



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

Decision to Accredite Miroma Residential Care Facility

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

The Agency has also decided that the period of accreditation of Miroma Residential Care Facility is 3 years, until 16 June 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.

Angela Halsey
State Manager
SA and NT

Information considered in making an accreditation decision

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

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

Service and Approved Provider Details

Service Details

Service Name: Miroma Residential Care Facility
RACS ID: 6849E
Number of beds: 50 Number of High Care Residents: 50
Special Needs Group catered for: People with dementia or related disorders.

Street: 7 Lancelot Drive
City: Daw Park State: SA Postcode: 5041
Phone: 08 8276 8300 Facsimile: 08 8357 4153
Email address: miroma@bettanet.net.au

Approved Provider

Approved Provider: Fairlux Pty Ltd

Assessment Team

Team Leader: Judy Aiello
Team Member: David Stevens

Dates of audit: 17/04/2007 to 18/04/2007

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
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
Compliant

Assessment team's reasons for recommendations to the Agency

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

Site Audit Report

Executive summary

This is the report of a site audit of Miroma Residential Care Facility 6849E, 7 Lancelot Drive, DAW PARK SA 5041 from 17 April 2007 to 18 April 2007 submitted to the Aged Care Standards and Accreditation Agency Ltd on 2 May 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 Miroma Residential Care Facility.

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

Assessment team's recommendation regarding support contacts

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

Assessment team's reasons for recommendations

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

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 17 April 2007 to 18 April 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of 2 registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the *Quality of Care Principles 1997*.

Assessment team

Team Leader:	Judy Aiello
Team Member:	David Stevens

Approved provider details

Approved provider:	Fairlux Pty Ltd
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Details of home

Name of home:	Miroma Residential Care Facility
RACS ID:	6849E

Total number of allocated places:	50
Number of residents during site audit:	50
Number of high care residents during site audit:	50
Special needs catered for:	People with dementia or related disorders.

Street:	7 Lancelot Drive	State:	SA
City/Town:	DAW PARK	Postcode:	5041

Phone number:	08 8276 8300	Facsimile:	08 8357 4153
E-mail address:	miroma@bettanet.net.au		

Assessment team's recommendation regarding accreditation

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

Assessment team's recommendation regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Executive director of nursing	1	Residents	3
Director of nursing	1	Relatives	3
Registered nurses	1	Catering staff	1
Enrolled nurses	2	Laundry staff	1
Care staff	1	Cleaning staff	1
Administrative manager	1	Maintenance staff	1
Operations manager (group)	1	Lifestyle coordinators	2

Sampled documents

	Number		Number
Residents' files	6	Medication charts	5
		Personnel files	6

Other documents reviewed

The team also reviewed:

- Continuous improvement register, information and records
- Audit schedules, audit results
- Policy and procedure manual, Strategic action plans
- Concern resolution folder, comment and complaint records/ log
- Consultative committee meeting minutes
- Focus group meetings records and folders
- Memos, diaries, cards, letters, e-mails, newsletters
- Resident feedback flyer, resident survey September 2006/ March 2007
- Resident newsletters, meeting minutes, agreements
- Residents' information booklet, orientation checklist, assessment, planning and evaluation records, care review register, and allied health reports
- Staff and contracted services licence records, orientation and induction packages/ records, job and person specifications, duty statements
- Staff training registration records, training plan 2007, training matrix and evaluations, rosters, and performance management records
- Multi-cultural resource folder and information
- Activity plans and evaluations
- Communication records, handover sheets
- Worksite inspection reports, hazard reports
- Incident data and analysis
- Triennial fire clearance, certification inspection report

Observations

The team observed the following:

- Internal and external living environment
- Interactions between staff, residents, and their representatives
- Group and one-to-one activities, meals being served, daily handover
- Resident and staff noticeboards
- Archive storage areas
- Equipment, medication, medical supplies, records and chemical storage areas
- Large-print books, DVD's
- Medication rounds
- Residents using mobility aids
- Various information displayed including external complaints and advocacy services, pamphlets, forms and posters.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Miroma Residential Care Facility has a systematic and planned approach to continuous improvement. Improvement initiatives are generated at the organisational and site level. Information is collected from audits, focus groups, incident data, resident and staff meetings, and concern resolutions. The home has a quality improvement plan and annual schedules for auditing and reviewing compliance with the Accreditation Standards. The plan for continuous improvement is regularly updated and timeframes set for evaluation of benefits to residents and staff. The progress, inputs, and outcomes of continuous improvement activities are monitored at site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to management systems, staffing and organisational development in the last 12 months:

- improving quality processes through implementing a comprehensive auditing schedule and audit tools, improvement forms, and systematic evaluation processes
- improving staff skills and knowledge through developing site specific bi-monthly focus group meetings to promote best practice
- improving work-flow processes and practice through reviewing staff duty statements, routines and rosters to provide continuity of care
- improving staff education and development through establishing an education calendar and training matrix to identify staff ongoing education 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 processes for identifying and accessing all relevant legislation, regulations, and professional standards at the site and organisational level. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and corporate auditing processes, incident data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home’s communication processes. The organisation and home has recently made changes to legislation requiring staff and volunteers to have a current police clearance certificate. Relevant staff are aware of regulatory requirements relating to management systems, staff and organisational development.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has comprehensive processes for identifying and planning staff education and development. The training plan is based on staff training evaluations, needs analysis, staff appraisals, audits, complaints, and organisational requirements. Staff have access to a wide range of training opportunities at site and organisational level. The site-specific training plan is regularly updated in response to changes in residents' needs and staff input. Information on external education and training is provided to staff on topics relevant to their roles. There are processes for recording staff education and tracking staff attendance at training sessions and regularly monitoring staff practices and competencies. In the last 12 months management and staff have participated in training relating to management systems, including conducting frontline management, RCS training and quality accreditation.

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 has a system for logging, tracking progress, and reporting outcomes for all comments and complaints received. Residents and their representatives are provided with information about internal and external complaints mechanisms on entry to the home and on a regular basis. The director of nursing manages complaints and concerns raised. The executive director of nursing for the organisation is informed of all concerns raised by residents. Organisational procedures are followed to action and evaluate concerns raised verbally or in writing. There are processes for maintaining the confidentiality of residents and their representatives and for reviewing the effectiveness of the home's complaint mechanisms. Feedback from residents does not consistently indicate an understanding of the comment and complaint systems.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The organisation has documented its vision, values, philosophy, objectives and commitment to quality, which are included in the resident handbook and displayed throughout the home. The organisation's strategic plan outlines the organisation's objectives, principles, planning framework and strategies for quality and operational requirements.

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 for identifying and assessing the required staffing levels and skill mix to meet residents' needs on an ongoing basis. There are processes for recruiting staff with the identified skills and inducting new and temporary staff. Management conduct regular performance appraisals for all staff positions and seek feedback from staff to enable them to meet the requirements of their role. The home has processes for reviewing staffing levels and skill mix. The staffing roster is adjusted in accordance with changes in resident care requirements. There are site and organisational processes for recognising staff achievements and providing support as required. Staff work together as a team to complete their required tasks. Residents and their representatives are satisfied with the responsiveness of staff and the level of care provided to them.

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

Management systems provide adequate and appropriate supplies and equipment for services and care delivery. Supplies are managed according to the home's inventory register with purchases authorised by the director of nursing from approved suppliers. Supplies are appropriately stored and rotated and staff perform quality checks on incoming goods. The home maintains an asset register. Recommendations for equipment replacement or purchase consider the home's regular audit and inspection program and repair and maintenance histories. Pre-purchase risk assessment and equipment trials precede equipment purchase decisions. A monitored preventive and corrective maintenance program is provided by contracted services. Staff and residents/representatives indicate that appropriate supplies and equipment are available to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation and home has processes to provide management and staff with sufficient and appropriate information to enable them to perform their roles. Regular audits of resident information, documentation practices, policies and procedures are undertaken. The home and organisation has comprehensive procedures for the secure storage and archiving of resident and staff information. There are systems to collate, analyse and use data from resident and staff incidents, infections, and hazards on a monthly basis. The home provides residents and their representatives with access to information to assist them to make decisions about their care and lifestyle. There are processes for informing staff of changes to resident care plans and needs. Staff, residents and their representatives are satisfied with their access to information to assist them to make decisions.

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

Contracted services are managed at both corporate and site level according to documented policies and procedures. Each service provider has a written agreement, which outlines service standards and safety responsibilities. Contracts are reviewed annually. There is a register of contracted services and residents are informed of the range of services available to them through the home. Feedback mechanisms enable staff and residents to comment on the standard of external services and contracts are changed when standard expectations are not met.

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”.

Does comply

Improvement initiatives are generated at organisational and site level. Information is collected from audits, focus groups, incident data, resident and staff meetings and concern resolutions. The plan for continuous improvement is regularly updated and timeframes set for evaluation of benefits to residents and staff. The progress, inputs, and outcomes of continuous improvement activities are monitored at site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to residents health and personal care in the last 12 months:

- improving behaviour management through establishing a behaviour management focus group and reviewing behaviour management strategies
- improving processes for continence management through engaging a continence nurse advisor and educator to provide support and training on best practice
- improving processes for medication management and preventing medication errors through changing the pharmacy provider and method of packaging medications
- improving palliative care through the purchase of two palliative care trolleys, revising the information brochure, and establishing a palliative care focus group.

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to residents health and personal care. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and corporate auditing processes, incident data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home’s communication processes. The home has processes for complying with legislation for advanced directives, Guardianship Board orders and the provision of specialised medical care. Relevant staff are aware of regulatory requirements relating to residents’ health and personal care, including medication administration and storage, and duty of care requirements.

2.3 Education and staff development

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

Team’s recommendation

Does comply

The home has comprehensive processes for identifying and planning staff education and development relating to health and personal care. The training plan is based on staff training evaluations, needs analysis, staff appraisals, audits, complaints, and organisational requirements. Nursing and care staff participate in clinical care focus groups, “buzz meetings” and staff meetings for sharing ideas, information and developing best practice. The home has a credentialling program for enrolled nurses and care staff, including medication management and wound care. Nursing and care staff competencies are tested annually and their practice monitored to ensure they are able to meet resident needs. The site-specific training plan is regularly updated in response to changes in residents’ needs and staff input. There are processes for recording staff education and tracking staff attendance at training sessions. In the last 12 months nursing and care staff have participated in training on palliative care, risk and restraint, falls prevention, and continence. Nursing and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team’s recommendation

Does comply

Corporate systems for assessment and care planning processes have recently been implemented. A 28-day assessment and monitoring process follows the establishment of an initial entry database. Care plans are developed in consultation with the resident, their family, referring general practitioner and relevant allied health staff. Residents and their families are invited to sign the care plan and participate in regular reviews and case conferences. Daily handovers and ‘buzz’ meetings provide for staff discussion of care issues and to communicate changing resident needs. Corporate, procedure flow charts guide staff practice and care is monitored by regular audits and incident reporting. Results are considered at the home’s consultative meetings along with resident feedback, and action plans are instigated when indicated. Clinical focus groups at site and corporate level have responsibility for reviewing standards of clinical care and improved practice opportunities. Resident feedback indicates satisfaction with the care they receive.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Assessment processes and regular reviews of care and resident needs provide the basis for planning resident specialised nursing care. Staff education and credentialling programs, augmented by external nursing services, enable provision of on-site specialised care. This precludes the need for the resident to be transferred to an alternative care facility. Monitoring documentation, procedural flow charts and incident reports provide the basis for evaluating the outcomes and effectiveness of specialised care. Residents are satisfied with the specialised nursing care provided to them.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents have access to contracted allied health services, regularly attending general practitioners and referred services, according to their needs and choices. A referral letter and resident care plan is forwarded with the resident when attending specialist appointments. A ‘change to needs form’ captures outcomes of referrals. Regular care reviews, handovers and progress notes identify residents’ changing care needs and the requirement for specialist referrals. Feedback mechanisms indicate resident satisfaction with referred specialist services.

2.7 Medication management

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

Team’s recommendation

Does comply

Resident medication is safely and correctly managed according to the home’s medication management system. Contracted pharmacy services provide medications in pre-packaged dose aids according to prescribed orders. General practitioners and the pharmacist regularly review long-term drug charts, which include resident photograph identification. These cross reference to photographs on residents’ packaged medication. Instructions for safe administration are documented, based on an initial and regularly reviewed resident medication assessment. Medication incidents and results of regular medication audits are reported at the site level consultative group and to the corporate medication advisory committee. Credentialed registered and enrolled nurses administer medication according to documented procedures and authorised nurse initiated medication orders.

2.8 Pain management

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

Team’s recommendation

Does comply

Consultative assessment and care review processes identify resident pain management needs. Flow charts assist staff to manage and monitor the effectiveness of residents' pain management. A pain assessment tool has been developed to assist staff to identify and manage pain in residents with cognitive impairment. Pain management strategies are collaboratively planned and include the use of slow release patches and medication alternatives, such as cold and heat packs, massage and diversional therapy. Pain management training assists staff to provide appropriate care and support to residents. Resident feedback indicates satisfaction with how their pain management needs are met.

2.9 Palliative care

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

Team's recommendation

Does comply

Information regarding resident and family preferences for palliative care and terminal directives is documented and revised as necessary. When required, a specific palliative care plan is developed in consultation with the resident and their family. Palliative care equipment is accessibly stored on a mobile trolley, which can be taken to the resident's room. A palliative care focus group has developed a philosophy of care, which is shared with residents and their relatives and includes bereavement support. Specially trained staff provide palliative care, with support from external services as required.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Processes to assess and plan for residents' nutrition and hydration needs include strategies to reduce risks to effective nutrition. This includes oral assessments and referrals to relevant allied health services. The professionally reviewed, four week rotating menu considers resident preferences and cultural needs. Residents are assisted to choose from the menu by the diversional therapy staff according to their specific dietary needs. Catering staff receive a copy of the resident nutrition care plan and daily changes to requirements are written on the catering noticeboard by the duty registered nurse. Resident weights are regularly monitored according to identified risks with specific nutrition management plans for at-risk residents. Residents are encouraged to manage their meals independently with assistive devices and staff support as required. Care staff are provided with nutrition and safe food handling training. The chef attends resident meetings to discuss menu reviews and resident feedback.

2.11 Skin care

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

Team’s recommendation

Does comply

Assessment of resident skin care needs includes identification of risks to skin integrity. Management plans document preventive strategies, which include pressure relieving devices, emollient creams and skin protectors. Resident mobility, nutrition and continence needs contribute to skin integrity management strategies and form part of the regular review process. A podiatrist assesses all residents and attends regular treatments. Simple and complex wound management plans are established for all residents requiring wound care. Photographic evaluation of wounds and skin conditions assists registered and enrolled nurses to monitor healing processes. A skin integrity focus group considers best practice approaches to wound management and prevention of reported incidents.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence management needs are progressively assessed when they enter the home and management plans developed which respect resident individual needs and choices. Nutrition needs relative to continence and normal bowel function are reviewed and incorporated into the resident care plan. Continence aids are selected to meet resident needs. A continence advisor supports this process and provides training for staff. A continence focus group is also a venue for updating continence management information and discussing management options to improve resident continence. There is a protocol for the management of identified urinary tract infections. Resident bowel function is monitored and managed daily, according to each resident’s bowel management chart. Bowel management chart documentation did not always reflect assessed needs or protocols and resident feedback did not always indicate satisfaction with bowel management processes.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Prior to entry to the home, background information on residents' behaviour needs is considered to advise resident placement. A behaviour flow chart assists staff to assess residents' initial needs, which also considers signs of depression. A regularly evaluated behaviour management plan is documented, resulting from consultation with family members, the general practitioner and relevant external services. Diversional therapy activities are incorporated in the management plan, which includes sensory stimulation, exercises, and one-to-one activities. Residents with cognitive deficit can be accommodated in a secure area or are integrated with other residents. Monitoring mechanisms, such as sensor mats, floor and wrist alarms assist in protecting resident safety, whilst enabling independence. Behaviour management incidents are monitored and contributing factors and options for prevention negotiated with staff and expert advisors. A behaviour management focus group provides a forum for information sharing and strategy development. Residents are satisfied with the home's approach to managing the causes of challenging behaviour.

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

Care planning processes to meet resident mobility needs include physiotherapy assessments and a daily exercise plan, which is reviewed regularly. Manual handling and overall mobility plans are also prepared and guide required care staff support with activities of daily living. A regular walking group is a component of the home's activities program. Risk and restraint assessments are considered for residents who wander and risk reduction and monitoring systems documented. Dexterity aids and palm protectors are used to prevent contractures, and mobility aids provided according to assessed need. Vitamin supplements to maintain bone health are provided, in consultation with general practitioners. Mobility incidents are reported and analysed and prevention strategies considered at the falls prevention focus group. Improvements in mobility since entry to the home, were noted for some residents.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Specifically developed assessment tools assist the process of assessing resident oral and dental care needs and planning for care. Daily plans for hygiene and grooming incorporate oral and dental care and are regularly reviewed. Visiting dentists assist in meeting resident dental health needs and provide a follow-up schedule for subsequent care. Staff receive training to assist residents with oral care and there are specific strategies planned for residents with cognitive impairment.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Resident sensory needs are considered as a component of assessment and care planning processes. Identified deficits and strategies, including relevant referrals are documented in the care plan in related sections. This may include taste and smell deficits noted in the nutrition plan or communication and comprehension noted in the social interaction plan. Activities and services for visual or hearing-impaired residents are incorporated and staff trained in the application and maintenance of sensory aids.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ preferred sleep routines are assessed with night staff assistance and a specific sleep care plan developed. Care plan documentation includes prompts to staff, which provide alternative solutions to promoting normal sleep patterns. These may include aromatherapy, soft music, poetry reading, or a warm bath. Regular reviews evaluate the effectiveness of these strategies and further options are explored in consultation with the resident. In consultation with the general practitioner night sedation may be used.

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.

Team’s recommendation

Does comply

Improvement initiatives are generated at organisational and site level. Information is collected from audits, focus groups, incident data, resident and staff meetings and concern resolutions. The plan for continuous improvement is regularly updated and timeframes set for evaluation of benefits to residents and staff. The progress, inputs, and outcomes of continuous improvement activities are monitored at site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to resident lifestyle in the last 12 months:

- increasing the range of activities through developing a “Sundowners” program in the dementia specific area to reduce behaviour incidents, and reduce agitation
- increasing the variety of activities for residents to participate in through introducing a cooking group
- enabling residents in the dementia specific area to participate in a “fine dining” experience to stimulate positive social interaction
- enabling residents to maximise their independence through establishing a walking and exercise group to assist residents to maintain their physical functioning.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to residents lifestyle. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and corporate auditing processes, incident data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home’s communication processes. Relevant staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy, and informing residents of their rights and responsibilities.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has comprehensive processes for identifying and planning staff education and development relating to resident lifestyle. The training plan is based on staff training evaluations, needs analysis, staff appraisals, audits, complaints, and organisational requirements. Lifestyle and care staff participate in lifestyle focus groups and staff meetings for sharing ideas, information and developing best practice. Lifestyle and care staff performance is appraised annually and their practice monitored to ensure they are able to meet residents' needs. The site-specific training plan is regularly updated in response to changes in resident needs and staff input. Information on external education and training is provided to staff on topics relevant to their roles. There are processes for recording staff education and tracking staff attendance at training sessions. In the last 12 months lifestyle and care staff have participated in training, including recreation and therapy, beyond words, and personalising resident space. Lifestyle and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's recommendation

Does comply

The home has processes for supporting residents to adjust to living in the home and addressing their emotional needs on an ongoing basis. Residents' emotional support needs are assessed on entry to the home and strategies developed to meet their needs as part of their care plan. There are processes for communicating this information to staff and adjusting care plans to reflect updated strategies and techniques. Professional counselling and health services are used if additional emotional care is needed. A memorial service is held annually to provide an opportunity for residents to reflect on their experiences with past residents of the home. The effectiveness of strategies, including matching residents with volunteers are regularly evaluated to ensure resident's individual needs are met. Residents and their representatives are satisfied with the way the home assists them to adjust to the home environment and meet their ongoing emotional needs.

3.5 Independence

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

Team's recommendation

Does comply

The home has processes for identifying barriers to individual residents' independence and implements strategies to maintain independence. The processes include environmental, lifestyle, care practice and risk assessments focused on optimising residents' capacity. Residents are supported to continue their interests and interact with family and community groups. The home regularly reviews the changing needs of residents, the environment and strategies to assist them to maintain and enhance their independence. Specialised equipment is used to promote resident independence within and outside of the home. The home has processes to support residents to rehabilitate and maintain their mobility, including running regular walking classes. Residents and their representatives are satisfied with the home's support to enable them to be independent.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has processes for identifying and implementing strategies to meet residents' individual preferences for privacy and dignity. Staff handbooks, policy and procedure documents and information displayed in the home support resident rights to privacy and dignity. Staff practices reflect recognition and respect for resident privacy and dignity in meeting their personal care, lifestyle, and cultural requirements. The home stores resident records securely and provides spaces for residents to store personal belongings. There are private areas of the home for residents and their families to utilise. Residents and their representatives are satisfied with the assistance provided by the management and staff to maintain their privacy, confidentiality and dignity.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

The home has processes for identifying residents' individual lifestyle needs and preferences. Residents' leisure needs are assessed on entry to the home and on an ongoing basis. Residents' changing needs, levels of acuity and participation are monitored, and adjustments made to individual and group activity programs to meet their ongoing needs and preferences. There are evaluation processes to measure residents' level of interest and participation, and improve or alter the program. Staff encourage and assist all residents to attend their preferred activities and interests. Residents and their representatives are satisfied with the leisure programs they are engaged in, which are consistent with their individual needs and preferences.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's recommendation

Does comply

The home identifies the cultural background, spiritual beliefs, history and values of residents on entry to the home. Residents are supported to engage in events and activities of spiritual significance to them. The home recognises the cultural background of residents and promotes their participation in cultural activities. Access to appropriate resources and support services is initiated for residents and staff. The home has processes for monitoring and evaluating the strategies to meet residents' spiritual and cultural needs. Residents are satisfied with the way staff support their cultural and spiritual expectations.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

The home encourages and assists all residents and their representatives to participate in decisions about their care, the services provided to them, and to make choices based on their individual preferences. There are consultative processes for providing information to residents and their representatives about their rights and responsibilities. Residents and their representatives are encouraged to have input into decisions about the services provided to them. Residents and their representatives are satisfied with their level of participation in making decisions and choices about their care needs and other issues that affect their daily life.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

The home has processes to inform residents and their representatives about their security of tenure at the time of entry to the home. Residents and representatives are provided with a handbook and information on independent sources of advice. The home informs and consults with residents and representatives about changes in rooms and legislation. Residents and representatives are kept informed of the arrangements for their security of tenure, rights and responsibilities on an ongoing basis.

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

Improvement initiatives are generated at organisational and site level. Information is collected from audits, focus groups, incident data, resident and staff meetings and concern resolutions. The plan for continuous improvement is regularly updated and timeframes set for evaluation of benefits to residents and staff. The progress, inputs, and outcomes of continuous improvement activities are monitored at site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to the physical environment and safe systems in the last 12 months:

- improving infection control processes through purchasing separate laundry skips for to clearly identify which linen bins contain clean or dirty laundry
- reducing the risk of manual handling injuries through purchase of a motorised medication trolley to help prevent muscle strain from pushing or pulling the trolley
- enhancing the environment of the home to reflect a more ‘homelier’ appearance through the purchasing of soft furnishings and lounge chairs for residents
- improving occupational health and safety processes through developing priority levels for assessing the risk posed by hazards and reviewing manual handling practices

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to physical environment and safe systems. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and corporate auditing processes, incident data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home’s communication processes. Relevant staff are aware of regulatory requirements relating to the physical environment and safe systems, including implementing occupational health and safety regulations.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has comprehensive processes for identifying and planning staff education and development relating to the physical environment and safe systems. The training plan is based on staff training evaluations, needs analysis, staff appraisals, audits, complaints, and organisational requirements. Staff participate in focus groups and meetings for sharing ideas, information and developing best practice. Staff performance is appraised annually and their practice monitored to ensure they are able to meet residents' needs. The site-specific training plan is regularly updated in response to changes in residents' needs and staff input. Information on external education and training is provided to staff on topics relevant to their roles. The home has processes for recording staff education and tracking staff attendance at general and mandatory training sessions. In the last 12 months staff have participated in training, including manual handling, food safety and infection control. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

Miroma Residential Care Facility is single storey with a combination of small single and shared rooms. Residents' needs and preferences are assessed and accommodation is allocated accordingly to provide a safe environment for the resident and staff. There is a multi-purpose communal space, which also serves as a dining area, and an additional room, which may be booked for private functions. Residents have access to a portable call bell system to summon staff assistance. This system does not allow for response time monitoring. A policy of limiting restraint, the use of wristband alarms and secure internal and external areas support resident independence and safety. This enables residents with cognitive impairment to move freely throughout the facility. Regular environmental audits, safety inspections and incident and hazard reporting, monitor the safety and suitability 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 has reviewed their occupational health and safety policies, procedures, and management system over the last 12 months. This has been guided by a corporate occupational health and safety strategic plan. Regular system audits have enabled progressive improvements in site hazards, maintenance and electrical testing and tagging systems, chemical management and safe staff practices. Role specific occupational health and safety credentialling, manual handling and chemical safety training have been conducted. Safe operating procedures, personal protective equipment and monitored incident and hazards reporting, re-enforce safe work practices. Occupational health and safety is an agenda item at management meetings and a manual handling focus group considers opportunities for improvement. The executive director of nursing coordinates injury management and rehabilitation procedures and there is a low incidence of staff injury reported.

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

Management systems provide for an environment, which minimises fire, security and emergency risks. Fire equipment and detection systems are regularly tested and maintained by external service providers and exits are labelled and accessible. There is a recent independent fire inspection report and the home meets the safety requirements of the 1999 certification instrument. Emergency procedures and evacuation plans are available throughout the home and are re-enforced through staff training, regular fire drills and knowledge questionnaires. Residents and their representatives are provided with information on their actions in the event of a fire and a resident transfer list and relevant material safety data sheets are co-located in the central nurses' station. The home has a no smoking policy. Keypad operated external doors and a lock up procedure assist in maintaining the home's security. Corporate contingency planning has commenced to prepare the home should evacuation be required.

4.7 Infection control

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

Team's recommendation

Does comply

Policies, procedures and monitoring systems provide for effective infection control. An infection control flow chart indicates the hierarchy of responsibility and actions to control infection. An infection surveillance system includes infection incidence, regular environmental auditing and swabbing schedules. Cleaning schedules, relevant temperature monitoring and appropriate waste disposal systems assist in maintaining the home's low incidence of infection. Some resident rooms have refrigerators for storage of foodstuffs. These are not regularly monitored. Staff receive infection control training relevant to their work area and have access to appropriate documented procedures. Staff knowledge and practice is monitored. Initial pandemic planning has commenced at corporate level and in consultation with the local division of general practice.

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

Prior to entry to the home residents are provided with information about the home's hospitality services. Residents' assessed needs are communicated to hospitality staff and services modified to meet residents' changing needs and feedback. Resident meals are prepared in the on-site kitchen according to a seasonal rotating menu. The kitchen is managed according to relevant food safety and legislative requirements. A recent council inspection has not been conducted. Cleaning services are provided to meet resident needs where possible, considering shared accommodation. External contractors manage the home's linen and residents have access to a personal laundry service provided by the home's laundress. Residents are requested to name their clothing or alternatively the home can provide this service. A twice-yearly resident questionnaire assesses residents' satisfaction with hospitality services, in addition to feedback received through resident meetings and the home's feedback system.