last minute absenteeism was reviewed and more efficient rostering practices introduced. Casual staff have now been employed as permanent part time and the permanent roster filled. Agency usage has dropped significantly and staff and residents express satisfaction with this outcome.

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 recommendation

Does comply

The home has a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. The organisation receives regulatory and legislative updates via subscriptions to legislative update services and peak and professional bodies. The regional manager notifies the home of required changes and staff are informed via meetings and memorandums. Changes to policies and procedures in response to legislative changes and professional standards are directed and monitored from head office. Compliance is monitored via the home’s auditing systems and direct observation. Staff confirm they are informed about changes to policies and procedures and are aware of legislation that pertains to them. Residents and their representatives were informed about the accreditation audit and

there is a system in place to accurately monitor the criminal record checks of all relevant staff and contractors, and the current registration of all registered and enrolled nurses.

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 recommendation

Does comply

The management of the home is committed to helping staff learn and develop professionally and has systems in place to ensure they have the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through staff appraisals, issues identified at meetings and the comments and complaints system, observation of work practices, results of audits and staff requests. An annual organisational education plan is developed and training specific to the home is included as required. Attendance at mandatory education including fire and evacuation, manual handling, effective documentation, absconder reporting, elder abuse prevention and reporting, bullying and harassment, and infection control is monitored. The home has a recruitment procedure and orientation program for new staff. Staff report they have access to internal education and self directed learning packages on a regular basis and external education when appropriate and undertake competency assessments as required.

Examples include:

- Performance review in-service
- Quality
- ACFI documentation
- Professional standards
- Two staff have attended computer 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 recommendation

Does comply

The home has formal and informal complaint mechanisms throughout the home that are accessible to residents, representatives, staff and visitors. Information about complaint mechanisms is communicated via the resident handbook, the resident agreement and via the posters, brochures and signage displayed in the home. Residents are surveyed annually by an independent body and they and their representatives confirm they feel comfortable to speak at the meetings or to approach management with concerns or complaints. Comments and complaints can also be made by completing a feedback form. The receipt of a comment or complaint is acknowledged and documented. Complaints are responded to appropriately and in a timely manner, and staff are aware of the mechanisms to assist residents or relatives with making comments or complaints.

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 recommendation

Does comply

The home's vision, mission and philosophy statements reflect the home's values and commitment to quality. The vision, mission and philosophy statement is documented in the resident and staff handbooks and copies of these statements are displayed in the home. The charter of residents' rights and responsibilities is documented in the resident handbook and displayed in the home. The organisation is currently reviewing the quality structures and systems to ensure the organisation is at the leading edge of quality management in aged care. An independent review has occurred and workshops held with managers to implement review outcomes.

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 recommendation

Does comply

There are systems and processes in place for the home to have appropriately skilled and qualified staff provide services in accordance with the Accreditation Standards and the home's vision, mission and values. The organisation has processes for recruitment of staff which include registration and criminal record checks, interviews and reference checks and position descriptions are available for all positions. The orientation program includes a 'buddy system' for new staff, organisational mandatory training and an onsite schedule and there is a three month appraisal of new employees. When staff are not able to work, replacements are found using part time or the home's casual bank staff or they are able to access staff from the organisational staff casual bank. Management report they adjust staffing levels based on resident care needs and staff and resident feedback. Residents and representatives are positive about the staff and the care they provide, indicating that staff come promptly when called, are responsive to residents' needs, are knowledgeable and have a caring attitude towards the residents.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Staff in all areas of the home confirm that the home has appropriate levels of supplies and equipment, and residents and representatives state that adequate goods and equipment are provided and maintained in good condition for their care. Staff can request new equipment, risk assessments are required from the supplier or completed by the home and staff are educated in equipment use. There are systems in place for ordering, storage, rotation and monitoring of expiry dates in all areas of the home. Equipment used by both staff and residents is cleaned and well maintained via monitored preventative and reactive maintenance systems, and staff state that maintenance requests are actioned promptly.

1.8 Information systems

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

Team's recommendation

Does comply

All stakeholders as appropriate have access to current information on the processes and general activities of the home. Information is disseminated via staff meetings, resident meetings, noticeboards, education, staff memorandums, newsletters, emails and mail outs. Extensive information handbooks are distributed to residents and/or their representatives and to staff. Key clinical data is collected, analysed and reported, and staff confirm they have access to accurate information to provide appropriate clinical care and services to residents via residents' files and care plans, handover, specialised care folders, diaries, position descriptions, policies and clinical practice standards, which are reviewed at the corporate level. Online information is password protected and backed up and confidential documents are stored and archived securely, accessed only by appropriate staff and disposed of securely. Residents and representatives confirm that information is accessible to them.

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 recommendation

Does comply

External providers provide services according to the needs of the residents and the necessary goods required for health and hospitality provisions. External service providers and suppliers have written agreements including key performance indicators, insurance and certification. Contract review considers feedback from residents, representatives and staff, as well as cost and service provision. All contractors are required to have a current criminal record check, undergo online induction annually and register their presence in the home. Staff and residents state that they are satisfied with the services provided by external contractors.

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 recommendation

Does comply

The home has a system of continuous improvement which is informed by multiple mechanisms and links to resident, representative and staff feedback. For further information see Expected outcome 1.1 Continuous improvement. Recent improvements in relation to health and personal care include the following:

- An audit on catheter care identified areas for improvement according to the evidence based, clinical practice standards introduced at the home. Staff have received training and completed competencies and reauditing shows improvement in catheter care skills.
- An audit on diabetic management identified areas for improvement according to the evidence based, clinical practice standards introduced at the home. Staff have received training; new diabetic management care plans and blood glucose monitoring charts have been introduced and reauditing shows a significant improvement in diabetic management.
- An audit on the prevention and management of absconding residents identified that staff were not using the appropriate checklist to monitor residents' location and safety. A memorandum to staff and information on the clinical practice standard was distributed. Re-auditing showed a result of 100%.
- Staff reported to management that new continence products were not working well and there was risk of skin breakdown in some residents. The supplier was contacted and the product was changed, leading to improved continence and skin care for residents.

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 recommendation

Does comply

The home has a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details see Expected outcome 1.2 Regulatory compliance. The home complies with medication management regulations and guidelines, and a registered nurse oversees the care of all high care residents and specialised nursing care procedures. Information on evidenced based practice is incorporated into the clinical practice standards and the implementation of policy and procedure changes is monitored by internal audits and observation.

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 recommendation

Does comply

Management demonstrates staff members have knowledge and skills required for their effective performance in relation to health and personal care. Staff members have access to policies and procedures, in-service lectures, organisational and mandatory training and external training. Refer to Expected outcome 1.3 Education and staff development for further details.

Recent training and development opportunities relevant to Standard two include:

- Medication management and scope of practice
- Wound management
- Nutrition and hydration
- Oral and dental care
- Continence access program
- Oxygen equipment education
- Percutaneous endoscopic gastrostomy tubes/enteral feeding.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents receive appropriate clinical care. When residents enter the home an interim care plan is completed prior to the assessment period. Assessments are then conducted according to a schedule and care plans are then generated which outline needs and preferences. The resident is evaluated two monthly and assessments are redone annually. Appropriately qualified and experienced staff members provide care to residents and records of care are maintained in clinical charts and progress notes. Regular medical reviews and increased monitoring occurs when needed. Staff said they have sufficient rostered time to provide the planned care for residents. Residents and representatives are complimentary of the care provided and say any episodes of ill health or accident are responded to quickly and properly and representatives are informed appropriately.

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 recommendation

Does comply

Residents’ specialised nursing care needs are identified and met by appropriately qualified staff. The home has policies and procedures, management charts and other resources available to guide care staff in the provision of specialised care to residents. Residents with specialised care needs include those with diabetes, catheter care, wound management, pain management and oxygen therapy. Recent education opportunities for staff involved blood glucose monitoring, wound management, percutaneous endoscopic gastrostomy care and oxygen therapy and catheter care. Complex care plans reflect assessment requirements, specific needs, equipment, resources, instructions and strategies. Residents and representatives said they are satisfied with the specialised care received.

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 recommendation

Does comply

The home has systems to ensure residents are referred to specialists as required and as preferred. Medical practitioners visit the home at regular intervals. The physiotherapist assesses residents when they enter the home, provides exercise programs and reviews residents as required. The home’s dietitian assesses all residents when they enter the home and as required for any significant changes in weight or when a concern is raised. Speech pathology, podiatry, optometry, auditory, dental services and external mental health services review residents when referred by the home. Residents confirm they are referred to specialists as needed and are assisted in visiting outside specialists as required.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has systems in place to ensure that residents’ medication is managed safely and correctly. The home has policies and procedures available to guide staff in the administration of medication. Medication management is provided using a multi dose packaged system; the home has processes in place to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Residents who manage their own medications have an assessment process to monitor their ability to safely manage those medications. Medications administered on an ‘as needs’ basis are recorded in the progress notes and include an evaluation of the medication intervention. Residents and representatives indicated their satisfaction with the home’s approach to managing their medication requirements.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems and processes to ensure residents are as free as possible from pain. When residents enter the home a pain assessment is conducted, reviewed at regular intervals and if required due to presentation of new pain, medication changes, injury or clinical issues. Staff members assess and monitor residents’ verbal, non verbal and behavioural indications of pain and implement appropriate strategies. Care plans detail interventions used to assist residents and include repositioning, pillows to protect bony prominences, analgesia, complimentary therapy, rest, physiotherapy program, massage and heat packs. Staff members liaise with the medical practitioner and palliative care resources when required. Staff document in the progress notes the use of interventions and the effectiveness is generally evaluated. Residents said that staff members respond appropriately whenever they have pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home provides care to residents who are terminally ill and promotes their comfort and dignity needs. Residents’ medical management care plans and terminal wishes are established when residents enter the home. The home accesses medical care for residents as necessary and referrals are made to external services if required. Additional nursing care, spiritual and complementary care is provided to residents and support is also provided for families at this time. The long term care plans are replaced by a separate end of life pathway which incorporates further care, comfort care and a multidisciplinary communication and strategy section. Symptom management, routine comfort measures and psychosocial needs are met.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home has systems and processes in place to ensure that residents’ receive adequate nourishment and hydration. Care plans reflect the nutrition and hydration requirements and preferences of residents including information regarding allergies, cultural preferences and clinical needs. Residents are weighed monthly and weight losses or gains are managed effectively including dietitian review to develop individual weight management programs when required. Residents with special needs are reviewed regularly by the home’s dietitian and medical requirements and resident likes and dislikes are updated in the kitchen and in the care plans. Individual preferences are accommodated. Nutritional supplements are provided when required. Meals are freshly prepared in the main kitchen, transported to the cottage kitchenettes and served to residents. Personal assistance is provided when required. Staff members are aware of residents’ requirements for texture modified diets. Residents said they are generally happy with the meals provided to them.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems in place to promote residents’ skin integrity consistent with their overall health. The home uses assessment tools to identify residents at risk of skin breakdown and care plans identify strategies to reduce this risk. Strategies used to promote skin integrity include air mattresses, regular repositioning, protective limb covers, air cushions and the use of emollient creams. Staff assist residents with ambulation and mobility aids are provided. Skin tears and wounds are monitored and managed by the registered nurse; consultants are accessed as required and records of care are reflected on appropriate charts. The home has policies and process for wound assessment and management. Residents and representatives are satisfied with the home’s approach to maintaining their skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has processes in place to ensure residents’ continence and toileting requirements are managed effectively. The home assesses residents’ continence needs and the assistance required when attending the bathroom. Care plans outline strategies to promote continence levels as well as those to promote independence when using the bathroom. Infections are monitored, reviewed, trended and discussed at all levels. Staff members are provided with appropriate education to assist residents with continence requirements and discreetly maintain residents’ dignity. Staff members confirm they have access to sufficient continence aids for residents’ needs and confirm their knowledge of residents’ toileting requirements. Residents confirmed their continence needs are met and that mobility aids are provided to assist their independence in the bathroom.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home provides care for residents with challenging behaviours. Residents’ behaviours are assessed on entry to the home and additional monitoring and review is undertaken as required. Care plans contain interventions for staff to provide a response to challenging behavioural occurrences and to manage residents’ behaviours. The home accesses medical practitioners, gerontologists and advisory services for residents who require additional review and management of challenging behaviours. Staff members receive education in managing challenging behaviours and provide assistance to residents in a calm, respectful manner. Residents said they are satisfied that behavioural issues are managed effectively within the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

The home provides care that promotes residents’ mobility and dexterity. The home assesses residents’ mobility capacity in consultation with a physiotherapist and exercises are devised to promote optimum mobility and dexterity. Residents at risk of falling undergo additional assessments and strategies are employed to prevent the occurrence of falling. Appropriate mechanical transfer equipment is provided and staff are trained in manual handling and safe transfer techniques. Incidences where residents have fallen are managed according to the home’s policies and procedures and a review of residents’ mobility levels occurs as required. The physiotherapist has trained lifestyle staff to assist residents to maintain their mobility and dexterity with Tai Chi sessions, exercise groups and one on one walks with residents. The team observed staff assisting residents with their mobility and residents and representatives confirm their mobility and dexterity is encouraged.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has systems in place to assist residents to maintain optimal oral and dental health. Assessments for oral and dental needs and preferences are conducted on entry to the home. Care plans assist staff, are regularly reviewed, and include details about assistance required and daily care of teeth, mouth and dentures as appropriate. Staff members assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. Residents are assisted to attend dental services as required. Residents with swallowing difficulties are assessed by the speech pathologist and specific strategies are formulated which include texture modified diets and staff assistance with meals. Residents confirm that staff members provide assistance with their swallowing, oral and dental hygiene.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory deficits are assessed following entry to the home and managed effectively by care staff. Residents are assisted to attend appointments either to their preferred provider or specialist providers are accessed by the home when required. Staff assist residents with their sensory aids including hearing aids and glasses. The chaplain provides a sensory worship service for residents with dementia using aromatherapy, music and sensory objects. There are large print books provided for residents with vision difficulties and pets visit the home. The home is well lit, has adequate handrails, wide corridors, accessible signage and secure outdoor gardens. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices.

2.17 Sleep

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

Team’s recommendation

Does comply

The home provides care to residents to have their rest and sleep routines met and assist them in achieving natural sleep. Residents are assessed when they enter the home and individual preferences and needs are documented in care plans. Staff monitor residents’ sleep patterns and care plans note individual settling and waking times and staff assist residents with appropriate settling strategies including pillows and numbers of blankets, toileting and continence care, warm drinks, pain relieving medications and heat packs. Residents said that staff respect their wishes and they generally sleep well.

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 recommendation

Does comply

The home has a system of continuous improvement which is informed by multiple mechanisms and links to resident, representative and staff feedback. For further information see Expected outcome 1.1 Continuous improvement. Recent improvements in relation to residents’ lifestyle include the following:

- Informal complaints from the residents about the sausages and an idea by the facility manager to include families and community members has resulted in a trial of barbeques being held at the home. The response from residents and representatives has been positive and the manager states it has also resulted in more positive interaction between the kitchen and the residents. Barbeques will now be held monthly.
- Feedback from the chaplain about the lack of any rituals after the death of a resident has resulted in brief memorial services combined with an afternoon tea now held after a resident has passed away. The aim is to support other residents and to show respect for those who have passed away.
- The chaplain has instituted a sensory worship service for residents with dementia. These services include soft toy lambs, oils, music and other sensory stimulants used as part of a worship ritual. Residents with dementia now have the opportunity to participate in weekly spiritual services.
- Staff suggested the placement of a picture of something peaceful, for example a butterfly, on the door of residents who are receiving palliation to ensure that all care and services staff know that this resident is palliative and to ensure extra respect for their privacy and dignity. The pictures are now included in the palliative care kits. Appropriate music is also now included in the kits.

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 recommendation

Does comply

The home has a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details see Expected outcome 1.2 Regulatory compliance. Residents and representatives are provided with a resident agreement and an information book which details information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy information. Staff confirm they receive information related to privacy, elder abuse, absconding residents, mandatory reporting responsibilities and residents’ rights.

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 recommendation

Does comply

Management demonstrates staff members have skills and knowledge for their effective performance and provides training opportunities for staff in relation to resident lifestyle. Refer to Expected outcome 1.3 Education and staff development for further details.

Recent training and development opportunities relevant to Standard three include:

- Advanced care planning
- Cultural program
- The production of a play "Four funerals in one day"
- Organisational lifestyle seminar.

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 recommendation

Does comply

Residents and representatives are provided with initial and ongoing emotional support. Staff demonstrate an understanding of individual residents' needs. The chaplain visits the home twice weekly and visits residents and their families, particularly those who have recently entered the home or who are at the end of their life. The chaplain works closely with lifestyle staff to support residents and their families. The activity program addresses individual needs. Time is allocated to spend one on one time with residents as indicated, to reduce loneliness and isolation. Residents at risk of depression are monitored and referred to appropriate specialists. The chaplain is a trained counsellor. A resident's death is recognised by a memorial service and residents and representatives confirmed they are supported both on entry and on an ongoing basis.

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 recommendation

Does comply

Residents' assessments consider their level of independence in daily activities including their mobility, personal care, nutrition, sensory loss and communication. Care plans guide staff practices to ensure each resident's level of independence is maximised and maintained. Appropriate equipment such as mobility aids is provided and residents state that staff allow them time to complete tasks at their own pace. Some residents are involved in external activities and community visitors are arranged for others. Residents are able to vote and the home assists with access to petty cash. Staff state they understand the rights of residents to maintain their independence and assist them in doing so. Residents' cognitive levels are assessed and authorised representatives identified, and residents and representatives confirm they are satisfied with the level of consultation.

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 recommendation

Does comply

The home has systems in place for residents' privacy, dignity and confidentiality to be recognised and respected. Residents and representatives are provided with information on their rights to privacy and consent forms are signed as appropriate. Personal care takes place behind closed doors and residents confirm that staff assist them respectfully. Care and services staff confirm they are informed about the need to maintain privacy and dignity and appropriate codes of behaviour. All residents have private rooms and ensuites and private areas are available to receive guests. Residents are encouraged to personalise their rooms and confidential information is stored securely and disposed of appropriately.

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 recommendation

Does comply

Residents are assessed in relation to their interests and preferred activities and residents confirm that the lifestyle program caters for their needs and interests. Consideration is given to cultural and spiritual needs and any barriers to participation are recognised and overcome, or alternative individualised programs created. Residents' level of participation is recorded, individual lifestyle care plans are reviewed and activities evaluated and changed as indicated. The activity program caters for the residents' needs and preferences at both an individual and group level and is responsive to the needs of residents with dementia. The program is extensive and includes visiting pets, music therapy, happy hour, card and board games, newspaper reading and multi sensory stimulation programs. Residents express satisfaction with the lifestyle program.

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 recommendation

Does comply

The home has processes for identifying and recording the individual cultural and spiritual needs of residents. The chaplain visits twice weekly and holds regular ecumenical services, including a specific sensory worship service for residents with dementia. The chaplain visits individual residents and offers support to both them and their families. Significant religious and cultural days are celebrated. Spiritual needs including end of life wishes are known and respected. There is an annual memorial service. Staff confirm that individual residents' cultural and spiritual beliefs are respected. Newspapers in other languages are provided as indicated and community visitors are arranged for residents of other ethnicities. Residents are encouraged to maintain their attachments to external spiritual communities and are satisfied with the cultural and spiritual support offered in the home.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents' choices and preferences are identified during assessment. The home encourages resident input into decision making via care consultations, the formal and informal feedback systems and the residents' meetings and forums. Appropriate consent is obtained and authorised representatives are consulted when residents are unable to make decisions based upon a formal cognitive assessment. Residents and/or their representatives are informed about the internal and external complaints mechanisms and external advocacy services. The choice of residents to not participate in the activity groups and individual programs is respected. The choice to refuse medical care is respected and residents' status monitored. Residents and representatives confirm they have choices about their daily care and lifestyle and that their feedback is responded to.

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 recommendation

Does comply

Residents and representatives confirm they are given adequate information on entry to the home. Tours of the home are held and residents and/or their representatives are assisted through the entry process by organisational personnel as well as the home's manager and administrative staff. The resident agreement in conjunction with the information handbook documents security of tenure, residents' rights and responsibilities, complaints mechanisms, privacy considerations and the care and services provided at the home. Residents remain informed via the residents' meetings, newsletter and by direct communication with management and all staff are educated in the code of behaviour and elder abuse policies and legislation.

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 recommendation

Does comply

The home has a system of continuous improvement which is informed by multiple mechanisms and links to resident, representative and staff feedback. For further information see Expected outcome 1.1 Continuous improvement. Recent improvements in relation to the physical environment and safe systems include the following:

- It was identified that improvements needed to be made to address the increasing amounts of unlabelled and missing clothing. Representatives were advised of viewing times of the clothing and were written letters explaining the labelling system offered by the home. The form to apply for clothing labels was distributed and is now included in the resident handbook. Information about the management of clothing has also been included in the home’s newsletter. Evaluation states that there are decreased amounts of unlabelled clothing.
- A council inspection following a suspected gastroenteritis outbreak identified some areas for improvement in the kitchen. A new refrigerator and new spice containers have been purchased and painting attended to. The kitchen is now fully compliant.
- Care staff reported that the thickness of the drinks served to residents is not consistently correct. The catering contractor was notified and training has been provided to staff. A new thickening product has been purchased. Spot checks confirm that residents are receiving drinks of appropriate consistency.
- Staff feedback indicated dissatisfaction with the suitability of the continence aid disposal system. The response was to trial new disposal bins from a new provider. Staff stated greater satisfaction with this new system, which has since been implemented and has improved the handling of used continence aids.

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 recommendation

Does comply

The home has a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details see expected outcome 1.2 Regulatory compliance. The home has an audited food safety plan in place, complies with occupational health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures.

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 recommendation

Does comply

Management provides training opportunities for staff in relation to the physical environment and safe systems and demonstrates staff members have skills and knowledge for their effective performance. Refer to Expected outcome 1.3 Education and staff development for further details.

Recent training and development opportunities relevant to Standard four include:

- Fire and safety codes
- Infection control
- Fire warden training
- Chemical handling
- Occupational health and safety representative course.

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 recommendation

Does comply

The home comprises four cottages which have single rooms with ensuites, small lounge areas as well as larger communal lounge and dining rooms. Residents' bedrooms and bathrooms are spacious and functionally furnished with ceiling fans and call bells within reach. There are pleasant outdoor garden areas and residents are able to personalise their bedrooms while maintaining a clutter free environment. The home is suitably and tastefully furnished and the outside areas have safe walking paths. The home is heated, the communal areas are air conditioned and the home is clean and well maintained with wide corridors and handrails. Security, fire and emergency systems are in place, and the internal audits and maintenance programs ensure that potential hazards are identified and addressed. The home is quiet and calm with a pleasant, friendly ambience and residents state they feel safe and secure.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Staff confirm that management provides a safe working environment. There is regular assessment and reporting of risks and hazards via the home's and organisation's inspection systems and risk assessments of equipment are provided by the supplier or completed by the home. There is a thorough, scheduled preventative maintenance program and a prompt response to maintenance issues as they arise. The occupational health and safety committee includes trained representatives, meets regularly and reviews incidents, accidents and audit results. Appropriate signage is displayed in the worksites and staff confirm they receive training in manual handling, chemical and equipment safety and infection control, and that they report incidents and hazards. Management respond appropriately to staff injuries, including providing a return to work plan.

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 recommendation

Does comply

There are current systems in place at the home to minimise the risk of fire, security breaches and other emergencies. Mandatory fire and emergency training is conducted by a trained facilitator. Emergency procedure manuals and colour coded instructions are accessible and an emergency evacuation kit includes a list all residents and their mobility requirements. All fire prevention and fighting equipment is maintained according to the home's essential services schedule and potential fire and security hazards are identified through regular inspections. Electrical equipment is tested and tagged. Exits are clearly marked and free from obstruction and the home has appropriate signage regarding evacuation and assembly points. The home has a no smoking policy, with a designated smoking area outside for staff and residents who smoke.

4.7 Infection control

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

Team's recommendation

Does comply

The infection control program at the home includes policies and procedures, education, and monitoring of infection rates. The incidence of resident infections is monitored and regular clinical and environmental audits occur including temperature control checks. Data is discussed at staff and quality meetings. Infection control is provided as part of annual mandatory training. There is also a self directed learning package which includes an appraisal and hand-washing competencies are conducted regularly. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible and staff demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Outbreak kits, spill kits and sharps containers, personal protective clothing and equipment, and hand hygiene facilities are available throughout the home and processes are in place for the disposal of contaminated waste. Catering staff comply with food safety guidelines and cleaning staff use a system of cloths and mops to ensure infection prevention.

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 recommendation

Does comply

The home has systems and processes to enable the provision of hospitality services that enhances residents' quality of life. Meals are provided by an external provider, are freshly prepared in the kitchen in line with the home's food safety program, transported to each of the cottage kitchenettes and served to the residents in the dining rooms or on trays to rooms if required. The kitchen is equipped to cater for residents' individual nutritional and hydration requirements. Modified dietary needs and consideration of likes, dislikes and cultural preferences are noted. There is a food focus meeting where residents are able to discuss issues. There is a four week rotating seasonal menu which is reviewed by the home's dietitian and a menu board displays the day's choices. Cleaning and laundry is provided by an external service provider over seven days. Cleaning staff perform their duties guided by documented schedules, wear protective equipment when required and demonstrate safety and infection control practices. The team observed the home to be clean and well

maintained. Linen is laundered externally and residents' personal laundry is washed on the premises. Residents' clothes are labelled if required. The team observed material safety data sheets, laundry procedures and appropriate equipment and supplies including personal protective equipment in all areas of the home. Residents said they are satisfied with the home's catering, cleaning and laundry services.