



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredit Bethsalem Care

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

The Agency has also decided that the period of accreditation of Bethsalem Care is 3 years, until 17 August 2010.

The Agency has found that 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 that the home will undertake continuous improvement measured against the Accreditation Standards.

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

Nancy Morelli
Assessment Manager
SA and NT

Information considered in making an accreditation decision

The Agency has taken into account the following, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Bethsalem Care
RACS ID: 6088H
Number of beds: 90 Number of High Care Residents: 50
Special Needs Group catered for: People with dementia or related disorders.

Street: 10 Education Road
City: Happy Valley State: SA Postcode: 5159
Phone: 08 8321 0300 Facsimile: 08 8321 0301
Email address: admin@bethsalemcare.com.au

Approved Provider

Approved Provider: Christadelphian Care Services (SA) Incorporated

Assessment Team

Team Leader: Helen Bowes
Team Member: David Stevens

Dates of audit: 04/06/2007 to 06/06/2007

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

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

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Assessment team's reasons for recommendations to the Agency

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

Site Audit Report

Executive summary

This is the report of a site audit of Bethsalem Care 6088H, 10 Education Road, HAPPY VALLEY SA 5159 from 4 June 2007 to 6 June 2007 submitted to the Aged Care Standards and Accreditation Agency Ltd on 20 June 2007.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Bethsalem Care.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 4 June 2007 to 6 June 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of 2 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:	Helen Bowes
Team Member:	David Stevens

Approved provider details

Approved provider:	Christadelphian Care Services (SA) Incorporated
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Details of home

Name of home:	Bethsalem Care
RACS ID:	6088H

Total number of allocated places:	90
Number of residents during site audit:	86
Number of high care residents during site audit:	66
Special needs catered for:	Residents with dementia or related disorders.

Street:	10 Education Road	State:	SA
City/Town:	HAPPY VALLEY	Postcode:	5159

Phone number:	08 8321 0300	Facsimile:	08 8321 0301
E-mail address:	admin@bethsalemcare.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendation 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Diversional therapists	2
Care manager	1	Residents	7
Clinical nurse consultant	1	Relatives	2
Registered nurse	3	Lifestyle assistant	1
Care staff	5	Laundry staff	2
Administration assistant	1	Cleaning staff	1
Catering staff	2	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	9	Medication charts	9
Care plans, including lifestyle plans	9	Personnel files	8

Other documents reviewed

The team also reviewed:

- Continuous improvement action plan, quality committee meeting minutes
- Audit schedules and audits, suggestion forms, 'Moving On' audit schedules, electronic records
- Policy and procedure documents
- Comment and complaint information, suggestion forms and records
- Residents' information handbook and orientation information, resident agreements
- Resident surveys, resident and relative meeting minutes
- Nursing staff licence records, staff induction records, job and person specifications, duty statements, staff handbook, staff meeting minutes, and contracts
- Staff training plan, training registration records, training evaluations, rosters, performance appraisal records, staff surveys, staff meeting minutes
- Newsletters, memos, communication books, handover sheets, diaries, cards, representatives letters, e-mails
- Lifestyle records, programs, evaluations and planners, surveys, resident individual activity registers and records, Church service and pastoral care plans
- Fire certification inspection report and certificate of occupancy, evacuation plans and emergency response charts, occupational health and safety committee minutes, occupational health and safety self assessment action plans, audit and inspection forms, staff accident and incident reports, standard work procedures.
- Cleaning schedules, temperature record charts of food and fridges, food use monitoring records, recipes, surface swab results, infection monitoring data
- Appointment diary, assessment database, care plan review schedule, resident weight charts, 'End of shift report', care plan assessment tools, change of diet notice, diet sheets and menus, terminal care wishes form, restraint authority form, bowel charts, falls assessment, residents' mobility programs, wound care procedures and resources, residents wound care charts.

Observations

The team observed the following:

- Living environment
- Activities in progress, hairdressing in progress
- Storage of medications and sterile stock, equipment and supply storage areas
- Internal and external living environment
- Interactions between staff and residents
- Nurses station and staff facilities, staff education in progress
- Staff and resident noticeboards, including health information
- Equipment, supply and records storage areas
- Dining areas and staff serving resident meals and snacks
- Maintenance workshop, stores and equipment
- Fire suppression and fighting equipment and various signage
- Kitchen, cleaning and laundry facilities
- Interactions between staff, residents, relatives, and volunteers
- Internal and external living environment, including a cafe, hairdressing salon and courtyards
- Group and one-to-one activities, meals and snacks being served and residents assisted
- Large print books, videos, tapes, computer terminals for residents use
- Various information displayed, including external complaints and advocacy services, pamphlets, forms and posters.

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

Bethsalem Care has a planned approach to continuous improvement which is responsive to the needs of residents, their representatives, and other stakeholders. There is a system for auditing the home’s compliance with each of the 44 expected outcomes within a 12 month schedule. Opportunities for improvement are identified through resident and staff feedback, audits, surveys, incident data and comments and complaints. While improvement initiatives are added to the home’s plan, objectives set, and progress reviewed through quality and residents’ meetings, these processes are not consistently implemented. Findings and actions are monitored by the home to identify the benefits and outcomes of improvement activities. Residents and staff are encouraged and supported in putting forward suggestions and ideas for improvements. Residents, their representatives and staff are aware of the home’s continuous improvement focus and their suggestions are acted on by the home.

Improvement activities relating to management systems, staffing and organisational development implemented in the last 12 months include:

- improving continuity of care through developing a casual staff pool and developing new duty statements for all staff. Agency staff usage has reduced by 60% from July 2006 to April 2007
- improving staff responsiveness to residents’ care needs through adding an extra carer on the morning and night shifts to assist with meeting resident needs
- improving processes for orientating new staff through extending the induction process from one day to 12 weeks to ensure new staff are competent to fulfil their roles

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has processes for accessing and monitoring compliance with all relevant legislation, regulations, and professional standards and guidelines. Staff are informed when changes occur to legislation and have input into the home’s system for monitoring regulatory compliance. Policies and procedures are modified accordingly and circulated through the home’s communication mechanisms. The home conducts regular internal audits and reviews of staff practice to ensure ongoing compliance with regulatory requirements. Recent changes to legislation have been received and acted upon to comply with regulations. These include requirements for all new, existing staff, and contractors to have police clearance certificates to reflect changes to the Aged Care Act. Staff are aware of regulatory requirements relating to management systems, staff and organisational development.

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 has processes for identifying and planning staff education and development based on residents' needs, staff training needs analysis, and organisational requirements. There are processes for orientation, credentialling and competency assessment to ensure staff have the required skills and knowledge to perform their roles. Regular reviews and evaluations of staff training needs are conducted by the home, and used for planning processes. The home has processes for monitoring and recording staff attendance at mandatory training sessions and general training undertaken by staff. Staff are encouraged to pursue professional development and are provided with regular updates of information, resources and external training available to them. Management and staff have participated in training in the last 12 months relating to management systems, including auditing, effective teams, and documentation. Management and staff are satisfied with their access to education and training.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home's system for capturing comments and complaints is responsive to residents and their representatives in addressing issues in a timely and efficient manner. Residents and their representatives are informed on entry to the home of the internal and external complaints mechanisms available to them. The home's mechanisms include direct contact and discussion with staff or management, suggestion forms, satisfaction surveys and feedback from residents meetings. While the care manager maintains a log of comments and complaints, progress of complaints resolution is inconsistently documented and tracked. The care manager analyse trends and reports on a quarterly basis to quality and resident's meetings maintaining the confidentiality of residents. Resident's and their representatives are satisfied with their access to complaints mechanisms and the home's responsiveness to their concerns.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has documented their charter, philosophy, objectives and commitment to quality. This information is provided to residents and staff in their handbooks and is on display in the home.

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 identifies the level of staff and skill mix required to provide residents with the services and care they require. Management monitors the ongoing needs of residents and provides flexibility within the roster to ensure their needs are met. The care manager has reviewed the staffing ratio and put into the 2007/2008 budget, the requirement for a second registered nurse to be engaged for all shifts in response to projected increases in resident needs and acuity. There are processes for recruiting and inducting new staff to ensure they have the required, knowledge and skills to perform their roles. Temporary staff are utilised as required and undergo orientation and competency testing to ensure they can fulfil the requirements of their role. The home regularly appraises staff performance and formally recognises staff achievements. Staff complete their required tasks by working together as a team. Residents and their representatives are satisfied with the responsiveness of staff to meet their care needs within the time they have available.

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

Ordering processes assist designated staff to monitor and maintain adequate supplies of goods and equipment to meet resident care and service needs. Goods are ordered and delivered regularly and as required from preferred providers. Delegate authority to department heads facilitates the home's responsiveness to purchasing appropriate equipment and goods. Staff have input to the purchase of new equipment or goods through pre-purchase trials. Evaluations of trials are presented at regular occupational health and safety meetings. The Board recently approved the purchase of additional electric beds. Safe work procedures guide staff practice in the use of goods and equipment. Preventative and corrective maintenance schedules and systems provide equipment in safe working order. Residents, representatives and staff are satisfied there are adequate supplies of equipment and goods required to meet residents' care and service needs.

1.8 Information systems

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

Team's recommendation

Does comply

While the home has processes to provide management and staff with access to sufficient, accurate and appropriate information, they do not have a formal and consistent documentation control system. Information is conveyed through resident and staff meetings, staff handover, assessment, care plans, and end of shift reports. Residents have the option of watching the 'in house' televising of residents' meetings and group functions in their room. There are systems to collate, analyse and use information and or data from resident and staff meetings, shift reports, feedback, incidents, infections, and hazards. The home has procedures for the secure storage and archiving of electronic and paper records. Staff are satisfied they have sufficient information available to them to meet residents' needs. Residents have access to information to assist them to make decisions about their care and lifestyle on entry to the home, and on an ongoing basis.

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 has processes to identify external providers of goods and services based on residents' needs and organisational requirements. The chief executive officer is in the process of reviewing and formalising contractual arrangements with external contractors. A list of preferred providers is available and is also under review. All service providers are required to 'sign in' to the home which includes orientation to the home. Feedback from staff and residents monitors the standard of service delivery. Residents, representatives and staff are satisfied with the current external services.

Standard 2 – Health and personal care

Principle: Resident's' 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

Opportunities for improvement relating to residents' health and personal care are identified through resident and staff feedback, audits, surveys, incident data and comments and complaints. While improvement initiatives for health and personal care are added to the home's plan, objectives set, and progress reviewed through quality and residents' meetings, these processes are not consistently implemented. Findings and actions are monitored by the home to identify the benefits and outcomes of improvement activities and outcomes for residents. Residents and staff are encouraged and supported in putting forward suggestions and ideas for improvements in meeting residents care needs. Residents, their representatives and staff are aware of the home's continuous improvement focus and their suggestions are acted on by the home.

Improvement activities relating to health and personal care implemented in the last 12 months include:

- improving residents' mobility through developing a walking program in conjunction with the physiotherapist as part of rehabilitation processes. Nine residents participating have shown significant increases in their ambulation and mobility between January and May 2007
- improving the implementation of care plans through placing the residents care plans in their rooms to provide nursing and care staff with prompts and consistent information
- improving processes for medication management through introducing a new pre-packed dose aid system to provide a more efficient and effective dispensing and administration system.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has processes for accessing and monitoring compliance with all relevant legislation, regulations, and professional standards and guidelines. Staff are informed when changes occur to legislation and have input into the home's system for monitoring regulatory compliance. Policies and procedures are modified accordingly and circulated through the home's communication mechanisms. The home conducts regular internal audits and reviews of staff practice to ensure ongoing compliance with regulatory requirements. Relevant staff are aware of regulatory requirements relating to residents' health and personal care. This includes the provision of prescribed care and services, medication administration and storage, and the registration of nurses and allied health providers.

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

The home has processes for identifying and planning staff education and development based on residents’ needs, staff training needs analysis, and organisational requirements. The home has commenced additional training sessions in dementia care due to the increase in the number of residents with cognitive deficits. As part of this course for nursing and care staff, a component on managing behaviours of concern is being included to ensure staff have the skills and knowledge to meet residents ongoing needs. There are processes for orientation, credentialling and competency assessment to ensure nursing and care staff have the required skills and knowledge to perform their roles. Regular reviews and evaluations of staff training needs are conducted by the home, and used planning processes. The home has processes for monitoring and recording staff attendance at mandatory training sessions and general training undertaken by staff. Staff are encouraged to pursue professional development and are provided with regular updates of information, resources and external training available to them. Nursing and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has a system for assessing, planning and evaluating residents’ clinical care needs, on entry to the home and regularly during their residency. A recently developed procedure to guides registered nurses and care staff in the assessment of residents. The implementation of the procedure includes staff education and evaluation of the outcomes for residents. Registered nurses develop interim care plans using a database assessment tool, nursing observation, consultation with residents and representatives, and information from the referring health agency. A long-term care plan is developed following a three-week assessment period. A standardised suite of assessment tools has been implemented. Registered nurses assess residents’ care and health needs, referring to other health professionals as required. Staff report changes in residents’ health status through handover, the ‘End of Shift Report’, progress notes and verbal reports to senior staff. Health professional recommendations are implemented and staff monitor and record their effectiveness. The home monitors these processes through internal audits, incident reporting and other feedback mechanisms. An audit of residents’ care plans in December 2006 demonstrated 55 care plans were not current. The care manager implemented a plan to prioritise the updating of residents’ care plans, and identified all care plans were current May 2007. Residents and representatives are satisfied with the care and medical attention they receive.

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

Registered nurses attend to all specialised nursing care, including wound management, tracheostomy care and complex pain management. Residents’ specialised nursing care needs are assessed, evaluated and documented by registered nurses. Care plans advise care staff of health or care problems to report, and specialised resources provide additional educational information. Specialised care needs are regularly re-assessed and reviewed in consultation with residents and their representatives. Referrals made to external services facilitate additional clinical support where required. Residents are satisfied the specialised nursing care they receive is appropriate to their needs.

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 have access to health specialists and related services according to their assessed needs. The home has entry and ongoing review and evaluation processes to identify residents’ needs and preferences for referrals to allied health professionals. Residents’ choice of practitioner is facilitated in consultation with residents and representatives to meet individual health care needs. Available services provided on-site are outlined in the residents’ handbook. General practitioners refer residents to specialist medical services. Physiotherapist and podiatry services are provided regularly on-site. To meet individual residents’ needs of dental screening, speech pathology and dietary needs referrals are made as required. Podiatry services provided to residents are inconsistently documented and filed in residents’ case notes. Registered nurses record and evaluate in progress notes and up-date care plans information from health specialists’. Residents and their families are satisfied that they are referred to appropriate specialists as needed and preferred.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered and credentialed enrolled nurses administer medications from individual dose aids, pre-packed by a contracted pharmacist on-site. Residents’ capacity to self-administer medication is assessed and authorised. After hours medication supply is available from a securely stored imprest. The home lists the imprest items available and reports on items used to the pharmacy, however, pharmacy imprest checking records could not be located. Medication charts are legible and signed by general practitioners. Medication charts identify residents’ medication administration needs. Corresponding photographs on charts and dose aids assist with resident identification.

Audits and surveillance processes as well as systems to monitor staff medication administration accountability are in place. Since the implementation of a new medication packing system, staff compliance of signing medication charts has improved, and medication incidents have decreased. A nurse initiated medication list has been prepared and is yet to be implemented and evaluated. A sticky label system in progress notes to identify the use of 'as required' medication has recently been implemented and is yet to be evaluated. Residents and representatives are satisfied with how staff assist them to manage their medications.

2.8 Pain management

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

Team's recommendation

Does comply

Registered nurses assess residents' pain on entry to the home, as required and every four months. Registered nurses develop pain profiles in consultation with residents using nursing knowledge to ascertain pain triggers and preferred pain management interventions. Care plans identify residents' pain management needs and describe management strategies, including positioning to minimise pain, massage, pain relieving medications, local heat or relaxation therapies. Registered nurses using assessment tools evaluate verbal and non-verbal cues to assess residents' pain care needs. Care staff are familiar with changes in individual resident's behaviour patterns that may indicate the resident is in pain and report promptly to registered nurses any concerns. The home has managed residents with complex pain needs in consultation with residents or representatives and their general practitioner. Residents and representatives are satisfied with how staff assist them to manage their pain.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents' specific cultural, spiritual, emotional and palliative care preferences are identified as part of the entry process to the home. Specific wishes recorded in resident files reflect spiritual or cultural needs where appropriate. Pastoral care staff and referral to external palliative care services facilitate residents' individualised palliative care. Single room accommodation with ensuite, facilitates residents' and representatives' privacy, comfort and dignity. Specialised equipment is available to meet individual care needs and preferences. Registered nurses evaluate care as required and up-date care plans to meet individual care needs and preferences. Representatives feedback indicates they are satisfied staff are sensitive to the needs of residents and themselves during residents 'end of life care'.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Consultative processes facilitate the development of residents’ nutrition and hydration care plan. Care planning is based on residents’ identified dietary and beverage needs, likes and dislikes. Registered nurses assess, plan, implement and evaluate residents’ nutrition and hydration needs on entry to the home, and as their needs change. A risk assessment tool assists registered nurses to identify residents at nutritional and hydration risk. An audit and analysis in June 2007 identified residents were not consistently weighed every month. The home has recently implemented a process to ensure residents’ weights are monitored every month. Processes ensure catering staff are advised promptly of residents’ dietary and beverage needs on entry to the home and as needs or preferences change. Residents are satisfied with the quality, variety and quantity of food and beverages.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has processes for identifying, assessing, reporting and reviewing resident skin impairment risk, and implementing strategies to maintain residents’ skin integrity. A variety of preventative and protective devices, and creams are used according to residents’ assessed needs. Registered nurses assess and evaluate the healing process and effectiveness of all wound treatments. Registered nurses do not consistently complete wound care charts. Care staff report changes in skin condition and are aware of practices to enhance skin integrity. Incident forms are completed where a break in residents’ skin integrity is observed. Data is collated and investigated to identify causes and opportunities for improvement. Residents are satisfied with the way staff assist them or attend to their skin care needs.

2.12 Continence management

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

Team’s recommendation

Does comply

The home’s assessment processes facilitate planning and regular review to develop continence management strategies in consultation with residents and representatives. A functional and frequency based continence assessment combined with continence history identifies residents’ current support needs. Care plans include strategies to promote and retain individual and social continence. Residents’ urinary and bowel continence is promoted through diet and hydration, using continence and mobility aids, reviewing medications and assisting residents to the toilet as needed. Single rooms and ensuite bathrooms facilitate residents’ privacy. New continence products have recently been introduced and the home’s system of product management has been reviewed. The continence product provider provides staff with continence and related

infection control education. Urinary tract infections are monitored as part of the home's infection control surveillance program and are low. Staff report changes to residents' continence patterns that may indicate a need for additional assessment. Residents are satisfied with the home's approach to meeting their continence needs.

2.13 Behavioural management

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

Team's recommendation

Does comply

On entry to the home residents are observed and their behaviour monitored to identify behaviour triggers and patterns to develop interim care plans. Consultation with representatives and residents facilitates the need for further monitoring and assessment to develop a long-term care plan. Care staff are knowledgeable about the management of residents' behaviour and use strategies to manage behaviours identified in care plans. Specific strategies are developed, and include providing time with individual residents and lifestyle activities related to resident's interests. Residents are referred to external behaviour experts as required. While behaviour incidents are monitored, analysis of data is not consistent. Restraint use is minimal, however, when restraint is used the consultation process is not always implemented consistently. Residents and relatives are satisfied with the management of residents' 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' mobility and dexterity needs are assessed on entry to the home to develop an interim mobility care plan by registered nurses. Residents are referred to the home's physiotherapist for comprehensive assessment of their needs on entry to the home and as their needs change. Care plans are evaluated regularly and up-dated to reflect residents' mobility and dexterity care needs. A walking program facilitated by the physiotherapist has increased the mobility for nine residents. This has contributed to a decrease in rate of falls across the home over this calendar year. Individualised exercise programs are displayed in residents' care plans. Lifestyle staff facilitate 'Musical movements' chair-based exercise groups for residents. Falls incidents are reported, collated and trended to identify improvement opportunities for residents and across the home. Residents and their families are satisfied the home's approach to optimising residents' mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Consultative processes with residents and representatives contribute to registered nurse assessment of residents’ oral and dental health, planning care and meeting ongoing needs. Referrals and appointments to dentists are arranged as required. Dentists visit the home as required and assistance is available for residents to attend off site dentists. Care plans guide staff to individualise residents’ oral care and hygiene. A suitable facility has been prepared for a visiting dentist to commence screening of residents’ oral and dental health needs. Residents and representatives are satisfied with the oral and dental care provided by the home.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Registered nurse assess residents’ sensory needs on entry to the home using the database assessment tool and consultation with residents and representatives. Observation, nursing knowledge and consultation with residents, representatives and staff assists identification of changes in residents’ sensory care needs. Referrals are made to general practitioner as required. The database tool identifies the assessment of five senses, however, touch, smell and taste are inconsistently completed. The home’s lifestyle team provide specific sensory experiences for residents. Residents and their families are satisfied with the home’s approach to managing residents’ sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

A consultative assessment process identifies residents preferred rising and settling times and preferred strategies to induce sleep. Residents rest and sleep preferences, including daytime naps, rising and settling rituals are identified. A sleep chart to monitor and assess residents’ sleep is used as required. Care plans guide staff to meet the individual needs and preferences to achieve a natural sleep pattern. Single room accommodation facilitates residents’ rest and sleep. Residents and their families are satisfied that residents are able to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Opportunities for improvement relating to residents lifestyle are identified through resident and staff feedback, audits, surveys, incident data and comments and complaints. While improvement initiatives for enhancing residents’ lifestyle are added to the home’s plan, objectives set, and progress reviewed through staff and residents meetings, these processes not consistently undertaken. Findings and actions are monitored by the home to identify the benefits and outcomes of improvement activities and outcomes for residents. Resident’s and staff are encouraged and supported in putting forward suggestions and ideas for improvements in meeting residents lifestyle needs. Residents, their representatives and staff are aware of the home’s continuous improvement focus and their suggestions are acted upon by the home.

Improvement activities relating to resident lifestyle in the last 12 months include:

- improving the range of available activities for residents in the dementia area through creating a specific weekly activity program. All residents have a specific plan of appropriate individual and group activities which has received positive feedback from resident representatives and staff surveyed
- increasing the variety of activities for residents to participate in through introducing regular bus outings to places of personal interest to residents
- improving lifestyle assessment and planning processes through developing specific entry questionnaires on residents lifestyle, cultural and spiritual needs.

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 processes for accessing and monitoring compliance with all relevant legislation, regulations, and professional standards and guidelines. Lifestyle and care staff are informed when changes occur to legislation and have input into the home’s system for monitoring regulatory compliance. Policies and procedures are modified accordingly and circulated through the home’s communication mechanisms. The home conducts regular internal audits and reviews of staff practice to ensure ongoing compliance with regulatory requirements. Lifestyle and care staff are aware of regulations and professional standards relating to resident privacy, dignity, confidentiality, choice and decision making, and security of tenure.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes for identifying and planning staff education and development based on residents' needs, staff training needs analysis, and organisational requirements. There are processes for orientation and performance appraisal to ensure lifestyle and care staff have the required skills and knowledge to perform their roles. Regular reviews and evaluations of staff training needs are conducted by the home, and used to inform planning processes. Staff are encouraged to pursue professional development and are provided with regular updates of information, resources and external training available to them. Lifestyle and care staff have participated in training relating to resident lifestyle including health and wellbeing, depression and emotional support. Lifestyle and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

There are processes for supporting residents to adjust to living in the home and addressing their emotional needs on an ongoing basis. Residents' emotional support needs are assessed on entry to the home and strategies developed to meet their needs as part of the care and lifestyle plan. There are processes for communicating this information to staff and adjusting care plans to reflect updated strategies and techniques. The home's strategies include pastoral visits and or counselling, reminiscence, relaxation activities, and holding events of significance to affirm residents experiences and relationships. The home has processes for monitoring the effectiveness of these strategies to ensure residents' individual needs are met. Residents and their representatives are satisfied the home assists them to adjust to the home environment and meet their emotional needs 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

The home has processes for identifying barriers to individual residents' independence. Staff implement strategies to maintain residents' independence. These include risk assessments, environmental audits, lifestyle plans, and care practice focused on optimising residents' capacity. Residents are supported to continue their interests and interact with family and community groups. The home regularly reviews, the changing needs of residents, the environment and strategies to assist them to maintain and enhance their independence, participation, and friendships. The home has processes to support residents to rehabilitate and or maintain their mobility to maximise their independence. Residents and their representatives are satisfied with the variety of family and community activities they participate in and outside the home and staff support of their independence.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has processes for identifying and implementing strategies to meet residents' individual preferences for privacy and dignity. The resident and staff handbooks and, policy and procedure documents support residents' right to privacy and dignity. Staff practices reflect recognition and respect for resident's privacy and dignity in providing personal care, participation in lifestyle activities, and personal and or cultural requirements. The home regularly monitors staff practice in respecting and supporting residents privacy, dignity and confidentiality. The home stores residents' records securely and provides spaces for residents to store personal belongings. There are private rooms within the home for residents to interact in with their family members and friends. Residents are satisfied with the assistance provided by the management and staff to maintain their privacy, confidentiality and dignity.

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

The home actively encourages and supports residents' participation in a wide range of activities and interests reflective of their individual interests and preferences. Staff regularly assess, monitor, plan and review individual and group activity programs. Activities are planned, however, not consistently evaluated for their effectiveness and appeal in meeting resident's lifestyle and leisure needs. The format of activities is developed to accommodate for residents abilities, maintain their dignity, and encourage individual participation. Adjustments are made to activities according to changes in residents' levels of acuity, needs or preferences. The home encourages interaction with the wider community to support residents' contribution and continuing involvement in activities after they have moved into the home. Residents are satisfied with the activity programs they are engaged in, which are of interest to them and consistent with their individual 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

The home has processes for identifying and responding to each resident's spiritual beliefs and customs, and their cultural background. Opportunities for fostering and observing residents' spiritual practices and requirements are facilitated by the home. Residents are supported to engage in events and activities of spiritual significance to them. The home plans and delivers care and lifestyle services in accordance with residents' spiritual and cultural requirements. Examples include, attending internal and external church services, arranging special meals and leisure activities, and respecting their wishes for religious rites. The needs of residents are regularly reviewed by the home to ensure care and services are delivered in a way which fosters and values each resident's beliefs, customs and cultural background. Resident's birthdays are individualised and a cake is baked and decorated with their name to celebrate each resident's birth date. Residents are satisfied with the way staff support their cultural and spiritual expectations.

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

The home encourages all residents and their representatives to participate in decisions about their care and the services provided to them. The home has processes, including resident meetings and surveys for residents and their representatives to formally raise issues. Management and staff encourage direct and open consultation to ensure all residents and their representatives have the opportunity to exercise their choice and make decisions. Residents are provided with information on their rights and responsibilities to enable them to make informed choices and decisions about their care and the running of the home. Residents and their representatives are satisfied with how the home supports them to exercise choice and control over their daily lives and care needs.

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

The home provides residents and their representatives with information on their security of tenure at the time of their entry to the home. Residents and or representatives receive an agreement and information about the conditions of their tenure. The home provides information on independent sources of advice to explain the conditions of tenure, their rights and responsibilities. There are processes for consulting with residents and their representatives when changes occur to their level of dependency. Residents and their representatives are satisfied with the way they are kept informed of the arrangements for their security of tenure, and their rights and responsibilities.

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 through resident and staff feedback, audits, surveys, hazard forms, incident data and comments and complaints. While improvement initiatives, for providing a safe and comfortable living environment, and hospitality services are added to the home’s plan, this is not consistently undertaken. Objectives are set and progress reviewed through staff and residents’ meetings. Findings and actions are monitored by the home to identify the benefits and outcomes of improvement activities and outcomes for residents. Resident’s and staff are encouraged and supported in putting forward suggestions and ideas for improvements. Residents, their representatives and staff are aware of the home’s continuous improvement focus and their suggestions are acted on by the home.

Improvement activities relating to the physical environment and safe systems in the last 12 months include:

- improving staff safety through using a safety continuous improvement matrix and action planning tool to reduce potential hazards and improve staff practice. The staff injury rate has reduced from 11 to 6.5 in the last 12 months
- improving staff wellbeing through developing a structured return to work program with a team approach to assist staff re-entry to work
- reducing lost laundry items through introducing a colour coded linen skip and bags for residents’ personal laundry. The number of complaints for lost laundry has reduced from seven to one in the last ten months.

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 processes for accessing and monitoring compliance with all relevant legislation, regulations, and professional standards and guidelines. Staff are informed when changes occur to legislation and have input into the home’s system for monitoring regulatory compliance. Policies and procedures are modified accordingly and circulated through the home’s communication mechanisms. The home conducts regular internal audits and reviews of staff practice to ensure ongoing compliance with regulatory requirements. Relevant staff are aware of regulatory requirements relating to the physical environment and safe systems, including implementing occupational health and safety regulations, and monitoring fire safety in the home.

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

The home has processes for identifying and planning staff education and development based on residents' needs, staff training needs analysis, and organisational requirements. There are processes for orientation, credentialling and competency assessment to ensure staff have the required skills and knowledge to perform their roles. Regular reviews and evaluations of staff training needs are conducted by the home, and used for planning processes. The home has processes for monitoring and recording staff attendance at mandatory training sessions and general training. Staff are encouraged to pursue professional development and are provided with regular updates of information, resources and external training, available to them. In the last 12 months staff have participated in training including manual handling, food safety and infection control. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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 has processes for regularly assessing the living environment, planning improvements and monitoring to provide an attractive, safe and comfortable environment for residents. These processes include reporting incidents and hazards and environmental audits. Large areas are provided in all areas of the home for activities. Electronic security systems for residents at risk of wandering are used in the secure area. Staff use of the digital enhanced cordless telecommunication system connected to the call bell system ensures residents' needs are promptly met. Residents have the option of watching the 'in house' televising of residents' meetings and group functions in their room. Residents' rooms reflect their personal taste, and furniture and appropriate aids to daily living are provided based on assessed need. Residents and relatives are satisfied with the safety and comfort of the living environment.

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

Processes promoting a preventative approach to achieve workplace safety include, regularly assessing and monitoring the environment, risk minimisation, hazard identification and staff education. Workplace inspections, regular audits and reviews are conducted to monitor compliance with occupational health and safety regulations. The home has commenced planning its application for the Safety Achiever Business System. Staff are provided with equipment fit for the purpose, which is regularly maintained through the preventative and corrective maintenance programs. New equipment is trialled by staff and feedback assessed. Introduction of a risk assessment tool is planned. Safe work procedures are documented. Sufficient personal protective equipment is provided and staff are aware of its effective use. Staff are satisfied with the safety of the work environment and aware of their occupational health and safety responsibilities.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

There are established procedures in place to minimise fire, security and emergency risks. The home has a current certificate of occupancy and employs an external service provider to monitor all testing of fire detection and suppression systems. Safety requirements of the 1999 certification instrument have been met by the home. Emergency action plans are displayed in residents' rooms and evacuation plans are displayed on the walls of each 'house'. Fire drills are randomly scheduled and outcomes evaluated. A recent improvement has been to identify, staff and their responsibilities in the event of an emergency, on each shift allocation sheet. Residents, representatives and staff are aware of their responsibilities and actions in response to an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

The care manager is responsible for coordinating the home's infection control systems. Staff receive mandatory education as part of their orientation, which is up-dated as scheduled during their employment. Resident infections are low and are logged according to each 'house'. While data is computerised and trended to identify improvement opportunities for residents, reports do not consistently record the actions implemented or the evaluation of actions. National infection control guidelines and site-specific procedures guide staff practice in the use of standard precautions and personal protective equipment. Staff are aware of and were observed to contribute to minimising the risk of infection. Temperature recording of cold storage areas in the clinical area is undertaken inconsistently across the home. While there are procedures displayed to label and date when foods are opened this is inconsistently observed in the home's kitchenettes. External contractors monitor the use of chemicals and sanitising agents and provide swabbing of at risk areas. The home is in the process of developing an influenza pandemic plan.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has processes for providing hospitality services consistent with residents' individual needs and preferences. A seasonal menu provides variety and menu choices from which residents choose daily. Collated lists identify residents' individualised dietary and hydration needs and preferences. Registered nurses use a prescribed process to advise kitchen staff of changes to residents' dietary and hydration needs or preferences. Residents' personal clothing is laundered at the home. Staff respect and facilitate residents' choices, preferences and independence regarding the management of their laundry. An external contractor provides a linen service. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services. Cleaning schedules provide daily cleaning of residents' rooms and communal areas. Staff receive relevant mandatory training and safe work procedures guide staff in the operation of equipment. Staff are satisfied their work environment assists them to provide services to meet residents' needs and wishes. Residents are satisfied with the catering, cleaning and laundry services provided.