



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Doreen Bond House

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Doreen Bond House in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Doreen Bond House is three years until 30 August 2012.

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:	Doreen Bond House				
RACS ID:	6783				
Number of beds:	94	Number of high care residents:	92		
Special needs group catered for:	<ul style="list-style-type: none">• People with dementia or related disorders• People with culturally and linguistically diverse backgrounds				
Street:	49 Buxton Street				
City:	NORTH ADELAIDE	State:	SA	Postcode:	5006
Phone:	08 8267 0888		Facsimile:	08 8367 0173	
Email address:	temery@helpinghand.org.au				

Approved provider

Approved provider: Helping Hand Aged Care Incorporated

Assessment team

Team leader: Jane Anderson

Team member: Jo Langham

Dates of audit: 22 June 2009 to 25 June 2009

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
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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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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	Doreen Bond House
RACS ID	6783

Executive summary

This is the report of a site audit of Doreen Bond House 6783 49 Buxton Street NORTH ADELAIDE SA from 22 June 2009 to 25 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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 Doreen Bond House.

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 22 June 2009 to 25 June 2009

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:	Jane Anderson
Team member:	Jo Langham

Approved provider details

Approved provider:	Helping Hand Aged Care Incorporated
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Details of home

Name of home:	Doreen Bond House
RACS ID:	6783

Total number of allocated places:	94
Number of residents during site audit:	92
Number of high care residents during site audit:	92
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street:	49 Buxton Street	State:	SA
City/Town:	NORTH ADELAIDE	Postcode:	5006
Phone number:	08 8267 0888	Facsimile:	08 8367 0173
E-mail address:	temery@helpinghand.org.au		

Assessment team's recommendation regarding accreditation

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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.

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 four days on-site and gathered information from the following:

Interviews

	Number		Number
Care manager	1	Residents/representatives	11
Director environments and service strategy	1	Volunteers	1
Care services manager	1	Care staff	2
Clinical nurse consultant	1	Administration team leader	1
Hotel services manager	1	Catering staff	1
Quality manager	1	Team leader food services	1
Clinical nurse	2	Team leader hotel services	1
Enrolled nurse	1	Lifestyle staff	2
Clinical nurse assessment and documentation	1	Utilities staff	1
Agency enrolled nurse	1	Coordinator of building services	1
Housekeeping assistant	1		

Sampled documents

	Number		Number
Residents' files, assessments and progress notes	15	Medication charts	10
Summary/quick reference care plans	15	Personnel files	10
Lifestyle plans and information	15		

Other documents reviewed

The team also reviewed:

- Various duty statements,
- Organisational plan, policy and procedure documents and manuals, vision and objective statements, charter of rights and responsibilities, information brochures
- Plan for continuous improvement, action plans, case studies, project reports, improvement records and evaluation sheets, data analysis results, action form summary, graphs and statistics, audits, surveys, audit schedule, clinical indicator information

- Legislation folder and information, industry and government emails and correspondence, legislative memoranda to staff, police certificate and organisational lists, nursing and allied health registrations and certificates of practice, Intranet information and resources,
- Education information and staff database readout reports, individual staff training records including continuing professional development program booklets, training handout information, self directed learning booklets, handover information, training calendars temporary and permanent staff induction packages and checklists, competency documents and checklists, attendance lists, evaluation sheets, fact sheets, education lists
- Comments and complaints folder, action forms, comments and complaints forms, complaints data and summary log, compliment summary log, correspondence and action plans
- Staff handbook, job descriptions, work instructions, rosters, leave forms, allocation sheets, performance reviews, staff contracts, induction program and information, workforce development project
- Contract agreements, asset register, call to tender and submissions
- Meeting schedules, communication books, handover sheets, diary, memoranda folders, staff education lists, newsletters, terms of reference and meeting minutes, letters, facsimiles
- Care procedure manual, bowel diaries, drugs of dependency register, admission pack and checklists, wound management guidelines, wound care documentation, hospital transfer kit, incident data, analysis, logs and graphs, turn charts, weighs and vital sign observations, licence to possess S4 and S8 medications, communication, allied health folders and diaries
- Lifestyle information and folders, volunteer information, participation sheets, activity evaluation sheets, newsletters, church lists, birthday lists, referral forms, welcome pack , movement sheet information, various schedules of activities and lifestyle responsibilities, resident information handbook, risk forms
- Incident database and summary table, various summary graphs and statistics
- Menus, menu cards, recall information emails, daily meal list, temperature monitoring records, approved supplier list, dietitian/nutrition report, flyers of special events
- Dietitian review, nutrition package, dietary requirement forms, calibration of thermometers, recall action reports and emails, menus and menu cards, food safety management plan, temperature monitoring logs and cleaning schedules
- Hazard and staff incident data, material safety data sheets, asbestos register, maintenance schedules and service reports, electrical testing and tagging register, equipment trial forms and evaluations, safety assessment forms, safe operating procedures, legionnaires folder, pest sighting reports, chemical register
- Fire triennial information, action plan to answer fire review priority recommendations, building certification instrument November 2002, certificate of occupancy, ministers specification SA 76
- Cleaning schedules, vacated room checklist.

Observations

The team observed the following:

- Internal and external living environments, including courtyards, lounges, dining areas, resident using the library and Internet café, hairdressing salon, gift shop, chapel, activity hall and areas, personalised residents' rooms
- Group and individual activities in progress, resident participation with staff support school children reading to residents, residents initiating their own interests and watching television in lounge areas, church service
- Equipment and supply storage areas within the home and central storage
- Interactions between staff, residents, representatives and volunteers
- Storage of medications, medication administration,
- Laundry, labelling machine, automatic chemical dispensers, new linen delivery trolleys, dissolvable laundry bags
- Cleaning in progress using colour coded equipment, storage areas including basement
- Meal service, morning and afternoon tea being distributed and served, residents receiving assistance eating their meals
- Sluice rooms with personal protective equipment and macerators
- Lifts with flyers relating to activities and information about the home, comments and complaints information, information brochures in varying languages, suggestion boxes

- Resident noticeboards with comment and complaint and rights and responsibilities information, resident activity photographs, activity posters and reminders, church service list, community information, accreditation audit notice
- Nursing station with policy and procedure information, memoranda and notices to remind staff about appropriate procedures, training schedule for the day and following sessions, closed circuit television monitoring, resources, computer and photocopying and facsimile equipment, sensory kits, storage and administration of medications including drugs of dependency, wound care trolleys, clinical equipment, gastroenteritis, and first aid kits
- Lifestyle area and resources, newspaper lists
- Key pad locks to doors and stairwells,
- Fire panels, fire suppression equipment, resident lists, vests, helmets, emergency response information, evacuation plans, fire service logs, laminated signs identifying fire warden contact numbers, emergency phones,
- Hand washing facilities, alcohol gel, posters relating to infection control and hand washing on display
- Laundry with labelling equipment, steam iron, sewing machine, delivery trolleys, laundry hoists
- Kitchen, meal preparation and storage areas
- Waste disposal area, sharps containers, maintenance room
- Cleaning in progress using colour coded equipment, storage areas, spills kits, automatic chemical dispensers.

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’s continuous improvement system is underpinned by the organisation’s strategic plan, the home’s business plan and the plan for continuous improvement. Established processes to identify continuous improvement initiatives, such as action forms, comment and complaint mechanisms, various feedback processes, audit and survey results are routinely used by staff, residents and representatives. Scheduled and informal meetings and the Quality Committee monitor continuous improvement progress and results. Data and statistics, including organisational benchmarking results are collected and collated to generally identify trends and monitor initiatives.

Examples of continuous improvement activities and achievements in management systems, staffing and organisational development include:

- The use of continuous improvement action forms was not always effective. Form use and storage was primarily in each area of the home and were not always monitored within appropriate time frames. Staff suggested that this decreased the use of the forms as responses were sometimes slow. All forms are now managed from central administration in the home and monitored by the care manager or hotel services manager. All forms are now acknowledged and responses are provided within set timeframes. Staff told us that responses are now faster, encouraging staff to identify and submit improvement initiatives.
- New staff members were not provided a formal induction process when recruited to the home. The informal induction was generally conducted by staff on the day, and did not follow any guidelines or checklists. A formal induction was developed, and now includes three days of information about the home including, a tour, administration and human resource management, mandatory training for manual handling and fire and emergency procedures. ‘Buddy’ shifts are included, following a specific induction their new area of work. The induction also includes a DVD ‘Introduction to aged care’ produced by Aged and Community Care Services. The first formal induction was delivered by the clinical nurse consultant in June 2009. Feedback forms completed by the participants indicate that the information and method of presentation was effective and well received.
- Roster management was identified as ineffective and costly by management as the use of temporary staffing was increasing and the appropriate skill mix was not being allocated or monitored. The home identified vacant shifts and recruited permanent staff from internal staff to cover those shifts. A ‘casual pool’ of staff was created for filling temporary vacancies. This has now reduced temporary staffing costs significantly and improved the consistency of care to residents as permanent staff are familiar with their needs and preferences. Availability sheets have been developed and are used to fill temporary vacancies from internal staff. This has increased the effectiveness of roster replacement on an ongoing basis.

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

Organisational and site specific processes are used to identify changes to legislation, professional standards and guidelines, notify management and staff and confirm that changes are implemented on site. Designated corporate managers are responsible to review specific areas of legislative change, and this information is disseminated to the home. For example, policy and procedure documents were developed and mandatory training was initiated following the mandatory reporting requirements. Staff and residents are informed about policy and procedure changes where appropriate, through meetings, newsletters, memoranda, and notices. The home uses internal and external audits, surveys, observation and questionnaires to monitor compliance and understanding with legislation.

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

Training and staff development needs are identified, implemented and evaluated through a combination of organisational and site specific processes. Skills and qualifications for staff and management are identified in person and job specifications and through recruitment processes. Clinical and performance information, audits, surveys, feedback and communication processes identify deficits in skills and knowledge. Training calendars, which are displayed in staff areas, are developed and added to as needs are identified, including mandatory and topical training. A staff database is used to monitor attendances and disciplinary actions may be implemented where training has not been completed.

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 provides residents and representatives with written and verbal information about the internal and external comment and complaint mechanisms. Comment and suggestion forms, advocacy and external complaint mechanism information and suggestion boxes are displayed throughout the home for resident and staff use. Resident meetings provide residents and representatives with a forum to discuss comments, complaints and suggestions for improvement. A delegated senior staff member acknowledges, investigates and actions issues and concerns, generally consult with complainants and reports results to management. While summary information, including audit and survey results are reviewed, trend information is not reviewed for improvement initiatives. Residents and representatives are generally satisfied with comments and complaints processes and outcomes.

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 organisation has documented its vision, values, philosophy, objectives and commitment to quality in its strategic plan, quality improvement framework, policy manual and resident and staff information documents. Values and vision are displayed within the home, on the organisation's Intranet and Internet web site.

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

The home has implemented a new management structure following a major review, to stabilise management, increase supervision and clinical nursing resources and expertise. Staff practices and skills has been reviewed and revised formal recruitment, induction, orientation and disciplinary processes have assisted the home to improve the stability of the workforce and consistency of appropriate staff practices. Job description and work instruction reviews are being completed to provide staff with structured guidelines to their roles and responsibilities. Standard rosters, which are adjusted as care, lifestyle and hospitality needs increase or alter, are used to monitor staffing levels across the home. Staff are aware of their responsibilities, for instance specialised nursing and the skills required to perform their roles appropriately. Staff practices and appropriate staffing levels are monitored through clinical and performance indicators, feedback mechanisms, observation and call bell responses.

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

The home uses a range of processes for identifying and monitoring the levels of goods and equipment required for quality service delivery, including information from feedback mechanisms, audits, and incident and hazard data. Designated staff are responsible for the ordering and purchasing of goods within their limits of authority. Appropriate storage of goods and equipment is monitored through stock rotation and temperature checks. Preventative and scheduled maintenance including an electrical tagging program, is used to maintain the standard and safety of equipment with repairs dealt with in a timely fashion. Residents and staff are satisfied with the availability and appropriateness of the supplies and equipment provided by the home.

1.8 Information systems

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

Team's recommendation

Does comply

Resident, representatives and other stakeholders are provided with information about the home and its services to assist in their decision making. Care and lifestyle information is identified, documented, generally evaluated and available for staff, to provide for the current needs of residents. Resident information is provided throughout residents lives in the home to assist in choices, decision making and changes within the home and community. Communication processes are monitored, consistently used and reviewed for effectiveness. Information and data, which is stored securely, is routinely collected, collated, actioned where required and reported to maintain appropriate services. Electronic information, which is backed up through corporate processes, is available to allocated staff and management and secured using authorised levels and passwords. Confidential information is secured, and the home follows corporate archiving and destruction processes.

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

The organisation has a list of approved suppliers and organisation-wide contracts, managed by business managers. A tendering process is used for appointing the services required to meet quality goals based on levels of expertise. Information is provided to contractors outlining expectations, including occupational health and safety and legislative requirements. Business managers in consultation with the care manager review the performance of the services every year and on renewal of contracts. Written contracts are maintained either centrally or at the site allowing the home to monitor satisfaction against the identified terms and conditions of these agreements. Residents, their representatives and staff are satisfied with external provider services available at the home.

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

Clinical indicators, including incidents, formal and informal feedback mechanisms, audits and surveys monitor and identify opportunities for improvement in health and personal care. Organisational and site projects are created where needs are identified through summary clinical indicators, legislative requirements, collaboration with external care and education units and other continuous improvement processes.

Examples of continuous improvement activities and achievements in health and personal care include:

- An internal audit identified that nutrition and hydration processes would improve with increases in resident nutrition information. A nutrition package is now being used to identify individual residents' needs through a malnutrition screening tool, revised notification of resident diet changes, revised resident diet requirements and an intervention plan. Staff told us the information is more useful to identify resident preferences and changes to their care needs and catering staff are more aware of the changes.
- Following a nutrition review the home developed and introduced new weight procedures, including a monthly weigh for all residents and routine audits to monitor the new process and resident outcomes. Residents who have been identified at risk' have their progress monitored. This has resulted in weight gain for a number of residents.
- Following a dietitian review the home has changed the thickening agent for residents' drinks. Previously, thickened drinks were left in fridges and congealed. This reduced the effectiveness of providing thickened drinks to residents and increased wastage. The new thickening agent now provides a consistent thickened drink for residents, which is available when needed.
- The organisation has introduced a continuous professional development program to promote and encourage care and nursing staff development. Staff are required to achieve a minimum number of points depending on their work role and professional qualifications, which are recorded in their personal log book. The log proves a transferable summary of training attended. Staff told us they routinely attend training sessions and meetings, where they may not have before. In addition, the provision of a revised training calendar encourages staff to attend and request more training. Management indicated that staff are going beyond the minimum training requested through the point system.
- A restraint review in the secure area was undertaken following audit results and a review of staff practice. Reviewed procedure and assessment tools were developed and implemented. Education, which included the selection of alternatives, was provided to staff. Additional resources, such as fall out mats, bed sensor alarm, concave mattresses and clamps have been purchased to facilitate restraint reduction. Results for residents included the complete or partial removal of restraints, transfer out of the secure area to another area of the home, reduction in behaviours and the opening of central doors separating the unit into two halves, which has increased resident space. Staff and representative feedback indicates satisfaction with results.

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

Organisational and site specific processes are used to identify changes to legislation, professional standards and guidelines, notify management and staff and confirm that changes are implemented on site. Routine processes, such as, nursing registrations, allied health practicing certificates, storage of medication and renewal of medication licences is established. Education is used to remind and inform staff of their roles and responsibilities for maintaining appropriate practices, such as reporting mechanisms, specialised nursing and medication management. Routine meetings inform staff, management, residents and representatives about changes that will impact on the home's processes.

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

A staff training needs analysis, mandatory training needs, legislative requirements, specialised skills, audit, survey and clinical performance results, identify staff training and development needs. A program is developed and added to as needs are required. Competency training and review for nursing is conducted each year and results are reviewed for either further training or performance requirements. Mandatory training attendances are recorded into a database and monitored by senior staff. A continuing professional development training log is maintained by care and nursing staff, to encourage staff development.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does comply

Residents and their representatives are consulted in response to changing care needs and are satisfied with the clinical care provided by the home. A schedule outlines the assessments to be conducted for developing interim and long term care plan documentation that identifies individual resident care needs and preferences. Resident care needs are reviewed every four months or in response to an identified change in care needs. The home monitors the effectiveness of existing strategies from information in progress note documentation, analysis of incident data, handover information and multi-disciplinary daily leadership meetings held each week day. Residents and representatives are consulted in regard to a change in care needs and formally during care plan reviews. Clinical data collection, results of audits and feedback from the comment and complaint process, surveys, and meetings is used for monitoring satisfaction with the care provided.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

Residents and their representatives are satisfied with the care provided to residents with specialised nursing care needs. Registered nurse support is available at all times and specialist nurses are consulted for advice relating to clinical assessment, education and continence care. Enrolled nurses and personal carers are aware of the care they can administer reporting any changes in residents' health or care needs to a registered or

enrolled nurse. Additional training is provided for specialised nursing care as required and staff have access to the required equipment for providing care. Resident satisfaction with care practices is determined through care plan review feedback, information from surveys and comments and complaints.

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

Residents and representatives are satisfied that referrals to appropriate health specialists occurs in accordance with resident needs and preferences. The entry process is used for identifying residents preferred specialists and when known, last appointment. The home offers a range of options for providing specialist health care including visiting allied health providers and those employed by the organisation. Where possible, residents are supported to receive care from their preferred practitioners with the home assisting to coordinate external appointments when necessary. Registered nurses are responsible for making referrals. Appointment outcome information is stored in resident files and used for revising care plans and medication regimes.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with staff practices relating to medication administration. Pharmacy multi-dose packed medications are administered by appropriately trained registered and enrolled nurses in accordance with assessed resident care needs and preferences. Registered nurses are responsible for approving and monitoring of the use of ‘as required’ medications. The home analyses information from incident data and a range of internal and external audits for monitoring the appropriateness and safety of administration practices, supply and storage. A Medication Advisory Committee meets regularly to monitor the home’s medication practices. Staff are provided with training relating to medication and administration practices, and resources are available for additional information.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the home’s pain management techniques. The home has a system for identifying, assessing and managing residents’ pain using an assessment tool that incorporates non-verbal indicators of pain when necessary. Preferred alternative therapies are identified, including care, allied health and non-pharmacological interventions. A registered nurse is available at all times to monitor the effectiveness of pain management strategies, including the administration of drugs of dependence. The home responds to identified changes to pain by repeating pain assessments and making referrals for specialist intervention. Survey information and the results of audits conducted by the home, are used for determining the effectiveness of the implemented pain management strategies.

2.9 Palliative care

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

Team’s recommendation

Does comply

Representatives are satisfied with the care and support provided to terminally ill residents. On admission or when appropriate the home identifies and documents key information relating to residents’ wishes for comfort care, including informal and formal decision makers, contacts and pastoral care needs. Family members are supported to stay overnight and are encouraged to contribute to care when safe to do so. Staff with an interest in palliative care have received specialised training, and general practitioner and/or palliative care specialists are consulted when required. The home has the required equipment to promote resident dignity and comfort during palliation.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Generally, residents and their representatives are satisfied with the quality and quantity of food and fluids provided by the home. The home has processes for identifying and monitoring residents’ nutritional and hydration preferences, swallowing capabilities and dietary requirements, allowing for appropriate referral when required. A schedule of monthly weighs allows the home to implement strategies outlined in flow charts to guide nursing staff in the use of additional nutritional supplements. A dietitian reviews the home’s menu and is available for additional support when required. Resident independence and choice is encouraged by supplying assistive devices, identifying preferred locations for dining and providing freely available snacks and fluids. Resident input into the menu is encouraged through resident meeting forums, survey data and formal and informal feedback mechanisms.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the skin care provided by the home. Resident preferences and care needs for maintaining skin integrity are identified from the home’s assessment and review processes that include a risk assessment. The home implements a range of preventative strategies for residents identified at risk, such as dietary supplements, positioning techniques, use of aids and referral for external specialist care. Complex wound management techniques are developed and monitored by registered nurses, aided by the use of photographic evidence of healing rates. The information from an improved data collection tool for wounds and incident data is analysed for monitoring staff practices, environmental issues and individual resident care needs.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents and their representatives are generally satisfied with the management of their continence needs. The home has processes for assessing and monitoring the interventions

required for promoting continence and levels of independence based on diagnosis, mobility and resident preference. The continence advisor visits the home regularly and upon request to support staff and provide individual advice as required. Dietary needs and hydration levels are considered when managing residents' continence needs. A range of training initiatives and resources are available to staff to improve their knowledge relating to continence management. Infection data is monitored to identify residents at risk of urinary tract infections allowing for preventative interventions including regular urinalysis.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents and their representatives are generally satisfied with the home's management of behaviours. The home has a system for monitoring and implementing the appropriate assessments for identifying resident behaviours and interventions, including strategies to reduce the use of restraint. The assessment process is implemented in consideration of residents' need to settle into their new environment. Resident and staff incidents are analysed to identify changes to behaviour, the effectiveness of the strategies implemented and to monitor staff work practices. Changes in behaviour may result in a clinical review, reassessment and/or referral for external specialist intervention. A secure unit is provided by the home for residents' with identified behaviours. A range of lifestyle activities to support these residents is provided including, group and one-to-one programs, using a range of equipment and tactile therapies, as appropriate.

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

Residents and representatives are generally satisfied with the assistance provided by the home to maintain and/or improve their mobility and dexterity. Registered nurse, physiotherapy, podiatry and when indicated occupational therapy assessments are conducted to identify resident needs and preferences for promoting and maintaining mobility and dexterity. Individual pictorial exercise programs are developed and implemented with the support of physiotherapy aides. The lifestyle program incorporates activities for maintaining and promoting resident mobility and dexterity. Resident falls are documented allowing for the analysis of resident care needs and for identifying environmental concerns. The home provides a range of equipment and training to minimise the use of restraint and reduce the risk of injury to residents.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

Residents and representatives are satisfied with the oral and dental care provided by the home. The admission process is used for identifying resident preference for oral care, preferred specialist and where possible the last known appointment. Residents have an oral health check each care plan review, and carers report any changes to oral hygiene. Dental services are available at the site and referrals are made for the services of a dental hygienist to improve dental hygiene. Care plans include information about the daily care of teeth and/or dentures, including the use of specialised products for maintaining oral and dental

hygiene. Staff are trained to provided the appropriate dental care to meet the needs of residents.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s management of their sensory needs. The home’s assessment and review process considers all five senses with referrals made in response to an identified change in care needs. Care plan documentation identifies the use and care of aids and communication strategies required for meeting individual resident needs. The environment is monitored to ensure it is safe for residents with sensory losses and the home provides aids to promote independence, such as using the resources in the internet cafe for enhancing the viewing of digital photographs. The lifestyle program provides sensory experiences for residents, including hand massage, music, cooking and gardening.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents and representatives are generally satisfied with how the home supports them to achieve a natural sleep. The home’s assessment and monitoring processes are used for identifying resident preference for environmental considerations, comfort, pain, emotional and behavioural needs. Residents who experience sleep disturbance are monitored. Strategies implemented to assist these residents include pain and continence management, hot drinks and snacks and/or relocation to alternative areas. The home considers the impact of environmental issues by installing a call bell system with day and night switches and providing appropriate temperature control.

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

Routine audits and surveys are conducted and results monitored to improve resident outcomes. Action forms are submitted by residents and staff to identify opportunities for improvement and resident meetings review the activity program. Informal and formal monitoring of resident and representative choices with leisure interests and activities are conducted and results reviewed for inclusion into or out of the activity program. Care and lifestyle staff consultation identifies where activities may improve resident lifestyle and care outcomes, for instance, the inclusion of male activities to reduce behaviours and increase friendships.

Examples of continuous improvement achievements in resident lifestyle since the last audit include:

- Lifestyle staff identified, through routine statistics that attendances to a specific exercise group were declining. The timing of the activity in the early morning was not suited to some residents, who required additional support to wake and dress each morning. Staff also identified that the environment did not provide adequate support for the type of exercises being conducted. The time was reprogrammed for later in the morning to a more suited venue. Attendances have slowly increased and residents have stated they are more comfortable in the new area.
- Staff and clinical indicator results identified that some residents’ behaviours were either increasing or remained constant. Lifestyle staff introduced ‘busy’ boxes, which were developed for individual residents based on their past history, life experiences and leisure interests. These boxes are provided to offer conversation and reminiscing to residents. A review of results has shown some decrease in agitated behaviours.
- A men’s group has been introduced to increase male friendships and provide male specific activities, such as a barbeque afternoon. The activity has resulted in specific residents decreasing some isolation behaviours and participating in other activities.

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

Organisational and site specific processes are used to identify changes to legislation, professional standards and guidelines, notify management and staff and confirm that changes are implemented on site. Legislative information is provided through the organisation’s Intranet, staff handbooks, some job descriptions and work instructions and induction processes. The home monitors legislative responsibilities through audits and surveys, observation of staff practice and feedback mechanisms, including handover. Where relevant, information is communicated to staff, residents and representatives, such as informing stakeholders about the accreditation audit, privacy requirements and providing leisure activities for all residents.

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

The home identifies current and ongoing training and staff development needs through clinical and performance indicators, formal and informal feedback mechanisms, a training needs analysis, performance management issues and legislative requirements. Lifestyle staff generally have aged care and lifestyle experience and are supported by management to develop their skills. Volunteers are provided with training to maintain and enhance their roles and responsibilities, such as a massage workshop. Staff have completed basic dementia and cultural workshops and participate in orientation and induction processes which include residents' choices and privacy requirements.

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 satisfied their individual emotional needs are identified, recorded and supported. Care and lifestyle assessments, reviews and observations, identify individual emotional needs and experiences of residents. Strategies to meet individual needs are developed, in consultation with residents, representatives and other support networks, such as pastoral carers and behaviour support groups. Structured internal and external leisure and interest activities, community group access, cultural and spiritual supports are developed, conducted and reviewed, in response to residents' current needs. Current information about changing emotional needs of residents is updated and communicated to staff 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 and representatives are satisfied their individual independence needs and preferences are identified and supported. Care and lifestyle assessments identify individual residents' needs, which are documented and monitored through regular reviews, observation and general discussions. Strategies, such as large font books and clocks, a resident trust fund, various exercise groups, safe smoking processes and encouragement to feed local fauna, are used to support residents' preferences and independence choices. Risk assessments are used to promote independence, inform residents and representatives about the risks identified and develop strategies to assist in minimising the risks. Routine audits, surveys, meetings and general discussions promote feedback mechanisms and monitor environmental situations.

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

Residents and representatives are satisfied residents' individual privacy and dignity needs are identified and respected. Strategies are developed and monitored to maintain residents' individual privacy and dignity needs, such as palliative care, behaviour and physical needs. Established staff practices, such as the type and tone of language, preferred names, showering procedures and entering residents' rooms, are monitored by senior staff, feedback mechanisms and performance measures. Organisational processes, such as security of resident information, are promoted through orientation and documented in handbooks.

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 and representatives are satisfied their individual choices for leisure interests and activities are identified, provided and encouraged. Current and past leisure interests and preferences are identified and used to organise activity programs and support for residents with special needs. Various activities, both internal and external to the home are planned and conducted to encourage resident participation and lifestyle well being. This includes activities for specific needs, such as cognitive, sensory, physical and gender related needs. For instance, residents who predominately remain in bed with limited movement are visited by volunteers and staff, who read the daily newspapers or provide massage and music to assist their individual comfort preferences.

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

Residents and representatives are satisfied their individual cultural and religious choices and preferences are identified and respected. Information gathered from residents and representatives when they enter the home, is used to identify and plan for residents cultural and religious needs. Religious services, which are advertised throughout the home, are conducted routinely and pastoral support workers and ministers are available for residents. Resources, such as cultural kits and language cards are used to enable understanding and communication with residents from different cultural backgrounds. Various activities, such as theme and significant days of celebration, are conducted to meet specific cultural and spiritual needs of residents.

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 and representatives are satisfied their choices and decisions are encouraged, enabled and respected. Care and lifestyle assessments and ongoing reviews provides the home with information about residents' choices, preferences, habits and routines, to enable and encourage residents' preferred way of life. Daily choices, such as clothing, activities of daily living, leisure activities and menus are monitored by staff. Residents' preference changes, which are identified through observation, reviews, individual discussions and

feedback mechanisms, are recorded in various resident documentation, including care plans and progress notes. Authorised representatives are identified, recorded and consulted.

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 are satisfied their tenure is secure and that management will consult with them about their additional needs and choices. Residents and representatives are provided with information about security of tenure, complaint mechanisms and rights and responsibilities when they enter the home. Formal agreements, which are offered to all residents and representatives, provide information about individual fees and charges and their calculations, and the levels of service and care to be provided. Residents and representatives are consulted where room moves or moves to alternative aged care homes are identified for the safety, care and choices of residents' personal needs.

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

Internal and external audits, survey results, feedback mechanisms, incident and hazard reports and comment and complaint mechanisms identify and monitor continuous improvement activities in physical environment and safe systems. Scheduled audits are conducted, deficits actioned, progress monitored and audits rescheduled to evaluate the effectiveness of the assigned actions. Staff and residents are informed about continuous improvement activities and achievements through meetings, newsletters and informal discussions.

Examples of continuous improvement achievements in the physical environment and safe systems since the last audit include:

- The hotel services manager identified that staff were ‘double handling’ residents’ clothing. Residents’ clothing was placed in bags, which were carried to residents’ rooms and then folded and placed in residents’ cupboards. Trolleys to hold and transport residents’ clothing were purchased to minimise the double handling issues and improve the safety and effectiveness of the service. Staff stated the introduction of the trolleys has improved efficiency of the clothing delivery.
- Following a gastroenteritis outbreak in November 2008, the home identified several initiatives to improve infection control processes in general and during outbreak situations. While not all initiatives have been evaluated as an outbreak has not occurred, staff stated that the convenience of having specific resources available and being provided additional education and support in infection control processes, has increased their confidence in managing outbreak situations and maintaining appropriate infection control process. Initiatives include:
 - improving the effectiveness and management of the infection control program and outbreak situations by initiating an outbreak coordinator role. This introduction has resulted in increased training sessions for staff to improve their understanding of infection control process and the effectiveness of infection control incident monitoring and reporting.
 - developing an infection control tracking database to monitor staff and resident infections, actions and progress
 - developing a gastroenteritis kit for each area of the home to provide ‘outbreak’ resources efficiently
 - decreasing the potential for cross contamination and staff incidents by introducing dissolvable linen bags for infectious linen
 - increasing staff cleaning confidence in maintaining a clean a safe environment by introducing colour coded cleaning practices
 - increasing the uptake of staff participating in the organisation’s vaccination program through constant promotion
- The home identified the potential risk for staff injury associated with cleaning slicers. The home reduced the risk by purchasing a steel mesh glove and developing standard operating procedures.

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

Corporate and site specific processes identify changes to legislation, professional standards and guidelines, notify management and staff and confirm that changes are implemented on site. Job descriptions, some work instructions and policy and procedure documents are linked to appropriate legislation, for example occupational health, safety and welfare, to inform staff of their roles and responsibilities. Legislation information is available through the Intranet and senior managers for staff without access to the organisation's information. Staff practice is monitored through observation, performance measures, such as incident and hazard reporting, feedback mechanisms and formal and informal discussions. Performance management, counselling and training sessions are generally used where staff performance does not meet 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 recommendation

Does comply

Formal and informal processes are used by the home and organisation to identify, organise and generally evaluate the training needs of staff and management. Meetings, handover and structured training sessions are used to inform and educate staff in their roles and responsibilities. Mandatory training, which includes fire and emergency response training, manual handling and infection control, is identified through legislative, organisational and skill requirements. Training information and resources are provided and staff development is encouraged through a continuing professional program and organisational support.

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

Residents and representatives are generally satisfied with the level of comfort and security of their living environment. The home monitors the safety and comfort of the living environment from internal and external environmental audits results, incident and hazard reporting, and preventative and corrective maintenance systems. A range of facilities available to promote resident independence and provide opportunities for entertaining guests, includes hairdressing services, a library, internet and central cafe, chapel, grocery and craft shop. In addition the home has a private lounge, dining and courtyard areas and larger rooms able to cater for larger functions. The monitoring of survey, comments and complaints data, information from resident meetings and verbal feedback provides the home with the opportunity for identifying satisfaction with the living environment provided.

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

The home's management has systems and processes in place to provide a safe working environment that meets regulatory requirements. Organisational and site specific meeting forums are used for monitoring the home's occupational health and safety program. Policies,

procedures and guidelines assist staff in safe practices and regulatory requirements. An organisational register is used for recording and monitoring hazard and staff incident data, allowing for a corporate response to identified trends. Manual handling trainers assist in monitoring staff work practices and implementing annual, competency and additional training in response to identified needs. A range of audits and worksite inspections are used for monitoring the safety of the home and compliance with legislation.

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

The home has systems to provide a safe environment and work systems to minimise fire, security and emergency risks. Emergency procedures and evacuation plans are available throughout the home including in resident rooms, and this information is reinforced through staff training and fire drills. Contracted external services and internal maintenance processes maintain the security, fire and emergency services, including electrical equipment testing. The home meets the safety requirements of the 2002 certification instrument and was able to demonstrate the corrective actions implemented to meet the identified requirements from a recent fire triennial inspection. Keypad operated external doors, an automatic door closing system, lock up procedure, closed circuit television and security monitoring assist in maintaining the home's security. Staff are aware of their responsibilities and actions in response to an emergency event.

4.7 Infection control

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

Team's recommendation

Does comply

A range of senior clinical staff members are responsible for monitoring the home's infection control practices. The collation and analysis of resident infections has been improved by the introduction of a new reporting format to improve the monitoring of resolution times. The home provides the appropriate equipment and training to ensure staff practices are line with industry guidelines. A pandemic plan, policies and procedures and resources, such as 'gastroenteritis kits' are available to staff to guide work practices on a day to day basis or in response to an outbreak. Preventative strategies include an influenza immunisation program for residents and staff, environmental temperature monitoring and a range of audits. Staff are satisfied with the quality and quantity of the equipment supplied by the home and practice standard precautions using the protective equipment and hand-washing facilities available to them.

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

Residents and representatives are generally satisfied with the catering, cleaning and laundry services provided and staff are satisfied with their work environment. The home cooks meals freshly on site to meet residents' individual needs, special requirements and preferences. The home has developed a food service plan to guide catering processes that is to be reviewed in the near future. Cleaning staff are guided by policies and procedures, and follow scheduled routines. Residents' personal clothing is laundered on site, and linen services are provided externally. Audits, inspections and resident feedback processes monitor the efficiency and satisfaction with hospitality services.