



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

Decision to Accredit Eventide Homes (Stawell) Inc

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Eventide Homes (Stawell) Inc in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Eventide Homes (Stawell) Inc is 3 years, until 28 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.

Geoff Freeman
Authorised Decision Maker
Victoria and Tasmania

Information considered in making an accreditation decision

The Agency has taken into account the following matters, 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: Eventide Homes (Stawell) Inc
RACS ID: 3345
Number of beds: 77 Number of High Care Residents: 29
Special Needs Group catered for: People with dementia or related disorders.

Street: 111 Patrick Street
City: Stawell State: Victoria Postcode: 3380
Phone: 03 5358 2027 Facsimile: 03 5358 4163
Email address: administration@eventidehomes.com.au

Approved Provider

Approved Provider: Eventide Homes (Stawell) Inc

Assessment Team

Team Leader: Donna Hogan
Team Member: Carolyn Rogers

Dates of audit: 22/05/2007 to 23/05/2007

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

Executive summary

This is the report of a site audit of Eventide Homes (Stawell) Inc RACS ID 3345, 111 Patrick Street, STAWELL VIC 3380 from 22 May 2007 to 23 May 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 6 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 Eventide Homes (Stawell) Inc .

The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 5 support contacts during the period of accreditation and the first should be within 5 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.

Please note the Agency may have made findings different from these recommendations.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 22 May to 23 May 2007.

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:	Donna Hogan
Team Member:	Carolyn Rogers

Approved provider details

Approved provider:	Eventide Homes (Stawell) Inc
--------------------	-------------------------------

Details of home

Name of home:	Eventide Homes (Stawell) Inc
RACS ID:	3345

Total number of allocated places:	77
Number of residents during site audit:	74
Number of high care residents during site audit:	29
Special needs catered for:	People with dementia or related disorders.

Street/PO Box:	111 Patrick St	State:	Vic
City/Town:	Stawell	Postcode:	3380

Phone number:	53582027	Facsimile:	53584163
E-mail address:	administration@eventidehomes.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Eventide Homes (Stawell) Inc

The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 5 support contacts during the period of accreditation and the first should be within 5 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.

Audit trail

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

Interviews

	Number		Number
Executive officer corporate services	1	Catering staff	3
Executive officer resident services	1	Residents	8
Clinical care manager, registered nurse division one	1	Relatives	4
Registered nurses division two	1	Administration services officer	1
Care staff	8	Laundry staff	1
Maintenance supervisor/ Occupational health and safety representative	1	Cleaning staff	2
Systems manager	1	Activity workers	2
Administration supervisor	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	7
Resident agreements	6	Staff files	7

Other documents reviewed

The team also reviewed:

- Action plan for continuous improvement
- Aged care certification assessment instrument
- Asset register
- Activities program documentation
- Blood sugar parameters and reportable levels
- Building inspection certificate
- Building review
- Contractor and supplier list
- Emergency procedures
- Education records
- Education session evaluations
- Emergency manuals
- Essential services maintenance program
- Evacuation plans
- Emergency and evacuation packs
- External contractor agreements
- Fire equipment maintenance records
- Food safety audit report
- Handover books
- Human resource forms
- Instructions for medications
- Internal complaints register
- Infection control program book
- Infection statistics
- Infection surveillance protocol
- Meeting agenda and minutes
- Maintenance folder
- Maintenance request register
- Memorandum
- Minutes of meetings
- Mission and philosophy statement
- Occupancy permit
- Occupational Health and Safety Records
- Organisational chart
- Policies and procedures
- Position descriptions
- Preventative maintenance program
- "Pass it on" information to staff
- Residents' information package and surveys
- Residents' information handbook
- Restraint consent
- Resident consent statements
- Resident handbook
- Resident information package
- Risk Assessments
- Staff competency folder
- Staff orientation program
- Self administration for medication
- Staff performance appraisals
- Staff roster
- Temperature monitoring of refrigerators
- Weight charting

Observations

The team observed the following:

- Activities hall
- Activities in progress
- Activities board
- Bodily fluids spill pack
- Cleaners room
- Cleaning equipment
- Clinical manual
- Cleaning of the facility in progress
- Equipment and supply storage areas
- External gardens
- Evacuation boards
- Fire panel
- Hairdressing room
- Hand washing facilities
- Hand sanitiser pump packs
- High/low beds
- Interactions between staff and residents
- Living environment
- Medication trolleys and storage
- Motor scooter storage
- Noticeboard staff room
- Refuse segregation
- Resident meal times
- Residents notice boards
- Residents' rooms
- Staff notice boards
- Staff library
- Staff practices
- Staff room
- Sharps containers
- Smoking area for residents
- Satellite dining areas
- Storage of medications
- Suggestion box
- Treatment room
- Utility rooms

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

Eventide Homes at Stawell has developed its continuous improvement program with input from staff, residents, representatives and other stakeholders. An external consultant has also been engaged to facilitate quality systems at the home. The executive manager oversees the program to ensure that issues are delegated to relevant areas and follow-up occurs. Results from surveys, comments and complaints, incident reports and suggested ideas are recorded and incorporated into the improvement log. Evaluation of improvements are undertaken and feedback is sought from staff and residents regarding the changes. Continuous improvement is discussed at staff, board and management meetings.

Recent examples of improvements for standard one are as follows:

- evaluation of rotating care staff through the home resulted in improved understanding of other areas, residents’ preferences for staffing remaining in one particular area, and opportunities for staff to rotate during times of annual leave,
- staff participation in the development of the strategic plan provided opportunities for staff to contribute ideas,
- development of a formula to calculate when additional staffing hours are required for resident care, resulting in responsive rostering in line with resident needs.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Copies of acts and legislation are located in the staff library. Management receives information of changes by subscription to a legislative update service and membership of peak industry bodies. Policies are cross-referenced to legislative and regulatory requirements, and the systems manager is responsible for overseeing that policies and procedures are updated when required. Staff are advised of relevant changes through notices.

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 an education program in place to ensure that staff have the required knowledge and skills to perform their roles effectively. Education requirements are identified by performance appraisals, changes in regulations, audit results, staff requests, or management's recognition of a specific need. Staff selection and recruitment processes incorporate skills and knowledge criteria. The education training plan incorporates education under each of the accreditation standards and sessions are held within the home and externally. Education records indicate staff have attended recent sessions in auditing, and continuous improvement. Management encourage staff to continue professional development, and offer incentives to facilitate ongoing education.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home provides information to residents and their representatives on the complaints process both within the home and external arrangements. Complaints and responses are kept in a confidential manner by management. Issues raised through complaints or comments are assessed and where appropriate incorporated in a confidential manner into the continuous improvement plan. Suggestion boxes are located in readily accessible places and have accompanying documentation and literature for residents or their representatives to access. Residents and relatives reported that they can discuss any concerns with staff and management and that responses are always followed through.

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

Residents, representatives and staff are informed of the home's mission, vision and philosophy of care through booklets and agreements. The strategic plan and other documentation outlines the home's commitment to continuously strive for improvement.

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

Appropriately skilled and qualified staff are employed at the home to meet resident care needs. This is facilitated through the recruitment process; the orientation process; and ongoing education and training programs. Position descriptions are available for all areas of employment to communicate the skills and qualifications required, and staff confirmed they are provided with a thorough orientation. Management stated there is a formalised process to determine staffing levels according to the acuity of residents. Staff performance and educational requirements are monitored through formal processes such as the annual staff appraisal program, clinical and non-clinical data collection, and observation of staff practices. Residents interviewed by the team were complimentary about the level of care that staff provide and also stated staff react promptly to their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place to ensure that appropriate stocks of goods and equipment are available at all times. There are effective ordering processes managed by area managers. A documented preventative maintenance program is in place, as well as a system for reporting and identifying required repairs, that is well utilised by staff. A maintenance person is employed at the home to carry out general maintenance repairs, and contractors are accessed to complete routine maintenance and repairs on equipment. Staff and residents expressed general satisfaction with equipment and supplies. The team observed goods and equipment to be adequate in quantity and condition and sufficient storage areas are available.

1.8 Information systems

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

Team's recommendation

Does comply

Documented policies, procedures, roles and responsibilities guide all staff members in their practices. Meetings, newsletters, consultation and feedback from all stakeholders ensure effective communication lines with residents, staff and management. There is a system for routinely collecting and recording information that identifies residents' care needs to ensure appropriate delivery of care. Regular collection of information is conducted to monitor service delivery. Resident and staff records are appropriately stored in a manner that maintains confidentiality, privacy, and security. Staff, residents and relatives commented they are satisfied with the communication, and management of information in the home.

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 established external supplier agreements with major contractors of goods and services, such as continence aids, software programs, waste disposal and pharmacy items. Agreement specifications outline expectations of the standard of service required, and obligations. Proof of insurance, qualifications and certification is noted where required. Contractors are monitored for effective performance. All contracts are reviewed annually for cost effectiveness and agreed delivery standards. All contractors are required to comply with safe work procedures while at the home, and contractors sign in and out when on site. Residents and staff reported they were satisfied with the provision of services by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Results from audits related to standard two have led to improvements in resident care and associated documentation. Evaluation of changes is undertaken to assess the improvements and compliance with any modifications. Suggestions from residents and staff are incorporated into improvements. Management views results from surveys, analysis of incidents and includes issues on the improvement log. Continuous improvement is discussed at staff meetings and communicated by notices posted in the staff room.

Recent examples of improvements for standard two are as follows:

- implementation of the clinical management system resulting in improved resident assessment information and staff knowledge,
- introduction of as-required medication stickers providing cues for staff to assess effectiveness of medication and clinical care manager to review the as-required medication,
- implementation of a scheduled review of residents' holistic assessment,
- employment of an additional registered nurse division one in the role of a clinical care manager.

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identification of relevant changes in legislation and regulatory requirements relating to health and personal care. Staff have relevant qualifications, and the administration officer is responsible for ensuring copies of practicing certificates for all registered nurses are on file. Staff practices are monitored and competency testing is completed if required. Management notify staff of changes in legislation and regulatory requirements through memos.

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

Staff have undertaken education and training that has been provided in relation to health and personal care. Staff practices are monitored and deficiencies identified are addressed by management. Clinical competencies are undertaken in medication administration, enteral feeding, and blood glucose monitoring. A staff library, videos, and subscription to televised training sessions complement the program. Education records show a variety of health and personal care sessions have been well attended by staff.

2.4 Clinical care

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

Team’s recommendation

Does comply

The Eventide Home has ageing in place and a dedicated area for residents with dementia specific needs. Personal carers are engaged in the care of residents with registered nurses division two supervising care. A clinical care manager that is a registered nurse division one manages residents overall clinical care. The registered nurse division one is responsible for the review and implementation of technical or specialised care needs. Care staff reviews residents’ care plans monthly with high care residents reviewed by the registered nurse division one. A medical clinic is conducted within the home where residents can be reviewed by their doctor. Medical practitioners and care staff liaise with other health personnel to assess residents’ requirements in specialist areas. Residents and relatives stated that staff are attentive to care needs.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Residents’ specialised nursing care needs are assessed and carried out by registered nurses division one. Health professionals are consulted and any orders for specific care are documented and implemented. Care staff refer to the registered nurses division one and two for any clinical requirements. Specialised care plans are developed where necessary to manage any acute episodes of care such as wound management. Residents’ have access to visiting doctors and are reviewed on a regular basis or as required. Residents and relatives stated that they are satisfied that staff attend to their specialised nursing 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

Referral to appropriate specialist services is based on residents’ request, identified need or as the resident’s health status changes. The home regularly arranges for residents to attend appointments of their choice for areas such as dental, ophthalmology and other health specialists. Staff note where referrals are made such as speech pathology, dietitian, podiatrist and mental health care. Orders from specialists are documented and referred to in progress notes and care plans. Residents and their representatives are satisfied with level of specialist services and choice of attending doctor.

2.7 Medication management

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

Team’s recommendation

Does comply

The clinical care manager registered nurse division one is responsible for the medication management in the home. The home has medication endorsed registered nurses division two who will administer medication as per the legislation and be a resource for care staff. Medications are stored securely including where residents are able to self-administer. Residents’ medication charts have noted allergies, directions for administering medications and photo identification. Staff note the effectiveness of as-required medication and the registered nurse division one reviews any regularity to administration. Residents that wish to self-administer are deemed as safe to do so by their doctor. Residents and relatives told the team that staff assist them with 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

Residents’ level of pain is assessed initially and in an ongoing manner. Verbal and non-verbal indicators are noted by staff for assessing residents’ level of pain. Assessments of strategies to manage pain are noted. Care staff stated that they report residents’ unresolved pain and contact the doctor to assess the resident. Staff document if any as-required medication has been effective to manage one off episodes of pain. Staff utilise gentle massage, thermal packs or relaxation techniques in addition to analgesia in line with the plan of care. Residents and their representatives said that staff are helpful and responsive to pain management.

2.9 Palliative care

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

Team’s recommendation

Does comply

Palliative wishes of residents in consultation with their representatives are noted during the initial assessment phase. Staff consult with family regarding ongoing specialised care that is required and document in progress notes. As the home is for low care residents, the complexity of any ongoing palliative care requirement is made on an individual basis and discussed with family. A regional palliative care team are consulted to bring expertise in residents’ terminal care. Supportive mattresses and seating are provided for residents’ comfort. Letters of appreciation from families report that staff are caring and compassionate.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Nutrition and fluid assessments are conducted for residents noting any dietary preferences or allergies. Drinks are offered throughout the day to assist in maximising hydration. Care plans reflect assistance required, supplements and any texture modifications. Weights are reviewed monthly or more frequently as assessed to monitor residents’ nutritional status. If residents are observed to have decreased appetites or weight the dietitian and/or speech pathologist are consulted. Residents and their representatives are satisfied with the staff’s response to their requirements.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents skin assessment includes any diagnosed skin conditions or other existing problems. The care plan takes account of devices and aids to protect frail skin and relieve pressure. Regular reviews are conducted in line with each resident’s requirements. Skin emollients and washes are used for residents with fragile skin. Wound assessments are conducted by the registered nurses and plans of care documented. Wound care experts are consulted where there are complex issues. Residents are satisfied with the level of care provided.

2.12 Continence management

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

Team’s recommendation

Does comply

A continence team of carers consults with staff to optimise residents’ continence. Care plans are based on assessments conducted over a number of days observing bladder and bowel function. Staff assist and encourage residents to maintain individual toileting times. Diet and fluids are considered in the plan of care to maintain optimal bladder and bowel function. Residents requiring continence aids are assessed for the most suitable product. Residents and representatives are satisfied with the response and assistance staff provide.

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 with challenging behaviour have care plans reflecting their individual needs. Triggers that lead to exacerbation of a residents behaviour are noted along with strategies to minimise their affect. Assessments for change in residents’ behaviour are undertaken and include physical and psychological aspects. Mental health experts are consulted and review residents with a current diagnosis or acute episodes of challenging behaviour. As the home is a low care facility families are consulted if the resident requires expert ongoing care in behaviour management. Relatives said that staff are patient and caring in their approach.

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 are assessed for mobility and dexterity with resultant needs reflected in the

care plan. The visiting physiotherapist develops individual exercise programs that are recorded in residents' file. Care staff report that they assist residents with their exercises each day. Activity programs incorporate exercises into leisure interests for residents. Residents are initially assessed for falls risk and monthly assessments note any falls incidents. Residents are referred to the physiotherapist if experiencing mobility problems. Residents told the team that staff assist them with mobility and encourage them to exercise.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Oral and dental hygiene needs of residents are assessed and documented in the care plan. Residents and their representatives are supported to consult dentists of their choice in the community. Referrals to the speech pathology are made for residents identified having eating or swallowing difficulties. Residents that are no longer able to assist with their mouth care have specific oral hygiene attended to by care staff. Residents said that staff are helpful with their mouth care.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Residents' sensory losses are identified and managed according to their need. A communication and comprehension assessment reviews speech, hearing and vision. A care plan is developed as a result of the assessment with specific goals and interventions noted. Residents are supported to attend appointments to their nominated service for hearing or sight deficits. Lifestyle staff engage residents in activities or therapies that use a range of materials and objects to stimulate or calm the senses. The team observed staff conducting touch therapy to successfully effect calm and contentment. Residents appreciate the care that staff offer to them with their spectacles and hearing aids.

2.17 Sleep

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

Team's recommendation

Does comply

Residents' care plans identify strategies for staff to use during the settling and sleeping time. Initial assessments of sleep include information from the resident and family to ascertain likely sleep patterns. Care staff support nighttime routines that the resident has for sleeping. Sedation is used in consultation with the resident's medical practitioner and staff check on the effectiveness. Residents reported that the home is quiet at night and staff respond to their requests if they are unable to sleep.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Results from audits, resident suggestions and complaints related to standard three have led to improvements in resident lifestyle and associated documentation. Evaluation of changes is undertaken to assess the improvements and compliance with any modifications. Suggestions from staff are incorporated into improvements. Continuous improvement is discussed at staff meetings, resident forums, newsletters and communicated by notices posted in the home.

Recent examples of improvements for standard three are as follows:

- introduction of specific cultural and spiritual care plan paying attention to those residents with dementia specific needs;
- implementation of baroque music played late afternoon in the dementia specific unit with resultant reduction in agitation of residents;
- the activities officer is undertaking a diploma of diversional therapy supported financially by the home.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identification of relevant changes in legislation and regulatory requirements relating to residents’ lifestyle. Resident agreements are offered to all new residents and contain information on residents’ rights and responsibilities, and complaint mechanisms. Letters are sent to residents and representatives to notify of changes to levels of care and services. The residents’ handbook communicates the internal and external complaints mechanisms, and the charter of resident rights is displayed around the home. Management notify residents or representatives of changes in legislation and regulatory requirements via letters or notices.

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

Educational opportunities are offered in relation to resident lifestyle. Activity staff have qualifications in leisure and lifestyle, and staff stated that management supports

personal development including paid study days. Observation of staff practices in relation to the promotion of independence, and the delivery of the lifestyle program indicated that staff have the skills and knowledge to perform their roles effectively. Education in choice and decision making has recently been offered.

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 inquiring about the home are provided with information about the services provided and are invited to have a tour. Financial arrangements are discussed and residents and relatives are provided with an agreement to review. On arrival residents are orientated and introduced to other residents, staff and volunteers. Care staff, activity staff, and volunteers spend time with new residents and their families to identify support needs and help in adjusting to the change of their environment. Residents and relatives reported they are happy with life within the home and were satisfied with the support they had received.

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

Staff identify independent activities within and outside the home that residents wish to maintain, and their ongoing participation is facilitated where possible. Some residents are able to independently leave the home while others are assisted as required by volunteers and families. Independence is promoted with the use of devices such as visual and mobility aids. The home facilitates visiting community services including banking and shopping to maintain independence of residents. Family and friends are encouraged to be part of the life of the residents and are invited to attend celebrations. Residents spoke fondly of friendships that had developed within the home, and confirmed they are encouraged to be as independent as possible.

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 homes policies, procedures and staff practices recognise residents' privacy, dignity and confidentiality. Residents' information and files are securely stored, and staff were observed replacing them after use. Staff conducted care of residents in a discrete manner, and knocked on doors before entering residents' rooms. Residents commented that they are treated with respect, and staff address them by their preferred name. There are numerous sitting areas with facilities to make refreshments and where residents can spend time alone or entertain visitors.

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's lifestyle program is developed from resident profiles, suggestions from resident meetings, and is tailored to meet residents' individual interests. Three activity staff are supported by volunteers to provide a diverse program to promote socialisation and involvement with the community. Activity plans for group activities are displayed on noticeboards around the home. Activities are offered on an individual basis, small or large groups. The program is regularly evaluated to determine residents' participation and satisfaction with activities offered. Residents and relatives expressed satisfaction and enjoyment with the wide range of activities available. A flexible activity program is offered to cognitively impaired residents that incorporates a range of activities to address the physical, cognitive, and sensory needs of residents.

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

Records show that residents' cultural and spiritual wishes are documented on entry to the home, and residents' are supported to maintain their religious beliefs. Residents can attend the multi denominational services at the home, or are assisted to attend services outside the home if they wish. Weekly television-link services to the home are provided from the local church, and residents can request visits from representatives from different denominations. Activities to address alternative spiritual requests are facilitated by the activities staff. Days of cultural or spiritual significance are celebrated throughout the year, and residents stated they were very happy with the way their spiritual life was supported.

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 are consulted regarding their preferences for their activities of daily living on entry to the home. Residents confirmed their preferences are respected, and stated staff are responsive to any requests that they make. Comments and complaint forms are located in the foyer, and residents who need assistance to make decisions have an authorised representative identified on admission. Care documentation shows residents and representatives are consulted regarding the care and services they receive. A resident committee meets regularly, and residents commented they felt free to voice concerns or issues, and are satisfied with the level of control and decision-making they have regarding their care and lifestyle.

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 their representatives are informed of security of tenure and their rights and responsibilities. The administration supervisor oversees the admission process, and provides explanations of the residency agreement, fees and charges, and security of tenure. Resident admissions are supported by an orientation process that includes an explanation of residents' rights and responsibilities, regulatory compliance information associated with privacy, consent, service provision, and the mission and vision of the organisation. Residents receive an update of the level of care and service provided if the level of care needs change. Residents confirmed an understanding of their rights and responsibilities and knew where to access more information if required.

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

Results from audits related to standard four have led to improvements in the home's internal and external environment and safety systems. Evaluation of changes is undertaken to assess the improvements and compliance with any modifications. Suggestions from residents and staff are incorporated into improvements. Continuous improvement is discussed at staff meetings, residents' forums and communicated by notices posted in the home.

Recent examples of improvements for standard four are as follows:

- introduction of cranberry juice has decreased recurrence of urinary tract infections,
- minimising risk of residents contracting gastroenteritis by posting signs at front door alerting visitors to the situation,
- formation of the food focus group comprising of residents who discuss issues and ideas.

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 systems in place to identify and ensure compliance with all relevant

legislation and regulatory requirements in relation to the homes physical environment and safe systems. The kitchen is properly registered as a food premise, and a food safety program is in place that has been recently audited by an approved body. Fire systems are appropriately maintained and certification requirements have been met. An occupational health and safety committee is in place, and audits are used to monitor compliance with legislative requirements.

4.3 Education and staff development

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

Team's recommendation

Does comply

The orientation process with new employees includes education on occupational health and safety, fire and emergency procedures, and infection prevention. Annual training in manual handling, infection control and fire and emergency training is offered and records indicate high attendance by staff. Kitchen staff are suitable qualified, and education workshops for environmental service staff are conducted. Staff commented they are aware of their obligations of ongoing professional development and have attended the required sessions.

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 management of the home ensures that the residents living environment is safe, clean, and well maintained. Living and dining areas are appropriately furnished, and there is access to smaller areas for residents to socialise. Residents are accommodated in single rooms with private and shared bathrooms, and suites for couples are offered. Residents are complimentary about their environment stating the home is clean, comfortable and well maintained. Routine maintenance issues are promptly identified and actioned, and a preventative maintenance program is in place to ensure the regular upkeep of equipment and the 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

The home actively works to provide a safe working environment that meets regulatory requirements. Trained occupational health and safety representatives form part of a multi disciplinary committee that meets every three months. Occupational health and safety issues are communicated to new staff at orientation, and manual handling education is conducted. Staff practices and the environment are monitored, and risk assessments are completed to facilitate safe work practices. There are mechanisms for the regular assessment and reporting of risks, which are then discussed at meetings.

Staff expressed satisfaction with health and safety issues and stated enough equipment was available and in good condition.

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

Emergency procedures, evacuation plans, and evacuation packs are prominently located around the home. Routine inspections and maintenance is conducted on fire equipment, and contracted fire professionals complete appropriate documentation. Designated fire exits are clearly signed and free from obstruction, and the home meets the requirements of the current certification. The home has a smoke free policy and provides designated smoking areas external to the building for residents and staff. There is a process in place to ensure the safety tagging of electrical equipment. Security measures are in place such as, keypad coded entry and exit doors, and a sign in and out register in the foyer. The home undertakes fire drills and staff confirmed an understanding of their roles in case of a fire or emergency, and their attendance at fire training.

4.7 Infection control

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

Team's recommendation

Does comply

The portfolio for infection control is managed by the clinical care manager. Procedures to manage infectious outbreaks are available for care staff to follow. Identification of resident infections are logged and trends are noted and discussed with staff and the resident's doctor. An influenza vaccination program for staff and residents is conducted annually. The team observed staff using hand washing facilities and personal protective equipment to minimise cross infection. An external podiatry service supplies sterile stock for resident treatments. Staff told the team measures they use for infection control in their work area.

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

Food services cater to resident's needs and preferences. Kitchen staff are sent changes to resident diets by care staff and supply food and drinks in keeping with requests. Cleaning of the home is according to a schedule with high use areas cleaned each day. Residents' rooms are thoroughly cleaned each week including high dusting. Personal laundry is laundered within the home and residents' clothing is delivered to their rooms. The home has a labelling machine that staff use to identify residents' clothing. Residents and their representatives said that the hospitality services meet their needs and requests.