



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredit Helping Hand Aged Care - Carinya

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Helping Hand Aged Care - Carinya in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Helping Hand Aged Care - Carinya is 3 years until 9 December 2011.

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 compliance with the Accreditation Standards.

Virginia Matthews
Assessment Manager

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

Home and Approved Provider Details

Details of the Home

Home's Name:	Helping Hand Aged Care - Carinya				
RACS ID:	6148				
Number of beds:	50	Number of High Care Residents:	35		
Special Needs Group catered for:	• People with dementia and related disorders				
Street:	17-19a Victoria Road				
City:	Clare	State:	SA	Postcode:	5453
Phone:	08 8842 2366		Facsimile:	08 8842 2401	
Email address:	swaldhuter@helpinghand.org.au				

Approved Provider

Approved Provider:	Helping Hand Aged Care Incorporated
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Assessment Team

Team Leader:	Susan Smith
Team Member:	Jeane Anne Hall
Date of audit:	23 September 2008 to 24 September 2008

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

Accreditation Decision

Agency Findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency Findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Helping Hand Aged Care - Carinya
RACS ID	6148

Executive summary

This is the report of a site audit of Helping Hand Aged Care - Carinya 6148, 17-19a Victoria Road – CLARE SA 5453 from 23 September 2008 to 24 September 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Helping Hand Aged Care - Carinya 6148.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends there should be three support contacts during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and 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 23 September 2008 to 24 September 2008.

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:	Susan Smith
Team Member:	Jeane Hall

Approved provider details

Approved provider:	Helping Hand Aged Care Incorporated
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Details of home

Name of home:	Helping Hand Aged Care - Carinya
RACS ID:	6148

Total number of allocated places:	50 (includes 1 respite)
Number of residents during site audit:	50 23/9/08 and 49 24/09/08
Number of high care residents during site audit:	35
Special needs catered for:	People with dementia and related disorders

Street:	17-19a Victoria Road	State:	SA
City/Town:	CLARE	Postcode:	5453

Phone number:	08 8267 0888	Facsimile:	08 8267 2215
E-mail address:	accreditation@helpinghand.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Helping Hand Aged Care – Carinya.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends 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.

Audit trail

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

Interviews

	Number		Number
Care manager – Carinya	1	Residents	4
Care manager – Belalie Lodge (previously clinical nurse)	1	Relatives	3
Registered nurses	2	Hotel services team leader	1
Enrolled nurses	2	Catering services coordinator	1
Care staff	2	Catering staff	2
Divisional general manager	1	Administration assistant	1
Divisional care services manager	1	Activity/volunteer coordinator	1
Divisional business manager	1	Volunteer	1
Hotel services manager	1		

Sampled documents

	Number		Number
Residents' files, including admission/discharge data, general practitioner notes, progress notes	5	Medication charts with chart for evaluation of 'as required' medications	5
Deceased resident file, including care plans	1	Treatment charts	2
Respite resident's file and care plan	1	Bowel charts	5
Assessments, care plans and care reviews, including case conferences	5	Nurse initiated medications, authority signed by general practitioner	1
Power of attorney and or guardianship documents	4	Self administration of medications assessment	1
Restraint assessment, authorisation, plan and monitoring chart	4	'Good palliative care plan' documents and terminal care needs form	4
Podiatry assessment and reviews	4	Physiotherapist assessment, plans and reviews	6
Observation records, including vital signs and weight	5	Physiotherapist exercise programs	3
Occupational therapist assessment and notes	1	Personal files	8
Social/Cultural/Preferred Lifestyle/religions Care Plans	7	Resident agreements	2
Dietitian review and special meal plan	1		

Other documents reviewed

The team also reviewed:

- Quality improvement/Safety and Wellness Committee meeting minutes, action forms, action plans, schedule of audits and results, various research project results, improvement records and evaluation, benchmarking data
- Mission/Philosophy of care, objectives, code of care, duty of care statements
Legislative changes index, police clearance records, staff practising certificates, asbestos policy and register, audited financial statement, asset register
- Annual training program, training attendance records and evaluation sheets, mandatory training records, training certificates, orientation checklist and records, staff survey results, continual professional development log books, skills matrix, agency staff use trends, fire drill reports
- Performance appraisal records, competencies schedule and assessments, practicing certificates, job and person specifications, staff rosters, staff handbook, orientation handbook, code of conduct
- Contractors' folder for care services and one for hotel services with a list of preferred suppliers and contractors, external contractors details and certification, including pest control, fire services, electrical services and meat supplier, sample copy of agreements, corporate contractor management guidelines
- Meeting schedule weeks one to four 2008, staff meetings terms of reference and meeting minutes, registered nurses meeting minutes 2008
- Policies and work instructions for care services and lifestyle
- Memo folder with various memos, including nail care

- Policies and procedures work instructions and flow charts
- Clinical care annual audit and data collection schedule, and various audit results 2008, wound data 2008, organisational meeting protocols
- Admission assessment package, care procedures manual, resident incident reports, medication incident reports, communication book, appointment diary, referrals folder, telephone directory, nursing bulletins folder and completed forms, handover sheet for agency and new staff, staff allocation sheet with fire warden and names of credentialed care staff who work higher duties, care review schedule, general practitioners visiting schedule 2008, palliative care assessment forms and kits
- Clinical audits and benchmarking project folder, clinical documentation projects with improvement records and evaluations for nutrition and hydration, restraint, pain management and palliative care 2008, falls reports and incident data 2008, memo to staff regarding finger nail care for residents dated 24 September 2008, restraint flow chart and nurse initiated medication procedures
- Pharmacy ordering folder and sheet, imprest usage records, controlled drug count record and register
- Thank you cards
- Resident meeting minutes, comments and complaints data, resident handbook, resident survey results, food survey results, activity program and activities attendance records, photographic records, special days calendar
- Newspaper articles, diary, communication book, memos, emails, letters, staff and resident newsletter
- Hazard and risk identification folder with register and completed forms 2008
- Food safety plan, recipe folder, meal survey results August 2008, Dietitian menu report May 2007, dietitian menu templates, menus for weeks one to four, Cottage one to four information folder with dietary requirements and diet change forms, catering master forms folder, catering audits and results 2008, communication book for each cottage, kitchen cleaning schedules and sign off sheets, kitchen and care services communication book
- Cold room, freezer, delivered and cooked foods, dishwasher and each cottage kitchenette fridge temperature monitoring and records, council inspection report for main kitchen August 2008
- Cleaning procedures manual, safe operating instructions for equipment
- Material safety data sheets, hazardous substances and material safety data sheets register, maintenance requests booklet and completed forms, preventative maintenance schedules, electrical testing and tagging records
- Security procedures and checklists to sign for each cottage
- Infection control data and analysis 2007 and 2008, monthly infection register 2008, register for potential gastroenteritis and monitoring of residents, organisational pandemic influenza management plan, staff and resident influenza vaccination records
- Annual audit and data collection schedule for hotel services, environmental and housekeeping audit results 2008
- Essential safety provision log book with fire systems monitoring, servicing and auditing results, defect reports, maintenance log sheets, resident evacuation list, block plans for fire services, emergency procedures flip charts and emergency procedures manual, Commonwealth 1999 building certification records, fire safety declaration to Department of Health and Ageing 2007, fire alarm reports, fire drill records and evaluations 2007 and 2008, SA Metropolitan Fire Services Triennial Fire Safety Certificate 31/03/2008.

Observations

- Internal and external living environment, including secure cottage and secure outdoor areas, large central courtyard, lounge and dining rooms, kitchenettes, resident rooms and ensuites, library, large central activities room, quiet areas, large fish aquarium, call bell facilities
- Activities in progress, lunch in progress, lifestyle activities, doll therapy, visiting dog 'Buddy' interacting with residents and staff, residents mobilising with and without aids, including electric and non electric wheelchairs
- Living dolls, men's shed
- Interactions between staff and residents
- Staff and resident noticeboards
- Personal protective equipment
- Suggestion boxes
- Signage
- Equipment and supply storage areas, including toiletries, medical supplies, dressings and continence aids, mechanical lifters, three skip trolleys with lids, hairdressers
- Nurses station with various manuals, resource folders, communication processes, including whiteboards, medication and medical equipment room with medication storage, imprest supply, medication trolley, S4 and S8 licence, blood glucose monitoring machine, and portable oxygen cylinders and equipment, and first aid box
- Main kitchen work processes, food safety signage, colour coded chopping boards guidelines, various work instructions for equipment, cold room and freezer with appropriately stored foods, food stuff dated, condiments with date of opening, dry stores and supplies
- Cleaners room with fully equipped trolley and various cleaning and products supplies, including colour coded mop heads and cleaning cloths, guidelines for colour codes on wall
- Fire indicator panel, fire suppression equipment and evacuation plans.

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

Carinya is one of seven homes in the Helping Hand Aged Care Inc. group of aged care facilities and uses corporate quality improvement systems to identify and action opportunities for improvement. Issues identified are added to the continuous improvement action plan and addressed according to the allocated timeframes. Progress is monitored at a site level by the clinical care team and the hotel services team and at a corporate level by the regional Quality Improvement/Safety and Wellness Committee. The home is increasing its focus on identifying and evaluating benefits for key stakeholders, and is using a variety of methods to capture information, including audit results, resident and staff surveys, benchmarking and discussions at meetings. Continuous improvement is a standing agenda item at all meetings, including resident meetings. Residents, representatives and staff are aware of the home’s quality management systems and how they can contribute to continuous improvement. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- A range of improvements have been introduced to the home’s audit system following a review of the audit process. A summary analysis and trending is undertaken of each audit conducted and results reported at the Quality Improvement / Safety and Wellness Committee. Benchmarking has been introduced across the three sites in the region and all data is placed on the shared drive. Staff report that this has clarified the audit system and enables them to readily identify opportunities for improvement.
- The organisation has created an admissions officer for the division. This is in response to resident survey results that identified the need to provide consistent information to prospective residents and their representatives. The admissions officer meets with residents and their representatives prior to entry to the home, and has developed an information pack that meets organisational and legislative requirements.
- The home has reviewed the staffing structure in response to staff survey results. The care manager is now responsible for the Carinya site only. Feedback from staff is that the new structure is meeting their needs and assisting them to provide care for residents.

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 developed systems, including planned auditing and monitoring of staff performance to identify and manage regulatory compliance. The care manager identifies changes to legislation that affect the operation of the home and passes information to relevant staff. Relevant legislative changes are made available to staff through the staff noticeboard, staff meetings and memos. Education sessions are held as required. The site maintains a legislative changes index, and legislation is a standing agenda item at Quality Improvement / Safety and Wellness Committee meetings. The home has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframes, and maintaining an updated asset register. Staff at the home understand and use the system.

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

Annual staff surveys and performance appraisals are used to develop the home's annual training calendar. Regular audits monitor staff knowledge and skills for performing their roles effectively. The home accesses external training programmes and staff are encouraged and supported to apply for scholarships and grants. The staff continual professional development program encourages and assists staff to access the wide range of training and development available to them. Education and development in management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last 12 months. Topics include information technology, project planning, financial management and governance.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents are provided with information about their rights and the internal and external complaints mechanisms available to them by a variety of methods, including the resident handbook and information posters which are prominently displayed in the home. Processes such as resident surveys, comments and complaints, staff and resident meetings and informal discussions identify areas of concern. A locked suggestion box is located in the foyer and comments and

complaints feedback forms are on display. Comments and complaints are reviewed and trended every three months, and results are reported at the organisation's regional meetings. Staff assist residents to use the system when this is required. While residents and their representatives are provided with information about formal internal and external complaint mechanisms they prefer using informal discussions with management and staff. Residents and representatives are aware of the home's complaint mechanisms and are generally comfortable in approaching staff or management with any 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 its code of conduct, objectives and mission/philosophy of care. These statements are clearly displayed in the home and included in the resident handbook and staff and volunteer employment information packs.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

The home has processes to identify staff levels and skills mix required to meet care and service needs. The care manager and the hotel services manager combine resident care needs with staff and resident feedback to determine the number of appropriately qualified and skilled staff required for direct care needs and service delivery. The home maintains a casual relief nursing and personal care staff pool, and uses this to meet residents' short term changing needs and as a back-up as needed. Hotel services staff at the home's regional sister sites are available for back-up staffing relief for hotel services. The home is responsive to staff and resident feedback, and has recently reviewed and increased hours in nursing and personal care. There are processes for identifying prospective staff who meet resident preferences and the organisation's philosophy. Surveys, audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. Staff generally have sufficient time for their duties. Residents and their representatives are generally satisfied with staff responses to their care 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 a system to facilitate the availability of an adequate supply of goods and equipment for care and services. Factors taken into consideration by the home when considering required goods and equipment include:

- legislative requirements specific for residents with high and low level care needs
- increasing care needs of residents
- staff feedback
- occupational health safety and welfare requirements

Designated staff take responsibility for specific stock control and ordering. The home has a preventative and corrective maintenance program and resources external contractors. Staff participate and provide feedback during trials of new equipment prior to purchase. Staff, residents and representatives are satisfied there is adequate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has and consistently uses information management systems to facilitate staff access to the necessary information required to carry out their role in the provision of care and services. These include both corporate and site specific processes, either through the organisation's intranet system or printed documents and information. Documented and computer accessible policies and procedures, along with legislation guide and direct the home in records management, care and lifestyle assessment, planning and evaluation and information technology. Adequate and appropriate information is given to residents and representatives to enable them to make informed decisions about care and lifestyle. Regular audits, staff, resident and representative feedback is used to review and evaluate information management systems. Staff, residents and representatives are satisfied they have access to appropriate and timely information.

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 corporate and site specific processes to ensure external services are provided to an agreed standard and quality. The home uses formal and informal agreement, feedback and evaluation processes. A documented list of preferred suppliers and contractors is readily available for management and designated staff. Designated managers in consultation with relevant staff evaluate the effectiveness of the service provided and liaise with them to address identified deficiencies. External services may be terminated should they not meet the requirements of the home, and other services resourced. The home has recently changed the contracted physiotherapy and podiatry services. Services contracted externally include linen services and allied health. Staff, residents and representatives are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has continued to develop its continuous improvement system. Regular care and staff practice audits, staff and resident surveys, incident and hazard reporting, and comments and complaints are used to identify opportunities for improvement. Progress is monitored by the regional Quality Improvement / Safety and Wellness Committee and the site clinical care team. Feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement relating to this Standard. The home demonstrated results of improvements relating to health and personal including:

- The organisation has recently created the position of clinical education coordinator. The site is using this person to increase clinical education and to assist with annual staff competency assessments. Staff report that this has increased the amount of clinical education available to staff and has reduced the workload on senior staff in relation to annual competencies.
- The home has improved pain management following audit results. A new pain assessment tool has been developed that includes a pain assessment flow chart and the use of a specific pain scale used for residents with cognitive and communication difficulties. Procedures have been written and staff provided with education in the use of the new tools. Staff feedback is that they have increased competencies and confidence in pain assessment and management.
- Palliative care has been improved in the home following staff feedback. An 'Easy Approach to Anticipatory Directive' brochure has been developed and is to be provided to residents and relatives. Staff have received training in palliative care planning and documentation, and anticipatory directives have been added to the annual education calendar.

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 effective systems and processes to identify and manage regulatory compliance relating to residents' health and personal care, including the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. Links with professional associations provide information about changes to legislation that affect the operation of the home. Relevant information is made available to staff who are required to sign that they have read and understood the information. Staff at the home understand and use the system.

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

Performance appraisals, surveys and skills audits are used to monitor staff knowledge and skills in residents' health and personal care. Specialised education is accessed as needed, and staff are encouraged to access the wide range of training and development available to them. The organisation has recently created the position of clinical education coordinator to assist in clinical education and annual competencies. Education and development in health and personal care has been provided to nursing and personal care staff over the last 12 months. Topics include nutrition, advanced care planning, dementia care and diabetes.

2.4 Clinical care

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

Team's recommendation

Does comply

The home has processes to assess, identify, plan, action, evaluate and monitor appropriate clinical care for residents. Staff are guided and directed by policy and procedures, which are printed and accessible on the organisation's intranet system. Information is collected from various sources at the time of entry and an interim care plan implemented. Registered nurses with input from enrolled nurses and care staff complete assessments across all care domains over a 21 day timeframe. In-depth care plans are developed and implemented from this data. The home has recently improved documented care plans to a user friendly format. Care evaluations are scheduled and completed every three months in consultation with residents, representatives and staff. Case conferencing with care and nursing staff has been implemented. The home uses a modified assessment, care planning and evaluation process for residents who enter the home for respite. Regular audits, observation and supervision of staff and formal and informal feedback from staff, residents and representatives are used to monitor staff practices. The nursing bulletin, handover, progress notes, communication book, appointment diary, and allied health referral folder are used to monitor and communicate information about residents' changing needs and preferences. Residents and representatives are generally satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Registered nurses complete assessments, develop care plans and evaluate the effectiveness of care interventions for specialised nursing care needs. Enrolled nurses under the supervision of registered nurses attend specific aspects of specialised nursing care, including simple wound management, clinical observations and medication administration. The home resources specialist nursing services advice and education as required, either through corporate specialists or external specialist services. Regular audits, staff qualification and competency checks, and registered and enrolled nurse meetings are used to monitor staff practices. Processes are in place and consistently used to monitor and communicate residents’ changing needs and preferences. Staff confirm they have appropriate and adequate equipment and supplies to provide specialised nursing care. Residents and representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

The home has processes to identify residents’ needs and preferences and referrals are made to appropriate health specialists. Registered nurses generate referrals to general practitioners and allied health professionals, including dietitian, speech pathologist, physiotherapist, podiatrist and occupational therapist. These services are provided in the home with the external providers completing assessments, developing care plan strategies and evaluating specific care interventions. Processes are in place and consistently used to monitor staff practices and communicate residents’ changing needs and preferences, including the referral folder and referral forms. Residents and representatives are satisfied with the home’s referral processes.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has processes to facilitate the provision of safe and correct medication management, including storage, supply, administration, and legislative requirements. Staff are guided and directed by documented policies and procedures, including nurse initiated medications. Medications are supplied in pre-packaged blister packs. Assessments are completed to identify individual resident’s administration needs, which are included on the medication chart to guide and direct staff. Registered and credentialed enrolled

nurses administer medications. General practitioners review residents' medications at least every six months. The pharmacist completes medication management reviews for all residents annually and provides a report to the general practitioner and the home. Processes are in place and consistently used to monitor staff practices and communicate residents' changing needs and preferences. Medication incidents are reported and monitored with actions being implemented to improve staff practices and resident outcomes. Robust processes have been implemented to reduce medication incidents, including signature omissions with a reduction of 40% from May to August 2008. Residents and representatives are satisfied with the home's medication management.

2.8 Pain management

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

Team's recommendation

Does comply

Residents who experience pain indicated their pain is managed effectively, and that they are kept as pain free as possible with the use of analgesic medication and alternative therapies. The home has processes to assess, identify, action, evaluate and monitor residents' pain care needs, including for those with cognitive and communication difficulties. The home has reviewed their systems and is implementing robust pain management processes. This includes flow charts, pain assessment tools and pain management plans, which are currently being trialled. The physiotherapist has an increased role in residents' pain management. The home promotes, uses and evaluates alternative pain management therapies, including heat packs, massage, repositioning, and pressure relieving devices. The home regularly evaluates 'as required' pain medication in consultation with residents, representatives and general practitioners. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences.

2.9 Palliative care

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

Team's recommendation

Does comply

The home has processes to facilitate the provision of residents' terminal care wishes and preferences. On entry to the home staff consult with residents and or representatives about their end of life wishes. Should this not be identified at this time, this is followed-up at a later date. Staff are sensitive to residents and representatives comfort in discussing end of life wishes and respect their choice not to discuss the topic. A specific palliative care plan, which covers all care domains, replaces the existing care plan when residents enter that part of their life. The home resources local palliative care and specialised nursing care services as required. Staff are satisfied they have access to appropriate goods and equipment necessary to provide palliative care. Representatives are satisfied with the palliative care provided.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Entry assessment, care evaluation and monitoring processes are consistently used to identify, plan, action and monitor residents’ nutritional and hydration requirements. The home has completed a project and implemented robust systems and processes to facilitate improved outcomes for residents, this includes increased weight monitoring and a malnutrition screening tool. While this has not been formally evaluated as yet early indicators reflect improvements. Registered nurses make referrals to speech pathologists and the dietitian as required, in consultation with the resident, representative and general practitioner. A dietitian now visits the home every month to provide ongoing review and support. Registered nurses monitor residents’ weights and complete the malnutrition screening tool every three months with the care reviews. Residents’ hydration needs are met with the provision of jugs of fluid in their rooms, as well as morning and afternoon tea, and drinks with each meal and supper. Residents’ individual needs and preferences are documented on the dietary forms and a copy provided to the catering service. Registered and enrolled nurses advise the catering service of any changes in residents’ dietary requirements through a dietary change form. Residents and representatives are generally satisfied with the home’s response to nutritional and hydration needs.

2.11 Skin care

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

Team’s recommendation

Does comply

Entry assessment, care planning, evaluation and monitoring processes are consistently used to maintain residents’ skin integrity consistent with their general wellbeing. Skin assessments, including a pressure risk assessment are completed and individualised skin care plans developed and implemented. Other care plans, including personal hygiene and continence management include relevant skin care strategies. Registered and enrolled nurses develop and evaluate wound management care plans with registered nurses being responsible for complex wounds. Pressure relieving devices and practices are available and used. Processes are in place and used to monitor staff practices and communicate residents’ changing needs and preferences, including analysing and trending skin integrity deficits, such as skin tears. Residents and representatives are generally satisfied with the skin care provided.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has a continence management system that identifies individual resident needs, plans appropriate care and evaluates the effectiveness of care interventions. Continence assessments identify residents' individual needs and preferences, including assistance and continence aids required, frequency of assistance and toileting. Care plans are developed from this information. The home resources the organisation's continence nurse for support and staff education. A continence communication book has been introduced to facilitate improved communication processes between care and nursing staff regarding resident continence care needs and changes between care reviews. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences. Residents and representatives are satisfied with the home's continence management.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has processes to identify, plan, action and monitor behaviours of concern. Behaviour assessments are completed to identify the behaviour of concern, triggers or causes and effective strategies. Individualised care plans are developed and implemented from this information. Mental health specialist and behavioural advisory services are resourced. Dolls made in the likeness of a resident's child are used as part of behaviour management plans with positive outcomes for residents. The home uses restraint as the last alternative intervention after trialling alternatives for three days, such as having the bed at the lowest level. Restraints used include bed rails and a lap sash. Staff are guided and directed by documented restraint policies, procedures and flow charts. Adverse events, including physical aggression incidents are monitored, reported and trends identified with action plans being implemented. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences. Residents and representatives are satisfied with the home's approach to behaviour management.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home has processes to assess, identify, plan and evaluate residents' mobility, dexterity and rehabilitation needs. A registered nurse assesses residents' abilities on entry to the home, and includes relevant strategies on the interim care plan. The physiotherapist assesses all residents soon after entry, develops care strategies and individualised exercise programs, which are included with care plans. Generally residents enter the home with assistive mobility devices that assist them to be as independent as possible, including walkers, walking sticks and wheelchairs. The home assists those residents that require new or alternative devices to resource them, including devices that assist residents to put on stockings and socks. Care staff provide and or support residents with their exercise programs. Processes are in place and

used to monitor staff practices and communicate residents' changing needs and preferences, including trending falls and skin tear data. Residents and representatives are satisfied with the home's approach to optimising mobility, dexterity and rehabilitation.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The home has processes to identify concerns and monitor residents' oral and dental health. Oral and dental health assessments are completed to identify residents' individualised needs and preferences. The home has introduced a more detailed oral health assessment that identifies and prompts referral to dental services. Care plans are implemented based on assessment information. While the home has difficulty resourcing external dental services to visit the home, process are being implemented to source such services. Residents are supported to attend external dental appointments. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences. Residents and representatives are satisfied with the oral and dental care.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home assesses, identifies, plans and evaluates care for sensory loss, including all five senses. Assessments are completed to identify residents' individualised needs and preferences. Care plans are implemented based on the assessment information. Care plans include specific strategies to address identified losses, preferences and needs, including assistive devices. External specialist services are resourced. Processes are in place and used to monitor staff practices and communicate residents' changing needs and preferences. Residents and representatives are satisfied with the home's management of sensory loss.

2.17 Sleep

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

Team's recommendation

Does comply

The home has systems and processes to promote natural sleep patterns for residents. Individualised needs and preferences are identified during assessment processes and included in care plans. This includes environmental needs and preferences to assist residents to sleep or rest during the day. Non-pharmacological strategies are promoted, which include warm drinks, repositioning, pain relief and other comfort needs. Residents and representatives are satisfied with the home's approach to promoting 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

The regional Quality Improvement / Safety and Wellness Committee monitors continuous improvement activities and actions for this Standard. Planned audits and surveys are used to demonstrate measurable results for residents. Feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement relating to this Standard. Residents and their representatives are satisfied with the home’s quality management systems and how they can contribute to continuous improvement. The home demonstrated results of improvements relating to resident lifestyle including:

- Following education in dementia training staff raised the need to improve residents’ outdoor living environment. Working with an external behavioural service, staff are upgrading one of the external courtyards, and developing a sensory garden that will improve resident’s access to outdoor activities, particularly residents with dementia.
- The home has researched and introduced the living doll project for residents with dementia. Seven personalised babies have been made for selected residents and staff have received training in doll therapy. A doll behaviour chart monitors residents behaviour prior to and following the introduction of the personalised doll. Of six residents monitored prior to the introduction of the therapy, four have shown benefits in a reduction in anxiety and an increase in socialisation.
- Resident interaction with the local community has been increased with the introduction of a Classic car and bike exposition. Staff worked with local businesses and community members and held the exposition. A barbecue and drinks were provided, and staff invited members of the local community to show their classic cars and bikes. Eight business and community members took part in the event. Newspaper reports, photographic evidence and feedback from residents indicate that the exposition was successful in promoting resident interaction with their local community.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has established systems to monitor regulatory compliance relating to resident lifestyle. This includes the provision of lifestyle and activity programs consistent with the *Quality of Care and User rights Principles 1997*, protecting residents' privacy, maintaining confidentiality of resident information and providing resident agreements that assist them to understand their rights and responsibilities. All changes are reviewed and passed to relevant staff for action. Staff at the home understand and use the system.

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

Regular audits and surveys are combined with annual performance appraisals to monitor staff knowledge and skills. Gaps identified through these processes are combined with staff feedback to develop the annual training schedule. The home accesses external training programs and staff are encouraged to maximise the training opportunities available to them. Education and development in resident lifestyle has been provided to lifestyle staff over the last 12 months. Topics include dementia care, doll therapy, managing behaviours of concern and independence.

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 are assisted to adjust to life in residential care by processes, such as a welcome card and placing fresh flowers in their room on entry. Activities which maintain links with their past, including working with the local red cross group and producing items for sale, are actively encouraged. Ongoing reviews monitor the effectiveness of strategies implemented. Residents and their representatives are satisfied with the level of emotional support given on entry and on an ongoing basis, including the information they receive prior to entering the home.

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

Care and lifestyle plans include strategies that encourage residents to retain independence and maintain long standing friendships and associations. The home is located near the main street of the town, and residents are assisted to maintain contact with their local community. This includes doing their own personal shopping in the main street, and attending the local community leisure group. Regular care and lifestyle reviews monitor the effectiveness of strategies implemented. Residents are satisfied with the way staff assist them to retain their independence and maintain their parish connections and meaningful relationships.

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

Information included in resident files, policy and procedure documents and the code of conduct supports residents' right to privacy, dignity and confidentiality. Staff, residents and volunteers are informed of the home's privacy and confidentiality processes through resident and staff meetings and information booklets. Regular surveys and audits monitor compliance with privacy policies and procedures. Staff are aware of residents rights and strategies to maintain privacy and dignity during personal care. Residents are satisfied with strategies staff use when providing care, including respecting the use of 'engaged' signs and using their preferred name.

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

Regular assessment and lifestyle planning processes identify and document strategies to respond to residents' individual interests and preferred activities. Monitoring processes, including lifestyle program evaluations are used to determine the ongoing suitability of the activities provided, and the extent to which they meet residents' individual needs and interests. Residents are actively encouraged and supported to participate in individual and group activities. The home has extensive volunteer support from the local community, and uses this to assist and support residents to attend activities of their choice in the town and the wider community. This includes entering exhibits in the local show and taking part in the annual Christmas pageant. Processes, such as prominently displaying the monthly activity calendar in each resident's room assists care staff to include activities in daily care. Residents are satisfied with the wide range of activities available to them.

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 identified residents' cultural and religious backgrounds and any practices that are of significance to them. Lifestyle planning and review processes document and maintain suitable strategies to support residents' individual needs. Services are held on site and representatives from four religious orders visit the home regularly to provide for residents' spiritual support needs. Events scheduled in the home's activity calendar provide opportunities for residents to participate in events of local, cultural and religious significance, such as attending the dawn Anzac Day service in the town. Residents and their representatives are satisfied with the level of spiritual and cultural support offered.

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 assisted to participate in decisions about their care, lifestyle and the services provided for them by processes, such as surveys, resident meetings and informal discussions. Care plans and resident files include information on residents' capacity to make informed choices and representatives who can assist with care and lifestyle decisions when the resident is unable to do so. Residents and representatives are satisfied that they are kept informed and involved in decisions about the care and services they receive.

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

Policies and procedures support residents' right to safe and secure tenure and staff's responsibilities to protect these rights. The resident agreement includes information about fees and charges, security of tenure and resident decision making forums. Processes, including interviews with the regional admissions officer prior to entry assist residents and their representatives to understand the issues that affect their tenure in the home. Residents and representatives are satisfied with the information provided and the processes used to assist them to understand 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

Planned audits and surveys are used to demonstrate measurable results for all stakeholders relating to physical environment and safe systems. Issues identified are added to the continuous improvement action plan and addressed according to the allocated timeframes. Progress is monitored by the regional Quality Improvement / Safety and Wellness Committee and the site hotel services team. The home demonstrated results of improvements relating to physical environment and safe systems including:

- Survey results indicated that some residents in the home had poor reception on their television sets. Staff liaised with a local electrical store to borrow set top boxes for affected residents. The set top boxes were trialled with an improvement in reception. Set top boxes have now been purchased and residents, televisions tuned to the system. Resident meeting minutes reported an improvement in television reception.
- The home reviewed its WorkCover claims and introduced strategies to reduce the risk of staff injury. Manual handling risk assessments were undertaken and the use of slings and lifters was reviewed. Train the trainer education skilled on-site staff to undertake training and correct poor practice on a daily basis. Since the introduction of the strategies incidents have reduced from 30 incidents in 2007 to two incidents 2008.
- Staff raised the issue of safety in the kitchen on weekends when they work alone. A subsequent risk assessment confirmed that staff may not be able to access the wall mounted phone in certain emergency situations. Emergency response pendants were purchased and issued to staff when working alone in the kitchen on weekends. Staff feedback confirms that this has significantly reduced the risk of them not being able to contact anyone in the event of illness or injury.

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 to monitor and maintain regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations and monitoring and maintaining fire safety systems. Links with professional associations provide information about changes to legislation that affect the operation of the home. All changes are reviewed and passed to relevant staff for action. Staff at the home understand and use the system.

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

Surveys and annual audits on all aspects of service delivery are used to monitor staff knowledge and skills required to perform their duties. These are generally effective. The staff continual professional development program encourages and assists staff to access the wide range of training and development available to them relevant to their roles. Education and development in physical environment and safe systems has been provided to all work groups over the last 12 months in areas, including manual handling, infection control, food safety and behaviours at work.

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 systems to facilitate, monitor and maintain a safe and comfortable living environment for residents and staff. The home has recently implemented robust out of hours safety and security procedures for each cottage. There are four cottages that interconnect through internal corridors, one cottage provides a secure environment. Each cottage has a dining, lounge area and kitchenette with some quiet areas and a large central activities room. Residents' have single rooms with ensuites with some personalising their rooms. Some cottages have a laundry for residents' personal use. There are secure outdoor areas, including a large central courtyard. The home has restraint assessment, care planning, evaluation and monitoring processes. There are routine and preventative maintenance programs. The home monitors, identifies and rectifies hazards and plans improvements through reporting mechanisms, internal and external audits. Residents and representatives are satisfied with the level of comfort, safety and security 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

The home's management is actively working to maintain a safe working environment for staff and residents that meets regulatory requirements. Organisational policies and procedures, and site specific duty statements and work schedules guide and direct staff. The home has hazard identification, risk management, injury prevention and reporting processes. The site health and safety representatives are members of the Quality Improvement / Safety and Wellness Committee. The Quality Improvement / Safety and Wellness Committee monitor results of workplace inspections, audits, incidents and hazards. Staff injury prevention is promoted with training and education resulting in a low staff injury rate. The home has monitoring systems, including, environmental audits, workplace inspections, supervision and monitoring staff practices and external audits. Staff are aware of their obligations under occupational health safety and welfare legislation.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to monitor, detect and respond to risks associated with fire, security and other emergencies. This includes the universal emergencies as well as partial and complete electrical failure, gas leaks, cold water failure, and earthquake. Emergency procedures manuals and flip charts, evacuation plans and appropriate fire fighting equipment are readily available to staff. Annual mandatory fire training is overdue, however, regular fire drills are conducted every two months. The home has a documented resident evacuation list readily available with the fire indicator panel. Staff confirm they are aware of their responsibilities with fire, security and other emergencies. The home meets the safety requirements of the Commonwealth 1999 certification instrument and has a current South Australian Metropolitan Fire Services Triennial Fire Certificate. The home has monitoring systems, including internal and external audits. Residents are regularly informed of their responsibilities in the event of fire through resident meetings, and are reminded by a laminated sign behind their room door. Residents and representatives are generally aware of what to do in the event of fire.

4.7 Infection control

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

Team's recommendation

Does comply

The home has policies, procedures, plans, practices and equipment available to monitor, identify and control infection. This includes:

- outbreak management plans for gastroenteritis, including a gastroenteritis outbreak resource box
- organisational pandemic influenza management plans
- food safety plan
- adequate hand-washing facilities throughout the home

- personal protective equipment, such as disposable gloves, overshoes, gowns and aprons, goggles and masks
- temperature monitoring and recording is undertaken of food deliveries, cooked food, cold room and freezer, dishwasher and each cottage's fridge
- pest control and waste management, including for sharps.

The clinical nurse has overall responsibility for the home's infection control program with support from the care manager. Staff are provided with education on infection control. The home monitors infections and the environment through various systems, including, identifying, recording, collating and trending resident infections with preventative measures for improvements. Resident infection rates are generally low. Staff indicated they have personal protective equipment readily available and understand their responsibilities in their use. The home implemented an organisational wide program at the home to increase resident and staff vaccination rates against influenza. The home has had a marked increase in staff and a high number of residents having the influenza vaccination this year.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has systems and processes to provide and monitor quality hotel services, including catering, cleaning and laundry for residents and safe work environment for staff. Resident's food preferences and needs are identified on entry to the home and on an ongoing basis. Meals are cooked fresh on site each day and menus developed in consultation with a dietitian and residents, taking into consideration special dietary requirements. Residents are offered alternatives at each meal. Breakfasts and evening meals are set up and provided from the main kitchen and served from the kitchenettes. The midday meal is served from the main kitchen. Whiteboards in each cottage are used to display the daily menu for the current and following day. A communication book is used for each cottage. This book is kept on the meal trolleys to provide prompt feedback regarding any meal complaints or compliments.

Cleaning services are provided five days per week by the home's staff, following scheduled routines and duty lists, which are monitored on a regular basis. Care and nursing staff provide out of hours cleaning if required. Laundry services for linen are outsourced to an external service provider. Residents' personal laundry is laundered by care staff on site or by residents who may wish to and are safely able to do their own.

Chemical training is provided to relevant staff by the hotel services team leader for cleaning, which includes education on material safety data sheets. Staff, residents and representatives are generally satisfied with the hotel services provided.