



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Senate Road Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Senate Road Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Senate Road Hostel is three years until 17 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:	Senate Road Hostel				
RACS ID:	6061				
Number of beds:	44	Number of high care residents:	12		
Special needs group catered for:	People with dementia or related disorders				
Street:	360 Senate Road				
City:	PORT PIRIE	State:	SA	Postcode:	5540
Phone:	08 8633 3233		Facsimile:	08 8633 2063	
Email address:	Ivanhuesden@helpinghand.org.au				

Approved provider

Approved provider:	Helping Hand Aged Care Incorporated
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Assessment team

Team leader:	Jane Anderson
Team member:	Jo Langham
Dates of audit:	1 June 2009 to 4 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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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
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Agency findings
Does comply
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	Senate Road Hostel
RACS ID	6061

Executive summary

This is the report of a site audit of Senate Road Hostel 6061 360 Senate Road PORT PIRIE SA from 1 June 2009 to 4 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 Senate Road Hostel.

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 1 June 2009 to 4 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:	Senate Road Hostel
RACS ID:	6061

Total number of allocated places:	44
Number of residents during site audit:	43
Number of high care residents during site audit:	12
Special needs catered for:	People with dementia or related disorders

Street:	360 Senate Road	State:	SA
City/Town:	PORT PIRIE	Postcode:	5540
Phone number:	08 8633 3233	Facsimile:	08 8633 2063
E-mail address:	ivanhuesden@helpinghand.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 four days on-site and gathered information from the following:

Interviews

	Number		Number
Care services manager	1	Residents and representatives	6
Care manager	1	Hotel services team leader	1
Ngage program team leader	1	Hotel services manager	1
Quality coordinator	1	Catering coordinator team leader	1
Clinical nurse	1	Cleaning staff	1
Registered nurse	1	Maintenance staff	3
Enrolled nurse team leader	1	Administration assistant	1
Admissions officer	1		

Sampled documents

	Number		Number
Residents' files / assessments / progress notes	9	Medication charts	5
Summary/quick reference care plans	9	Personnel files	8
Resident agreements	2		

Other documents reviewed

The team also reviewed:

- Vision and philosophy of care statements, policy and procedure manuals and flow charts, care manual and policy and procedure documents
- Continuous improvement action plans, various audits and surveys and schedules, action forms, data collection reports and summary information, analysis and schedules
- Legislation folders and information, emails to confirm legislative changes, legislative log, nursing registrations, police check lists and information, flyers and memoranda informing about policy changes, education sessions
- Education folders and planners, attendance sheets, certificates, competency documents and questionnaires, self-learning package, staff training data base information and lists, monthly summary training information and collation of data, organisational development program

- Comments, concerns and complaints logs, data analysis, graphical representation, resolution of complaints flowchart and investigations, compliments
- Job descriptions, rosters, performance assessments, allocation sheets, orientation information, casual roster list, staff handbook, duty statements
- Purchase order books, equipment quotes, capital expenditure information, trial form and comments
- Various meeting minutes, agendas and terms of reference, communication books
- Contractors and preferred suppliers folders, action log forms, material safety data sheets, satisfaction contractors performance records, tender process documents, contracts and service agreements
- Resident information booklet, surveys
- Non packed medication treatment cards, nursing transfer letters, blood glucose quality control records, night shift registered movement folder, resident care plan review folder, daily nursing bulletin, site phone book, restraint documentation and folder, memorandums, licence to hold Schedule 4 and Schedule 8 medications, pharmacy notification, imprest checks, nurse initiated medication information, wound care documentation, photographic evidence, resident weighs information, vital signs and bowel management data, various referral system for general practitioners and allied health professionals
- Special diet meal plans for aged care facilities, diet change forms, daily meal orders, menus, dietary requirements, food safety plan, tea trolley and breakfast lists, hotel services folder, catering training plan
- Lifestyle information, volunteer folders and information, confidentiality statements, police certificates, volunteer orientation information, activity evaluations and preparation information, individual activity lists, photograph albums
- Respite, admission and packages, 'an easy approach to an anticipatory directive', Preventative maintenance schedule and sign-off sheets, corrective maintenance booklet, various maintenance procedures, equipment cleaning checklist, electrical testing records and compliance statements, building services risk calculator
- Summary occupational health safety/quality improvement activities plan, improvement records and evaluations, quality improvement/ safety and wellness action plan, project reports
- Resident and staff incident, infection and hazard data, analysis and benchmarking, worksite inspection checklists and summaries, safe operating procedures
- Minister 76, fire log books, evacuation and emergency procedures, resident mobility lists, evacuation maps, block plans, alarm testing procedure, drill report sheets
- Pandemic plan, influenza information for residents and staff, vaccination records
- Cleaning schedules, temperature monitoring logs, calibration records, incoming goods log, investigation folders, various monitoring charts, procedure book.

Observations

The team observed the following:

- Internal and external living environments, including residents' rooms, communal dining and lounge areas, various garden and outdoor areas
- Welcome pack, resident information booklet
- Group activities in progress
- Resident noticeboards with activity planner, meeting minutes
- Interactions between staff and residents
- Comments and complaints information, suggestion boxes, external comments and complaints and advocacy brochures
- "Product safety recall" website
- Kitchen area, meal plating and distribution, thermal food storage containers
- Hand-washing facilities, personal protective clothing, sharps containers, posters relating to hand-washing practices
- Equipment and supply storage areas, lifestyle resources, diet supplements
- Fire suppression equipment and signs, alarms and emergency indicators, chemical posters and notices
- Maintenance areas, sheds, external fences, security television, mobile phones and communication systems in the home.
- Nurses station with whiteboard, various resources, gastroenteritis kit
- Public phone, lift and stairwells, access doors

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

Helping Hand Aged Care has a corporate and divisional continuous improvement framework that supports the home’s internal system for implementing opportunities for improvement. The home has a system for identifying opportunities for improvements from staff, residents, representatives and other stakeholders using action forms, surveys and questionnaire data, various meeting forums and comments, concerns and complaints information. Identified initiatives are logged by the care manager, monitored by the site specific and divisional Quality Improvement and Safety and Wellness Committees. Information from a range of audits and benchmarking with the other sites provides additional information for identifying improvement activities. Residents, their representatives and staff are aware of the home’s continuous improvement processes and are satisfied with the home’s responsiveness to their suggestions.

Improvement activities demonstrated by the home relating to management systems, staffing and organisational development include:

- An organisational system review and audit survey identified an inconsistent approach to the existing auditing and data collection processes. The system was reviewed divisionally to develop a schedule to include non-clinical audits to monitor areas, including the effectiveness of the admission process and record keeping. Agreed audit tools have been developed allowing for benchmarking between the sites of the region.
- A review of the organisational information technology systems resulted in improved access to data. As a result the care manager is able to log onto country division management ‘support drive’ to access meeting minutes, benchmarking data and divisional plans. In addition authorised staff are also able to access audit results and analysis, benchmarking data, forms and templates. This system provides staff with consistent processes and documentation across various sites.
- The analysis of the home’s complaint system identified a trend of repeated complaints. Residents and representatives were provided with information relating to the home’s complaint system at resident meetings and an information session was conducted by the Aged Rights and Advocacy Service. After an initial increase in complaints these numbers have reduced significantly with the home receiving an increased number of compliments.
- The country division recognised that resident entry processes were not always efficient or effective. An admissions officer position has been created for the region to provide current and consistent information to residents and representatives, and reduce the time spent on admission process in other homes in the division.

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 identify, action and monitor compliance with legislation, regulations and guidelines. Policy changes are generally managed by divisional officers and information is disseminated to the care manager. Site specific procedural

changes are monitored by the care manager in consultation with key staff. Legislation priorities are linked to the home's procedures, such as recruitment, which incorporates 'police' and 'registration' checks. Staff, residents and representatives are informed about legislation changes through memoranda, meetings, flyers, education sessions and individual conversation. The home monitors compliance generally through observation of staff practice, audits, surveys, complaint processes and performance management.

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 home develops an education planner each year from identified resident needs, staff requests, clinical and management indicator results, comments and complaints and resident, representative and staff feedback. A regional education planner is being trialled to provide shared access to ongoing training throughout the region. A mandatory training program is developed to focus on specific staff practices and management systems, such as 'zero tolerance' and documentation procedures. Attendance sheets and a staff database are used to monitor individual staff training, including mandatory training. Staff are provided with external training information to encourage staff development. Staff practices are monitored through observation, continuous improvement and comments and complaints processes and performance management.

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

Residents and representatives are satisfied with the home's complaints processes and are generally aware of the avenues available to them for voicing their concerns. Residents and representatives are informed of both internal and external comment and complaint mechanisms on admission to the home. Residents and their representatives have access to information about external avenues for complaint, through the resident agreement, information booklet, and pamphlets displayed in the home. The care manager is responsible for managing the home's comments and complaints system and providing feedback to complainants. The data is recorded and monitored each month to identify trends and the need for corrective actions, reviewed by the site and divisional Quality Improvement and Safety and Wellness Committees to allow for divisional benchmarking. Staff are familiar with complaint and advocacy mechanisms available to residents and are able to assist them with this process if required.

1.5 Planning and leadership

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

Team's 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 in resident information documents. The country division and the home have developed strategic plans and policy documents committed to a quality.

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 generally identifies, actions and monitors staffing requirements at the home, though routine recruitment processes, communication, comment and complaint mechanisms and data collection. Processes, such as orientation, induction, the 'buddy' program, and performance assessments, guide staff in their roles and responsibilities. Standard rosters, which include enrolled nurse team leaders as consistent supervisory support for care staff, are flexible to enable adjustments of staffing hours based on residents' care needs. Registered nurses, from a sister site, advise and support staff and provide complex nursing care for residents where required. There are processes for planned and unplanned leave, including temporary staff, additional and 'on-call' shifts and shift extensions. Initiatives, such as the graduate nursing program, traineeships and placements, assist the home to encourage additional staff to the home.

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

Designated staff are responsible for monitoring stock and equipment quality and levels, and purchasing appropriate goods. Imprest processes at the sister site have been implemented for specific goods to maintain appropriate supplies and levels, which are used by the home on a routine basis as a central store. A preventative and corrective maintenance system monitors the safety and cleanliness of equipment. Staff and residents input into the process through meetings, equipment and product trials, care reviews, action requests and individual conversations. Specific procedures, such as stock rotation, temperature checks, recall and credit facilities assist staff to maintain the quality of products.

1.8 Information systems

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

Team's recommendation

Does comply

Residents, representatives, staff and management have access to information appropriate to their needs and responsibilities. Scheduled meeting and reporting processes facilitate relevant information sharing between management, staff and residents. Management information is collected, collated and discussed at various forums, including regional, organisational and staff meetings. Care and lifestyle information is gathered, recorded and updated, generally in consultation with residents and representatives. The home's document control system is managed by the administration assistant to maintain information currency. Computers are password protected for each user and information 'back-up' processes are managed by the organisation. Archiving and destruction processes are identified and followed. Staff, residents and representatives are satisfied they are provided with appropriate information to meet their needs and guide them in their roles and responsibilities.

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 home uses corporate and site specific processes to maintain the standard of service provided by external contractors and suppliers, based on resident and organisational requirements. Corporate processes identify and contract suitable external providers according to set criteria, including police checks, organisational and legislative requirements. Written agreements detail the type and quality of service to be delivered. Regular performance assessments and stakeholder feedback monitors contractor suitability and address issues when performance is not satisfactory. The home uses preferred provider lists to identify suitable contractors. Residents, representatives and staff are satisfied with external provider services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home uses a range of options for identifying opportunities for improvement relating to health and personal care. This includes the analysis of individual resident health care needs during care plan reviews and case conferences, a range of clinical audits, surveys, incident data and comments and complaints. The benchmarking processes implemented across the country division provide an additional means for identifying opportunities for improvement. Clinical staff are encouraged to log suggestions on action forms and feedback is provided verbally, on memos and at various staff and resident meeting forums. Residents, their representatives and staff are aware of the home's continuous improvement processes and are satisfied with the home's responsiveness to their suggestions.

Improvement initiatives demonstrated by the home in relation to health and personal care include:

- Information from an external audit conducted by a dietitian resulted in the review of the home's monitoring and management of changes to residents' weight. The strategies implemented included monthly weighs and introducing a flowchart to guide staff in the required responses for an identified loss in weight. As a result, residents identified at risk' have either gained weight or stabilised.
- The home reviewed the system for allocating continence aids to residents. A review of residents' continence product needs was conducted and recorded onto an inventory sheet to monitor the type and number of continence products appropriate for residents' individual needs. Pad bags were purchased and placed in resident rooms, improving staff accessibility to the appropriate aids to meet residents' needs. Feedback from staff and meeting minutes confirm the benefits of this improvement.

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

Divisional and site specific processes identify, action, monitor legislative compliance and disseminate information and changes to legislation, regulations and guidelines. Key staff and management monitor changes and how this will affect staff practice. Legislation priorities are linked to the home's procedures, such as specialised nursing and monitoring levels of service. Routine processes, such as, nursing registrations, allied health practicing certificates, storage of medication and renewal of medication licences is established. The home monitors compliance generally through observation of staff practice, audits, surveys, complaint processes and performance management.

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

Required training needs of staff and management are identified from a variety of sources, including performance management results and clinical indicators. A mandatory training program is used to focus on specific staff practice and management systems, such as competencies and medication calculations. Attendances to sessions, including mandatory training are monitored through a data base. Staff are generally supported with staff development through an organisational development program. For instance, an enrolled nurse and care worker are currently undertaking nursing` training with rostering and financial support. Self-directed learning packages, such as skin integrity, are being introduced to support staff knowledge and skills. Staff practices are monitored through observation, continuous improvement, performance management and comments and complaints processes.

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. The home has a system for identifying resident clinical care needs and preferences on entry to the home and during the subsequent assessment period. Care plans are reviewed every four months or in response to an identified change in care needs. Documentation relating to resident assessment, care planning and review are standardised and staff are guided in this process by a ‘quality guide to documentation’ implemented by the home. Changes to care needs are identified by monitoring progress note documentation, care plan consultations, handover information and incident data. Incidents are trended and analysed to identify risks to residents and are discussed at relevant meeting forums. The home has a process for advising staff of changes to care needs, including the use of the ‘nursing bulletin’.

Ongoing consultation with relevant staff, residents and representatives during case conferences and the monitoring of audit, comment, and complaint information and survey responses, allows the home to provide care specific to individual requirements and monitor satisfaction with service delivery.

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 representatives are satisfied with the care provided to residents with specialised nursing care needs and confirm registered nurse interventions occur when required. Registered nurse support from the sister site is available to manage, assess and monitor identified special care needs, allowing for appropriate interventions and referral. Appropriately trained enrolled nurses perform some duties under the supervision of registered nurses, including documentation, medication administration, simple wound care and blood glucose monitoring. Staff are aware of the care they can administer according to their skill level. Additional training and access to equipment allows registered nurses to provide care to residents allowing them to remain in the home avoiding hospitalisation. 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 their representatives are generally satisfied with the allied health services available to them and the support provided by the home to attend appointments. Where possible resident preferences for external health specialists are identified and documented during the entry process. The home is able to provide information to guide residents in selecting the allied health services available in the home and externally. Registered nurses are responsible for making referrals and coordinating appointments, including providing the required transfer documentation, updating and disseminating care information. The information from appointments stored in resident files is used for revising care plan information and medication regimes. Survey responses are monitored to determine resident satisfaction with the services provided.

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. Appropriately trained enrolled nurses are responsible for administering pharmacy multi-dose packed medications in accordance to identified resident care needs and preferences. Registered nurse support is available from the sister site for authorising the use of 'as required' medications and the administration of drugs of dependence. A registered nurse assesses and monitors residents to determine their ability to self-medicate. Incident data and routine audit results are analysed to monitor staff practices and identify opportunities for improvement, including the review of the pharmacy contract. 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. A comprehensive pain assessment, incorporating non-verbal indicators of pain and a physiotherapy review is conducted on entry to the home. Individualised care plan documentation, developed in consultation with residents and their representatives, outline strategies and preferences for managing existing pain. Preferred alternatives are identified, including care, allied health interventions 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. Repeated assessments are used to determine the effectiveness of these interventions. 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. Information prepared by the home is provided to residents and their representatives to assist them in completing 'anticipatory directives'. The home has processes for identifying, recording, reviewing and modifying key information in consultation with the resident, their representatives. This may include additional interventions, such as transfer to the sister site for increased care to meet residents' comfort needs. Care plans guide staff in providing individual care to reflect residents' changing individual needs, preferences, dignity and choices. Family members have access overnight facilities and are encouraged to contribute to care when safe to do so.

Palliative care equipment, including a palliative care kit is available for use and interested staff have received training in 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. Residents' nutrition and hydration preferences, dietary requirements and allergies are identified as part of the home's entry process. The home's monitoring processes are used for identifying changes to resident swallowing capabilities and loss of appetite, allowing for food modification, additional assessments and/or referral. The home monitors resident weights and implements strategies outlined in flow charts, in response to an identified significant change in weight. A dietitian visits the home every month to provide advice, education and systems review. Resident independence and choice is encouraged by supplying assistive devices, freely available snacks and identifying preferred locations for dining, including their rooms. Residents are encouraged to maintain hydration levels with ready access to a variety of fluids in their rooms and regular fluid rounds. 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. The home's assessment and review process is used for identifying risk factors and developing care plans for maintaining skin integrity based on resident preferences and care needs. Incident data, handover and progress note information is monitored to identify changes to skin integrity. Interventions, include dietary supplements, positioning techniques, use of aids and referral for external specialist care. Registered nurses are responsible for developing and monitoring complex wound management strategies, aided by the use of photographic evidence, to monitor healing rates. Appropriately trained enrolled nurses perform simple wound care under supervision. Staff practices are monitored through audit information, resident skin tear and wound incident data that is analysed each month.

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 assessments conducted on entry to the home include resident history,

voiding patterns, levels of independence and the assistance required to promote continence. Care plans developed in consultation with the resident and their representatives, includes this information and the strategies required for maintaining skin integrity for those residents who are incontinent. A continence nurse advisor is available for consultation and assessment of residents with more complex needs. Dietary needs and hydration levels are considered when managing residents' continence, with high fibre diets and increased fluid intake ordered for residents when required. Registered nurses are responsible for monitoring the home's bowel management program and the use of natural and prescribed aperients. Infection data is monitored to identify residents at risk of urinary tract infections allowing for preventative interventions.

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's assessment process includes identifying possible related diagnosis, communication, and environmental needs, underlying causes and suggested strategies for managing identified behaviours. Based on this information care plans are developed to guide staff work practices. Resident and staff incidents are analysed to identify changes to behaviour, the effectiveness of the strategies implemented and to monitor staff work practices. Progress note documentation and handover information provides additional information to identify changes in behaviour. This may result in clinical reviews, reassessment and referrals for external specialist interventions when required. Residents with identified behaviours are able to spend time at the sister site until alternate accommodation becomes available. Individualised behaviour management strategies, incorporating lifestyle activities are used for minimising the use of restraint and managing behaviours.

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 satisfied with the assistance provided by the home to maintain and/or improve their mobility and dexterity. A registered nurse and physiotherapist assessment is conducted on entry to the home to identify specific goals, interventions and manual handling requirements. The physiotherapist monitors the suitability of aids, including electric wheelchairs and gophers, and a podiatrist reviews all residents. A therapy folder outlines the interventions recommended for individual residents, such as walks and exercises, which are signed by care staff on completion. The lifestyle program incorporates activities for maintaining and promoting resident mobility and dexterity. The home's monitoring processes, includes the analysis of incident data and identified trends which are reported at the relevant meeting forums. 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 includes an assessment for identifying residents' oral care

needs, preferences for maintaining dental hygiene, preferred specialist and where possible, the last known appointment. Dental services are available at the home and residents are able to access services of the free dental service available at the regional hospital. Alternatively, assistance is provided for residents to attend their preferred specialist externally. Care plans include information about the daily care of teeth and dentures and the level of assistance required to maintain oral and dental hygiene. Resident satisfaction with the level of personal care provided for maintaining oral hygiene is monitored by survey results.

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 entry process includes assessments for identifying residents’ sensory needs, incorporating sight, hearing, touch, taste and smell. Hearing and visual aids are identified and information relating to their use and care requirements are included in the resident care plan to guide staff practice. Additional communication strategies are identified and included where appropriate. Residents’ glasses are photographed on admission to assist the home to identify these items if lost. The home uses its monitoring processes for identifying changes to residents’ sensory needs, making appropriate referrals when indicated. Aids to promote independence are available for resident use and the activity program provides sensory experiences for residents including hand massage, music, and craft. The home’s environment is monitored to ensure it is safe for residents with sensory losses.

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 satisfied with how the home supports them to achieve a natural sleep. Residents’ settling routines, preferences for night-time environment, and comfort, pain, emotional and behavioural needs are taken into account when developing sleep management strategies. The effectiveness of these strategies is reviewed every three months or in response to identified sleep disturbance. Staff investigate individual factors impacting on residents’ sleep disturbances and support residents with individual strategies. This may include emotional support, warm drinks, snacks or relocating to an alternative area.

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

Opportunities for improvement relating to resident’s lifestyle are identified through activity evaluations and care plan reviews, information from audits, surveys, questionnaires, resident and staff meetings, and comments and complaints information. The existing framework for continuous improvement is used by the home for identifying, monitoring and evaluating the benefits of the initiatives identified. Residents and staff are aware of the continuous improvement program and were able to provide examples that their suggestions are considered and implemented when possible.

Improvement initiatives demonstrated by the home in relation to resident lifestyle include:

- In response to a suggestion made by a resident for more male specific activities and the identified need for emotional support for specific residents, a fishing group was formed for interested residents with regular outings scheduled. Time and care were taken with an appropriate area identified for the fishing expeditions and the way the afternoon would be conducted. Staff identified that residents’ friendships were fostered and emotional support was generally provided for residents through the interaction between the residents.
- A billiard table was purchased, with money raised from a fund raising exercise, following suggestions from residents, to further increase interaction and male friendships in particular. The table located at the sister site is used regularly. While male residents were particularly targeted, other residents have since joined the group.
- The care manager identified a group of younger residents who could benefit from increased opportunities for socialisation. A community group was contacted to form a bingo group conducted at the home. Four interested persons joined the residents in this activity and an additional five residents now attend this activity regularly.

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 established divisional and site specific processes to identify, action, monitor and disseminate changes in legislation, regulations and guidelines. Resident agreement information, which is managed through corporate processes, is reviewed routinely. Lifestyle decisions and choices are identified and documented as residents move into the home and residents are consulted when their needs and preferences change. Information about the use of personal information, resident rights and security of tenure is provided. Processes are in place to provide quality care and services for residents, such as specific activities for residents with special needs Compliance monitoring is conducted through observation of activities and staff practice, audits, surveys and performance management.

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

An education plan is used to plan training throughout the year and added to as staff and management needs are identified. The lifestyle staff attend specific lifestyle training sessions and workshops, and the home supports them in completing training certificates in lifestyle. Other sessions are provided for all staff, such as dementia workshops to assist staff to understand the specific needs of residents and resident advocacy. Mandatory sessions are identified and conducted and staff attendances are monitored.

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 emotional needs are identified and actions developed to support them. Residents and representatives are welcomed to the home and provided with information about the home's services when they enter. Friendships are fostered, rooms are decorated with residents' personal items and some cultural needs are identified, to support residents' transition into the home. Discussions and observations identify individual support needs of residents. Strategies are developed and recorded in care plans or through handover processes to assist staff to support residents through times of anxiety or deep emotional need. External advice is sought where appropriate, in consultation with residents and representatives to assist residents through their emotional needs.

3.5 Independence

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

Team's recommendation

Does comply

Residents and representatives are satisfied their individual independence needs are identified and supported. Care and lifestyle assessments provide information about residents' individual independence needs and preferences. Physiotherapy assessments, individual exercise plans and some physical games are used to maintain residents' flexibility and mobility. The home encourages independence through 'financial trust' funds, self-medication support, assistance to participate in community activities and daily activities of living. Communication, eating and sensory assistance in consideration of specific needs allows the home to provide and maintain aids to assist residents to participate in the home's activities.

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' privacy and dignity is considered and preserved. Staff, residents and representatives are provided information about privacy and confidentiality and staff and volunteers sign a confidentiality statement. The home provides single and couple accommodation in a two storey building. Established staff practices to protect residents' dignity and privacy, are used throughout the home and are monitored by senior staff, continuous improvement and comment and complaint mechanisms. Activities are generally designed to promote independence and minimise dignity issues, such as sensory,

cognitive, mobility and emotional needs. Resident files and information are stored securely and handover information is provided for all relevant staff behind in a secure area.

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 generally satisfied with the range of activities available at the home and the support provided to them to participate. Leisure interests are identified through assessment processes and are included on the activity planner, including activities available for residents at the other home. Individual strategies are developed to assist residents to participate in activities, depending on their cultural, sensory, mobility or cognitive needs and leisure interests. Transportation to the sister site is generally provided to assist residents to participate in those activities.

Residents' satisfaction with the activities available is generally provided through survey information, individual discussion and observation.

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 generally satisfied their cultural and spiritual, interests and beliefs are identified and fostered. Initial and ongoing assessments and reviews identify and monitor residents' cultural interests and needs. Regular religious services at the sister site and individual pastoral and community visitors are supported and promoted through the home's activity planner. Strategies are developed to assist individual residents to participate in cultural activities of their choice. A variety of activities, including craft, gardening, fishing and cultural celebrations or significant days, provide a continuation of cultural choices for residents. Community activities, such as, monthly community luncheon, community visitors and shopping trips are organised for 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 generally satisfied that residents' are enabled to make or participate in their choices and decisions. Care and lifestyle information, preferences and routines are identified when residents enter the home and on an ongoing basis. Formal and informal processes, such as surveys, care and lifestyle reviews, individual discussions and resident meetings, identify and monitor residents' choices and decisions. Individual strategies are developed, trialled and used to enable residents to make their own decisions about their day to day living activities, including clothing, meals, activities and visitors. Authorised representatives are identified and consulted where care and lifestyle needs and changes are identified.

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 generally understand their rights and responsibilities. The admissions officer speaks with residents and representatives about the home and their services during the entry process. Written information, such as the resident handbook and resident agreement are provided on entry and contain information about security of tenure. Residents are informed about their rights and responsibilities, comment and complaint mechanisms, social and hospital leave and processes involved in room or facility moves. They are provided with information about their individual fees and charges and are informally advised about routine changes to fees. Residents and representatives are consulted about room or facility moves due to increased care needs and information is documented in the resident's progress notes.

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

Opportunities for improvement relating to the physical environment and safe systems are identified by the home’s monitoring of information from surveys, comments and complaints and meeting forums, internal and external audits, worksite inspections and the analysis of hazard, incident and infection data. Corrective actions identified from internal and external monitoring processes, including inspections and/or audits are incorporated into the home’s continuous improvement system to ensure all issues are rectified. The existing framework for continuous improvement is used by the home for identifying, monitoring and evaluating the benefits of the initiatives identified. Residents and staff feel their suggestions are listened to and acted upon and are satisfied that the home actively pursues continuous improvement

The home demonstrated results of improvements relating to physical environment and safe systems including:

- In response to an increase in staff incidents the home implemented a system for reducing staff injuries and work cover claims. A pre-employment risk assessment and introducing manual handling trainers on site has significantly reduced the number of claims. Training has been scheduled to increase the number of manual handling trainers at the site.
- An organisational initiative to reduce the use of restraint has been implemented by the home. Policies and procedures were reviewed and the new assessment process includes the trial of alternative strategies to reduce the use of restraint. Staff were provided with training including a flow chart to guide staff practice. The home has purchased new beds, with more planned, to reduce the need for restraint, assist in reducing falls and the risk of injury to residents. A register is used for monitoring the types and number of restraints in use at the home.
- A fire drill conducted at the site identified issues with communication between the enrolled nurse and care staff at the facility. Additional phones were purchased to improve communication between staff and their response to emergencies.
- In response to an incident, security screens and a coded side gate was installed. Residents confirmed that they now feel safer at the home.

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 divisional and site specific processes to identify, action, monitor and disseminate information to stakeholders about changes in legislation. This includes food recall information and infection control updates by government departments. The home has processes to monitor occupational health and safety processes, including hazard management and fire and emergency systems. Information is disseminated through divisional and site specific processes. Compliance monitoring is conducted through a variety of processes, including internal and external audits, data and analysis and performance management.

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

A shared education planner is being trialled to enable networking of training resources and to provide a wider scope of training opportunities within the division. This includes mandatory training, such as emergency response and fire training, which can be attended by the home's staff in different homes. Specific training for nominated staff or designations is provided, such as food safety and infection control training, following identified needs. Attendance sheets and a staff database are used to monitor individual staff training, including mandatory training. External and staff development opportunities, such as immunisation and manual handling training, is encouraged and supported through roster or financial assistance. Staff practices are monitored through observation, continuous improvement and comment and complaint processes.

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 provides single and couple accommodation in the two storey home, along with communal dining and lounge areas and various external courtyards and garden areas for resident and representative use. Residents' safety and comfort needs, which are identified through observation, incidents, audits and care and lifestyle reviews, are actioned and monitored. Personal items decorate residents' air conditioned rooms and scheduled programs maintain their cleanliness. Corrective and preventative maintenance systems along with hazard and incident reporting mechanisms are used to maintain the safety and comfort of the environment and equipment. Residents and representatives provide feedback about internal and external living environments through surveys, meetings, comment and suggestion mechanisms and individual conversations.

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 Quality Improvement and Safety and Wellness Committees are responsible for identifying, planning, implementing and monitoring occupational health and safety issues. An organisational register is used for recording and monitoring hazard and staff incident data allowing for a corporate response to identified trends. Staff are provided with training relating to their occupational health and safety responsibilities and manual handling during the orientation process each year. Additional training is implemented when required and a manual handling trainer is available to provide additional support in this area. There are organisational policies and procedures to guide staff in safe work practices. A range of audits and worksite inspections are used to monitor 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. The fire safety program includes mandatory training, documented emergency and security procedures and regular updated information about residents' mobility needs. Contracted external services and internal maintenance processes maintain the security, fire and emergency services, including electrical equipment testing. The home has a current fire Triennial certificate and meets the safety requirements of the 1999 certification instrument. Security and emergency procedures are documented, reviewed and adjusted as needs arise. Staff are aware of their responsibilities and actions in response to an emergency event. Mobile phones are now available for all staff in the home, which assists communication processes in the two storey home. Residents and representatives are provided with information about fire, security and emergency procedures when they enter the home.

4.7 Infection control

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

Team's recommendation

Does comply

The clinical nurse is the site infection control coordinator. The home's surveillance, program, which includes collation and analysis of resident infections every month, is monitored as part of the divisional clinical benchmarking data system. Staff practice is guided through training sessions, current infection control guidelines, a pandemic plan, policies and procedures and resources, such as 'gastroenteritis kits.' 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 services provided for catering, cleaning and laundry. Resident satisfaction and suggestions relating to hotel services is monitored through the home's formal and informal feedback mechanisms, audits and survey information and resident meetings attended by the catering coordinator of hotel services. Dedicated cleaning staff have the appropriate information to guide work practices conducted five days a week. Care staff are responsible for maintaining the cleanliness of the home during the weekend and maintenance staff are responsible for scheduled and specialised cleaning. Breakfast is prepared and served at the site and other meals are prepared freshly at the sister site's central kitchen. The meals are transported using thermal containers and temperature logs confirm the ongoing monitoring of food during this process. The home has a system for advising hotel services staff of residents' preferences on entry, on a daily basis and in response to a change in care needs. A food safety plan has been developed and the home has been advised it will be audited in the near future. Personal laundry is laundered on site by care staff and an external contractor is responsible for linen.