



Australian Government

Australian Aged Care Quality Agency

Makk and McLeay Nursing Home

RACS ID 6010
200 Fosters Road
OAKDEN SA 5086

Approved provider: Northern Adelaide Local Health Network
Incorporated

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 April 2019.

We made our decision on 02 March 2016.

The audit was conducted on 01 February 2016 to 02 February 2016. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.	
Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care	
Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.	
Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Care recipient lifestyle		
Principle: Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Care recipient security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems		
Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.		
Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



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Audit Report

Makk and McLeay Nursing Home 6010

Approved provider: Northern Adelaide Local Health Network Incorporated

Introduction

This is the report of a re-accreditation audit from 01 February 2016 to 02 February 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 February 2016 to 02 February 2016.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	[REDACTED]
Team member:	[REDACTED]

Approved provider details

Approved provider:	Northern Adelaide Local Health Network Incorporated
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Details of home

Name of home:	Makk and McLeay Nursing Home
RACS ID:	6010

Total number of allocated places:	55
Number of care recipients during audit:	36
Number of care recipients receiving high care during audit:	36
Special needs catered for:	People living with dementia or other related disorders

Street:	200 Fosters Road	State:	SA
City:	OAKDEN	Postcode:	5086
Phone number:	08 7425 6200	Facsimile:	08 7425 6208
E-mail address:	[REDACTED]		

Audit trail

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

Interviews

	Number		Number
Management	2	Care recipients/representatives	6
Clinical/care/lifestyle staff	10	Hospitality and environmental and safety staff	6
Administration assistant	1	Allied Health	1

Sampled documents

	Number		Number
Clinical assessments/care plans/progress notes	7	Medication charts	6
Lifestyle history/care plans/progress notes	5		

Other documents reviewed

The team also reviewed:

- Asbestos register
- Audits
- Care and lifestyle evaluations
- Care recipient and staff surveys
- Chemical safety data sheets
- Cleaning schedule
- Comment and complaints documentation
- Continuous improvement documentation
- Dietary advice documentation/textured diets
- Drugs of dependence licence
- Drugs of dependence register
- Emergency procedures documentation
- Environmental monitoring documentation
- Equipment and building maintenance documentation
- External contractor documentation
- Fire safety monitoring documentation
- Food safety plan
- Fridge temperature monitoring records
- Human resources documentation including staff training
- Imprest stock management system
- Incident and hazard reports

- Infection control management and analysis
- Job descriptions and duty statements
- Lifestyle management documentation
- Lifestyle monthly planners
- Menu
- Orientation checklists
- Police certificates
- Policies and procedures
- Residential care services agreement
- Residents' information pack
- Restraint assessment and management
- Specialised care
- Staff orientation resources
- The home's self-assessment
- Triennial fire safety certificate
- Various meeting minutes
- Visitors and contractors registers
- Work health and safety documentation
- Wound management

Observations

The team observed the following:

- Accreditation notice on display
- Activities in progress
- Archiving and storage of information
- Charter of care recipients rights and responsibilities displayed
- Chemical storage
- Equipment and supply storage areas
- Evacuation kits
- External complaints and advocacy information on display
- Infection control resources
- Interactions between staff and care recipients
- Keypad and duress alarm security systems
- Kitchen/food storage and preparation
- Laundry
- Living environment
- Meal service
- Palliative care resources

- Personal protective equipment
- Short group observation in McLeay lounge/dining area
- Storage of medications/administration of medications
- Suggestion boxes
- Various noticeboards
- Vision displayed

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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 care recipients, 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 findings

The home meets this expected outcome

Makk and Mcleay Nursing Home is operated under the direction of Northern Adelaide Local Health Network Incorporated (NALHN).

The organisation actively pursues continuous improvement utilising an established quality system which includes a Continuous Quality Improvement Plan tailored to meet the unique needs of the site. Opportunities for continuous improvement are identified through incidents, identified hazards, surveys, audits and feedback from staff, care recipients, and representatives. An auditing schedule implemented by management is used to monitor the home's performance across the four Accreditation Standards. Management monitor and evaluate information from incidents, audits and feedback for inclusion in the home's Continuous Quality Improvement Plan. Results show suggestions for continuous improvement are presented and discussed in management, care recipient and staff meetings. Staff interviewed said they have opportunities to contribute to the continuous improvement process. Care recipients and their representatives interviewed said they are aware of the process for making suggestions and are able to do so if they wish

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- An internal audit and observation by management identified clinical assessments were not always completed correctly. A 'Nursing Assessment Guideline' was created using pictorial representations of the forms used during clinical assessments with annotations highlighting key points. Clinical staff were consulted and a draft guideline presented to them for feedback prior to publishing. Staff feedback indicates the guideline is easy to use. Evaluation by management through observation of completed assessment forms demonstrated the forms are now completed correctly and staff have a greater understanding of the process.
- The home has adopted a corporate model e-learning system in order to make learning more accessible to staff and to enable training to be delivered in a more timely manner. Access was arranged for all staff at the home via log in externally through the Internet or internally through a link on the home's intranet home page. Staff are able to access training while at work or by logging in at home. The e-learning includes mandatory and non-mandatory training and includes mental health specific topics. Staff feedback indicates the e-learning system is an effective and efficient way to complete training. Management has not yet formally evaluated the introduction of the e-learning system.

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 findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives updates from government departments, memorandums and publications from various industry and relevant peak professional bodies. Policies and procedures are updated where necessary and changes advised to staff through memoranda and at meetings. Compliance is monitored through internal and external audits and observation. Results show audits identify compliance issues and actions are implemented as required. Staff interviewed said they are informed of legislative updates. Care recipients and representatives interviewed said they have been informed of the accreditation audit.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Notification in writing of re-accreditation audit provided to care recipient’s and representatives
- Police clearances are current for all relevant persons
- Registrations are monitored for professional staff

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 findings

The home meets this expected outcome

The home has systems to ensure staff have the appropriate knowledge and skills to perform their roles effectively. The home has recruitment and selection processes which are based on the required qualifications and skills for each position as defined in job descriptions. Staff attend training both on and off site and an e-learning system is available on the home’s intranet. The home identifies training needs and monitors the effectiveness of training conducted through staff surveys, staff appraisals and audit results. Results show the home has a training schedule that includes mandatory and non-mandatory training. Training attendances are recorded and monitored by management. Staff interviewed confirmed they attend mandatory training and have opportunities to undertake non-mandatory training.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include

- Skills to improve teamwork
- Labelling for safety
- Orientation

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems to provide care recipients, representatives and staff access to internal and external complaints mechanisms. Information on the home's complaints process is available in the 'Resident Information Pack', displayed around the home and is discussed at resident/relative and staff meetings. Copies of the home's 'Please let us know' forms and confidential suggestion boxes are located around the home. Complaints, including verbal complaints are recorded on the Safety Learning System, investigated by management and delegated clinical staff, and appropriate actions taken. Management monitors the effectiveness of the system through audit, surveys and feedback at resident/relative and staff meetings. Results show complaints are followed up and feedback provided in a timely manner. Staff interviewed said they are aware of how to raise a complaint. Care recipients and representatives interviewed said they are able to provide feedback to management and feel comfortable doing so.

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 findings

The home meets this expected outcome

Northern Adelaide Local Health Network Incorporated has a documented vision which includes their statement of purpose and guiding principles, and includes the organisation's commitment to providing a quality service. This information is provided during staff orientation, displayed in the home, included in the 'Resident Information Pack' and incorporated into organisational policies.

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 findings

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure care and services are provided according to the home's vision, quality statements, customer service standards and codes of practice. Staff are recruited in accordance with the home's recruitment policies and relevant position descriptions. Staff are provided with orientation and guided in their roles through duty statements, annual performance appraisals and job descriptions. There are orientation processes for agency staff and volunteers. Staffing levels are guided by care recipient needs and there is 24-hour registered nurse supervision. Clinical staff are rostered to work on a 12 hour shift basis. Casual and agency staff fill planned and unplanned roster vacancies. Staffing levels are monitored through staff feedback, incident reporting, observation and review of care recipient' needs. Results show there is sufficient, qualified staff to provide care and services. Staff interviewed said they have sufficient time to complete

their tasks. Care recipients and representatives interviewed are satisfied with the responsiveness and the standard of care provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are appropriate supplies and equipment for the provision of quality care and service delivery. Supplies and equipment are purchased, stored and monitored according to organisational policies and procedures with delegated levels of financial authority allocated to key staff. There are planned and ad hoc equipment replacement and inventory programs relevant to meet the care recipient's needs. There are processes for trialling and risk assessing new equipment and safe operating procedures are accessible to staff. There is a preventive maintenance program and a responsive corrective maintenance program. Inventory and equipment requirements and processes are monitored through audits, incident and hazard reporting, observation and feedback. Results show there are sufficient supplies and equipment for care and services. Staff and care recipient and representative interviews indicate suitable and sufficient equipment is available to meet care recipients' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to provide effective information management. All stakeholders have access to paper and electronic based systems to assist in providing current and accurate information. These systems assist in the management of information relating to management, health and personal care, leisure and lifestyle and safety management. There are electronic incident management and feedback systems for the collection and evaluation of information, including secure storage and retrieval of information. Staff have access to policies and procedures on the intranet, attend regular meetings and handover sessions and regular updates are provided via emails. Care recipients and representatives are provided with information at care and lifestyle review meetings, through handbooks, brochures, posters and the quarterly newsletter provided. Monitoring occurs through audits, surveys, feedback mechanisms and planned meetings. Results show the home has an effective information management system. Staff interviewed said they have access to current and up-to-date information to assist them in performing their role and delivery of care. Care recipients and representatives are satisfied care recipients have access to relevant information to assist them to make informed 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 findings

The home meets this expected outcome

External services are provided in a way that meets organisational safety and quality requirements. External services including maintenance, training, catering and linen services are procured and managed through organisational procedures in consultation with management of the home and follow a tendering process. Potential suppliers are assessed and organisational requirements are outlined in contract agreements. Service quality is monitored through observation of practice and annual reviews which are conducted at a corporate level. Results show the quality of service from external providers meets the needs of the home. Staff interviewed said they are satisfied with the external services provided and have opportunity to provide feedback on the quality of work undertaken. Care recipients and representatives interviewed said they are satisfied with the external services provided to meet care recipients' needs.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information related to the home’s continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, processes to monitor clinical care include incident reporting, feedback, audits and care review processes to assist the home in identifying opportunities to improve clinical care. Staff, care recipients and representatives interviewed are satisfied they are able to contribute to the home’s continuous improvement program if they wish.

- Management identified that the risk assessment in use for the assessment and prevention of care recipient pressure injuries may not cover all potential risks. A form used by SA Health was introduced which utilises the Braden scale and additional parameters to aid in risk assessing care recipients at risk of pressure injury. Staff underwent e-learning training in the use of the form, guidelines were produced and audit champions were assigned. All care recipients were reviewed under the new process resulting in one care recipient identified at risk of pressure injury which was not identified under the previous system. Feedback from staff reported improved effectiveness of assessment using the new form.
- Management identified staff do not always recognise the need for escalation of care when recording care recipient clinical observations. A ‘Rapid Detection and Response Detection’ form was introduced which provides graduated colour-coded charting sections for clinical indicators such as blood pressure, temperature and oxygen saturation. The colours relate to the need for escalation or review providing a visual prompt to staff. Staff received training in the use of the new form and a modification section was added for doctor’s instructions where a varied response is required. Staff feedback indicates increased confidence in knowing when to escalate care.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information relating to the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Care recipients are assessed by appropriately qualified and skilled staff
- Schedule S4 drug licence

- Procedures for reporting unexplained absences by care recipients

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

Examples of education undertaken over the past 12 months in relation to Standard 2 health and personal care include:

- High risk medications – Insulin
- Aseptic non-touch technique
- Wounds west pressure injury

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive clinical care that is appropriate to their individual needs and preferences. Care recipients are assessed by registered nursing and allied health staff on entry and a care plan is generated to guide staff on care recipients care needs. Clinical review meetings occur regularly with specialist staff, the medical officer and clinical nursing staff to discuss and evaluate care recipients care needs. Care requirements are documented in care plans, evaluation and ongoing follow-up are consistently recorded in the progress notes and further evaluation occurs at the four monthly care reviews. Further monitoring of clinical care occurs through audits, staff meetings, handover processes, consultation and feedback from care recipients and their representatives. Results show care recipients’ care needs are regularly reviewed and monitored and their care needs are met. Staff interviewed said they have access to care plans and relevant information to guide them in care recipients’ care needs. Care recipients and representatives interviewed are satisfied with the health and personal care provided to care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients receive specialised nursing care from appropriately qualified nursing staff that is appropriate to their identified needs. Care recipients specialised nursing care is identified during consultation processes with medical staff, from clinical assessments, staff reporting and consultation with care recipients and representatives. Specialised care is documented in specialised care plans and monitoring occurs through clinical monitoring charts, medication charts and progress notes. Staff

provide care in accordance with these documented requirements and have access to specialised equipment when required. All specialised care is regularly monitored by registered nursing staff and through clinical review meetings, audits, planned care reviews, and review of clinical data. Results show staff are aware of care recipients' specialised care needs, receive education and have the knowledge to perform specialised care. Care recipients and representatives interviewed are satisfied with the specialised care provided.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their health needs and preferences. Care recipients have access to a wide range of health specialists, and referrals are conducted in relation to care recipients' individual health needs. A psychiatrist attends the weekly clinical review meeting with the medical officer, dietitian and senior clinical staff, and care recipients' medical and care needs are discussed in a multidisciplinary forum. Care needs and recommendations are reviewed and updated in-line with allied health and specialist recommendations in consultation with care recipients and their representatives. Monitoring occurs through planned care reviews, regular staff meetings, consultation with medical staff and feedback from care recipients and representatives. Results show care recipients are referred to appropriate health specialists in a timely manner. Staff interviewed said they are informed of recommendations from health specialists and deliver care according to these requirements. Care recipients and representatives are satisfied care recipients are referred to appropriate specialists and their needs are met.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' medications are managed safely and correctly. There are processes for assessing, managing and monitoring care recipients' individual medication needs. Medications are kept in secure storage and drugs of dependence are stored as per legislative requirements. 'As required' medications are monitored for effectiveness and medication incidents are logged on the electronic system and a review is conducted by senior clinical staff. Monitoring occurs through medication advisory committee meetings, audits, medical reviews, medication incidents data, education and observation. Results show care recipients medication is effectively managed. Staff interviewed said they are required to complete their annual medication competency to ensure staff have the knowledge to administer medications safely and correctly. Care recipients and representatives are satisfied care recipients' medication needs are managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. Pain assessments are conducted and interventions are put in place and recorded in the specialised care plan, including interventions recommended by the physiotherapist. A pain management plan is developed, implemented, evaluated regularly and interventions are noted. These include medications prescribed, positional changes, exercise regimes and massage, these treatments are monitored for effectiveness by appropriate staff. Re-assessment of care recipients’ pain management occurs when there are issues identified or health needs change and consultation occurs with all parties. Further monitoring of pain management includes audits, planned care reviews, observation and feedback from staff. Results show care recipients medication needs are regularly reviewed to assist in ensuring care recipients are free as possible of pain. Staff interviewed are aware of other inventions such as massage, repositioning and exercise to assist in care recipients pain management. Care recipients and representatives are satisfied care recipients’ pain is managed effectively to ensure they are as free as possible from pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally-ill care recipients is maintained. On entry to the home there are processes in place to ensure care recipients wishes regarding palliative care and end of life directives are documented. A seven step pathway is discussed and documented and staff have access to this information. A specialised palliative care plan directs staff in relation to care recipients’ individual care needs. Complementary therapies such as massage, sensory oils, music, soft light and relaxation music are offered and representatives are supported to stay at the home. Care recipients have access to external pastoral care services. Monitoring occurs through clinical review meetings, staff meetings, planned care reviews, hand over processes and care recipient and representative feedback mechanisms. Results show staff have access to appropriate equipment to provide care to care recipients in the end stages of their life. Staff interviewed are aware of how to support care recipients who are at the end stage of their life. Care recipients and representatives are satisfied with the way the home maintains terminally–ill care recipients’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nutrition and hydration. Care recipients dietary requirements, likes, dislikes, food allergies, cultural needs and required textures are identified in consultation with care recipients and their representatives. A nutrition risk assessment and a three day food and fluid chart is commenced to monitor

intake and preferences. A referral is generated to the dietitian or speech pathologist and a dysphagia assessment is completed when required. Care recipients' dietary needs, including supplements are documented in care plans and dietary lists. Monitoring of nutrition and hydration occurs through regular weighs, monitoring of food and fluid intake and consultation with allied health staff, medical and nursing staff, and auditing processes. Results show care recipients' nutrition and hydration needs are effectively met. Care recipients and representatives interviewed are satisfied with the home's management of nutrition and hydration to meet care recipients needs and preferences.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' skin integrity is consistent with their general health. A pressure injury risk assessment is completed on entry to identify care recipients who may be at risk of impaired skin integrity. A skin care plan is implemented and care plans detail specific pressure relieving aids, nursing interventions required such as pressure area care, skin care strategies and treatments. Wound management processes and assessments conducted by registered staff direct staff in wound management, and photographs or measurement of wounds assist in evaluation of wound healing. Skin integrity is monitored through planned care reviews, staff meetings, audits, trending and analysis of incident data and observation. Results show care recipients' skin integrity is maintained and effectively managed. Staff interviewed have access to appropriate equipment and supplies to assist in maintaining care recipients skin integrity. Care recipients and representatives are satisfied with the care provided to maintain care recipients' skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

The home has systems to enable care recipients' continence to be managed effectively. Care recipients individual needs and preferences are assessed by the continence link nurse including taking a detailed history. An individual continence plan is developed and levels of independence and interventions required to assist and optimise care recipients continence management and dignity required are identified. Individual continence aids are supplied and monitored to ensure regular supplies are available. Staff receive training in continence management and care recipients who require aperients are monitored regularly. Further monitoring occurs through the use of clinical monitoring charts in relation to bowel management, monitoring dietary requirements, planned care reviews, staff feedback, audits, and observation. Results show care recipients continence needs are effectively managed. Staff interviewed are aware of meeting care recipients' privacy and dignity needs. Care recipients and representatives are satisfied that care recipients continence needs are met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients with challenging behaviours are managed effectively. Individual assessments and behaviour monitoring processes are conducted to identify triggers and strategies to assist with care recipients’ behaviour management. These interventions are detailed in care plans. When evaluation of behaviours indicate the behaviours of the care recipient may pose a significant risk to the care recipient or others, a review is conducted at the clinical review meeting with the treating psychiatrist, medical and nursing staff. The home has a minimal restraint policy and assessments are conducted in consultation with medical staff; families and the registered nurse when restraint is in use and there is regular monitoring of the care recipient. An incident is generated each time a restraint is in use to assist with monitoring processes and evaluation. Further monitoring occurs through incident reporting, planned care reviews and medical/specialist reviews. Results show there is a high ratio of registered staff to support, assess and monitor care recipients behaviour management. Staff interviewed are aware of individual strategies and monitoring processes. Care recipients and representatives are satisfied with the home’s approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients are assessed on entry and a physical mobility assessment is completed by registered nursing staff including a falls risk assessment. The physiotherapist assesses care recipients’ functional ability and a restorative program and mobility program are established. The physiotherapist directs staff regarding the level assistance required for care recipients’ mobility, assistive aids and equipment required. The care recipients environment and equipment is modified to achieve optimum mobility and independence. Falls are monitored monthly and analysed for trends. Monitoring occurs through regular care reviews, analysis of falls data, reassessments by the physiotherapist, audits and observation. Results show there is a low incidence of falls. Staff interviewed said they attend manual handling training annually and are aware of care recipients care needs. Care recipients and representatives are satisfied care recipients’ mobility and dexterity needs are met.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ oral and dental health is maintained. Oral health assessments are conducted on entry and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individual oral and dental hygiene strategies. Care recipients are actively supported to access ongoing external dental services as

required. Care recipients who are resistive to oral and dental care are offered other mouth cleansing strategies such as drinking clear fluids after their meal. Oral care is monitored through audits, observation, regular care plan reviews and feedback from care recipients/representatives and staff. Staff interviewed are aware of strategies and identified care needs in relation to maintaining care recipients' oral and dental health. Care recipients and representatives are satisfied care recipients' oral and dental health is met.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients sensory losses are identified and managed effectively. Care recipients are assessed on entry to capture their identified care needs in relation to hearing, vision, touch, taste and smell. Care plans identify strategies and aids to support and improve sensory loss. Lifestyle staff promote and offer lifestyle activities to enhance sensory enjoyment. Care recipients have access to large print books and enjoy cooking sessions at the home. Referral to the audiologist and optometrist is conducted when required. Staff are provided with training to monitor and assist care recipients with maintaining and fitting aids to support sensory function. Monitoring occurs through planned care reviews, medical reviews, feedback mechanisms and observation. Staff are aware of care recipients sensory care needs. Care recipients and representatives are satisfied with the home's approach to managing care recipients sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are able to achieve natural sleep patterns. Nursing staff complete a three day assessment to identify care recipients' natural sleep patterns, preferred settling times and routines. Individual care plans are formulated and include interventions and strategies to assist sleep patterns. Preferred settling and rising times and comfort interventions are identified. There are facilities to assist in maintaining a tranquil environment such as subdued lighting at night and care recipients are offered warm drinks and supper to assist them to settle. Ongoing monitoring identifies any sleep disturbance and strategies are reviewed to address any issues identified. Results show planned care reviews, audits, observations and feedback from care recipients assist in the evaluation processes to aid sleep management. Staff interviewed are aware of individual care recipient's care needs and strategies to assist their sleep management. Care recipients and representatives interviewed are satisfied with the home's approach to assisting care recipients to obtain a restful night sleep.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Lifestyle reviews, resident meetings and feedback processes are used by the home to identify improvement initiatives in relation to Standard 3 Care recipient lifestyle. Care recipients and representatives said they are encouraged and supported to make suggestions.

In relation to Standard 3 Care recipient lifestyle the home has implemented the following improvements over the last 12 months:

- Staff suggested an activity titled ‘World Culture – Putting Residents on the Map’ to provide interest and an opportunity for discussion about care recipient’s past lives. A large world map was purchased and hung in a common area. Photographs of care recipients were placed on their respective birthplaces. Staff undertook research into the various cultures, food and other information of interest represented by the birthplaces, which include Polish, Italian, Ukrainian, Vietnamese and various areas of the United Kingdom. Evaluation of the project shows 15 care recipients are currently represented on the board and enjoy engaging in discussion about their homes. Staff feedback indicates they have a better understanding of care recipient cultural needs as a result of the research undertaken.
- A staff member identified an opportunity to provide stimulation to care recipients by acquiring donated magazines from a local business. The magazine’s cover varying topics such as fishing, cars, craft and cooking, and are placed around the home in common areas and are often taken to care recipient’s rooms for private viewing. The magazines are also used in activities to make collages and for other craft activities. Evaluation through observation of care recipients has identified care recipients’ often become engaged in viewing the magazines and opportunities for conversation are initiated as a result.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Care recipient/representative consent to release information
- Privacy policies
- Procedures and documentation relevant to mandatory reporting requirements

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information related to the home's education and staff development systems and processes.

Examples of education undertaken over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Engaging clients with challenging behaviours
- LGBTI awareness
- Cultural awareness – Torres Strait Island

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to support care recipients in adjusting to life in their new environment on entry and on an ongoing basis. Care recipients' receive the resident information pack and where possible visit the facility prior to entry. Care recipients are welcomed by the clinical practice consultant, leisure and lifestyle staff and the volunteer coordinator. Nursing and lifestyle staff gather information relation to care recipient's emotional wellbeing and required support networks and this information is documented in care plans for staff to access. Care staff, lifestyle staff, volunteers and identified ministers support care recipients to maintain relationships, recognise significant days and celebrations. Family and friends are encouraged to visit care recipients and take active part in the care recipients' life at the home. Monitoring occurs through planned lifestyle reviews, surveys, resident meetings, staff observation and verbal feedback. Results show care recipients' emotional needs are effectively managed. Observations and staff interviews demonstrated care recipients' receive emotional support according to their individual needs. Care recipients and representatives interviewed are satisfied care recipients' emotional needs are met.

3.5 Independence

This expected outcome requires that "care recipients 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 findings

The home meets this expected outcome

The home has systems to ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. Care recipients' individual wishes and abilities are identified through the social history completed on entry, and their physical ability is assessed by the physiotherapist to support various levels of independence. Care recipients are supported and encouraged to participate in group activities and maintain links with family and friends, and are supported to attend weekly outings organised by the home. Community volunteers and staff support care recipients to go shopping and choose personal items and choose takeaway meals to support their independence. Monitoring occurs through the planned lifestyle reviews, surveys, resident meetings, observations and staff feedback. Results show care recipients' independence is actively encouraged and supported. Staff interviewed provided examples of care recipients who they support to maintain their independence. Care recipients and representatives interviewed are satisfied the home assists care recipients to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems that recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care recipients and their representatives receive information in relation to care recipients' privacy and dignity in the resident information pack on entry. Lifestyle staff identify care recipients' individual privacy and dignity requirements and this information is detailed in care plans. Staff ensure they address care recipients by their preferred name and care recipients are able to have their personal space respected. Staff were observed to support care recipients' privacy and dignity by knocking on care recipients' doors before entering and were respectful of care recipient's individual needs. Staff sign a confidentiality declaration on commencement of employment. Monitoring occurs through observation, planned lifestyle reviews, surveys, audits and care recipient and representative feedback. Results show care recipients' privacy and dignity is actively maintained. Care recipients and representatives interviewed are satisfied care recipients' privacy, dignity and confidentiality are maintained.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are encouraged and supported to participate in a wide range of activities and interests appropriate to their needs and preferences. A social history assessment is completed on entry. Details of care recipients

past and current interests, including emotional, spiritual and cultural needs are documented in the care and lifestyle plan. An individual lifestyle plan is implemented for each care recipient to guide staff regarding care recipients individual needs. Care recipients are informed about the lifestyle program through the monthly programs and in resident meetings. Activities programs are developed to meet one-on-one needs including group sessions and care recipients have access to a diverse range of activities. Monitoring occurs through planned lifestyle reviews, evaluation of activity programs and participation, surveys and consultation with care recipients and representatives. Results show the lifestyle program is effectively managed and monitored to meet care recipients' needs. Staff interviews and observations showed staff are supportive and aware of individual care recipient's lifestyle needs. Care recipients and representatives interviewed are satisfied care recipients lifestyle needs are met.

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 findings

The home meets this expected outcome

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Care recipients' individual cultural and spiritual preferences are identified and supported by nursing, lifestyle staff and identified ministers. Care recipients are assisted to maintain their individual religious beliefs and spiritual support is provided through individual visits and church services at the home. Staff have access to cue cards in different languages to support communication with care recipients in their own language. Care recipients and representatives are supported to be involved in cultural events and celebrations facilitated by the home. Monitoring occurs through planned lifestyle reviews, surveys, residents meetings and consultation processes. Results show the spiritual and cultural program at the home is effective in meeting care recipients' individual needs. Staff interviewed said are aware of how to support care recipients individual needs and beliefs. Care recipients and representatives interviewed are satisfied care recipients' individual interests, religious and cultural needs are met.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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 findings

The home meets this expected outcome

The home has systems to ensure care recipients or their representatives are able to participate in decisions about services the care recipient receives, and are able to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify care recipients' preferences for activities of daily living, leisure and lifestyle choices, civic interests and details of persons nominated to provide advocacy. Staff assist and support care recipient's in relation to their identified individual choices and seek feedback at resident meetings, surveys and at planned care and lifestyle reviews. Staff ensure they contact care recipients' legal guardian regarding care recipient's care needs and procedures to be performed. Monitoring occurs through surveys, audits, feedback mechanisms and planned lifestyle and care reviews. Results show care recipients are assisted to have choice and control of their daily life. Staff interviewed said

they assist care recipients to exercise choice and control over their lifestyle. Care recipients interviewed are satisfied they have the right to exercise choice and control according to their needs.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and care recipients or their representatives understand their rights and responsibilities. Admission procedures guide pre-entry and entry processes and the provision of information related to security of tenure. Security of tenure and the 'Charter of Care Recipients' Rights and Responsibilities' are described in the 'Residential Services Agreement' and the 'Residents' Information Pack'. Changes to accommodation are arranged in negotiation with the care recipient or their representative guided by procedures and related documentation. The security of tenure process is monitored through audits, legal advice and feedback. Results show processes uphold care recipient's security of tenure rights. Staff interviewed are aware of the rights of the care recipients. Care recipients and their representatives interviewed said they are aware of their security of tenure and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Internal and external audits, incidents reports, staff, care recipient and representative feedback assist the home to identify improvements in relation to Standard 4 Physical environment and safe systems. Representatives and staff interviewed said they are encouraged to provide feedback and suggestions to improve the living environment.

In relation to Standard 4 Physical environment and safe systems, improvements implemented in the last 12 months include:

- Staff working in the lifestyle and hospitality areas of the home were not always aware of the location of situations involving care recipient behaviours which have initiated a duress alarm activation, and may enter a volatile area inadvertently. A monitor was purchased and set up in the corridor adjacent to the lifestyle and hospitality areas to display active duress alarms. The monitor shows a map of the home, and the location of the active alarm to within 2 meters, alerting hospitality and lifestyle staff to remain out of that area until the alarm has been deactivated. A memo was put out to all staff advising of the procedure and location of the new monitor. Staff feedback demonstrates that staff feel better informed and are able to take alternative routes to avoid the area of the alarm.
- A dietary needs project was undertaken by the home’s consulting dietitian and two students from Adelaide University. The dietitian and students undertook a four-week project including a three-day random review of meals. During the review the size; consumption, supplement use and nutritional value of care recipient meals were monitored. The data collected was compared against the documented needs and preferences of the individual care recipients. Changes were made to the plating of meals to enable more appropriate and consistent size meals to be served. Evaluation of the project is ongoing however observation indicates meal sizes are more consistent with the nutritional needs and preferences of the care recipient.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information relating to the home’s regulatory compliance systems and processes.

In relation to Standard 4 Physical environment and safe systems examples of regulatory compliance include:

- Audited food safety program
- Fire systems are monitored and maintained and current triennial fire certification is held
- Safe systems for management of contaminated waste

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information related to the home's education and staff development systems and processes.

In relation to Standard 4 Physical environment and safe systems examples of training undertaken in the last 12 months include:

- Use of chemicals
- Fire and emergency response
- Manual handling

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe, comfortable environment that meets the care recipients' care needs. Care recipients are accommodated in single rooms with shared bathrooms and toilets and there are lounge and secure outdoor areas available for care recipient and visitor use. Restraint is managed according to the home's procedures, including the consideration of alternatives and consultation with representatives and medical officers. Safety strategies include regular monitoring, lowered beds, protective equipment and duress alarms. An external provider manages maintenance and worksite inspections and regular observation of the environment are used to monitor care recipients' living areas and private rooms. Results show the care recipient's living environment is maintained in a safe and comfortable condition in accordance with care recipient needs. Staff interviewed gave examples of how they manage individual safety requirements consistent with planned care. Care recipients and representatives interviewed said are satisfied management and staff maintain a safe and comfortable 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 findings

The home meets this expected outcome

Management are actively working to provide a safe working environment that meets regulatory requirements. Work health and safety is guided by organisational policies and procedures and outcomes are monitored at site and organisational level. Orientation and education programs provide information for staff regarding work health and safety responsibilities, maintaining safe work practices and monitoring their work environment. There are safe operating procedures, safety equipment and safety data sheets available. Work health and safety is monitored through review of incidents, hazards, identified risks and the results of environmental inspections and audits. Results show environmental issues, incidents and accidents are reported and actioned. Staff interviewed said they have opportunities to provide input and discuss health and safety issues and they are satisfied they work in a safe environment.

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 findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. External providers monitor and maintain fire safety equipment, security equipment and fire safety systems. Staff are provided with personal duress alarms and emergency management training including fire drills. Security systems include an external security camera, duress alarms and restricted access to secure areas of the home. A current evacuation list and emergency evacuation kits for each care recipient are maintained. Emergency management and safety systems are monitored through internal and external audits. Results show the home has a current fire safety certificate and emergency evacuation signage is displayed. Care recipients and representatives interviewed said they are satisfied staff would manage an emergency efficiently.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there is an effective infection control program in place. Infection control is managed through policies and guidelines, the infection control surveillance program, outbreak management procedures and resources available. The nursing director is the central point of responsibility for the infection control program. Refrigeration and food temperatures are monitored and food is stored as per legislative requirement. Care recipients and staff are offered a vaccination program. Cleaning staff are aware of infection control processes and have access to equipment and chemicals to assist in the cleaning process. All staff have access to personal protective equipment. Clinical staff monitor infections, identify and analyse data and trends through monthly infection reports and infections are discussed at the quality meetings. Results show the infection control program is effective in reducing

the incidence of infection. Staff interviewed said they complete education annually in relation to infection control and are aware of procedures in place to reduce the spread of infections.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life and the staff's work environment. All meals are pre-prepared under contract by an external supplier and delivered chilled to the home on a daily basis. Hospitality staff adhere to the home's food safety plan when reheating meals or preparing sandwiches and snacks onsite. The three-week rotating menu, reviewed by a dietitian, provides a variety of meals, which are modified according to allied health specialist orders. Care recipient's unsoiled personal clothing is laundered on site with flat linens and soiled personal clothing laundered offsite by an external provider. Cleaning is conducted according to documented schedules and infection control procedures. Monitoring occurs through audits, feedback from staff and care recipients and representatives. Results show cleaning processes are responsive to the needs of the care recipients. Staff interviewed are satisfied with their working environment. Care recipients and representatives interviewed are satisfied with the hospitality services provided to care recipients by the home.



Aged Care
Standards and Accreditation Agency Ltd

Makk and McLeay Nursing Home

RACS ID 6010
200 Fosters Road
OAKDEN SA 5086

**Approved provider: Northern Adelaide Local Health Network
Incorporated**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 April 2016.

We made our decision on 4 March 2013.

The audit was conducted on 11 February 2013 to 12 February 2013. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

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.	
Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	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.	
Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle		
Principle:		
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

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.		
Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Makk and McLeay Nursing Home 6010

Approved provider: Northern Adelaide Local Health Network Incorporated

Introduction

This is the report of a re-accreditation audit from 11 February 2013 to 12 February 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 February 2013 to 12 February 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	[REDACTED]
Team member:	[REDACTED]

Approved provider details

Approved provider:	Northern Adelaide Local Health Network Incorporated
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Details of home

Name of home:	Makk and McLeay Nursing Home
RACS ID:	6010

Total number of allocated places:	55
Number of residents during audit:	37
Number of high care residents during audit:	37
Special needs catered for:	People with psychiatric illness and advanced dementia

Street:	200 Fosters Road	State:	SA
City:	OAKDEN	Postcode:	5086
Phone number:	08 8282 0444	Facsimile:	08 8282 0499
E-mail address:	[REDACTED]		

Audit trail

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

Interviews

	Number		Number
Management	6	Representatives	7
Nurse advisor	1	Care staff	2
Senior quality officer	1	Lifestyle staff	2
Project research and support nurse	1	Hotel services staff	4
Infection prevention/control coordinator	1	Maintenance coordinators	2
Clinical, registered and enrolled nurses	6	Administration officer	1

Sampled documents

	Number		Number
Residents' files, clinical assessments and care plans	4	Resident lifestyle information including care plans, progress notes and resident files	5
Medication charts	5	Personnel files	4
Residential agreements	2		

Other documents reviewed

The team also reviewed:

- Adverse event data/analysis/reports/action plans
- Audit program and results
- Bowel monitoring charts
- Care plan review schedule
- Cleaning schedules
- Consumer feedback reports
- Continuous improvement program information and plan
- Contractor safety workbook
- Dietary and drink requirements lists
- Electronic archiving system
- Emergency procedure manual
- Food safety plan
- Human resource information and electronic data base
- Infection control manual
- Lifestyle leisure activity program
- Lifestyle program information and evaluations
- Lifestyle welcome package
- Menu
- Police certificate and staff registration information
- Preventative/routine maintenance tasks
- Refrigerator temperature monitoring charts
- Regulatory compliance log and revised policy list

- Reporting instrument for suspected and actual elder abuse
- Resource toolkit information folders for clinical staff
- Restraint monitoring charts
- Rosters/staff allocation schedules
- Safety data sheets
- Service agreements and contracts
- Seven-day handover sheet and folder
- Staff and resident information handbooks
- Staff and resident surveys
- Staff education records
- Triennial Fire Safety Certificate
- Various communication books and memoranda
- Various meeting minutes
- Various policies and procedures
- Verbal feedback folders
- Vision statement
- Whispering leaves newsletter
- Wound care folder

Observations

The team observed the following:

- Activities in progress
- Archive room
- Cleaning in progress
- Dignity in care display
- Display of feedback and complaint information brochures
- Equipment and supply storage areas
- Evacuation maps
- Fire safety and detection equipment
- Garden courtyard area/vegetable garden
- Infectious outbreak kits
- Interactions between staff and residents
- Keypad access
- Living environment and service areas
- Meal service
- Medication round
- Personal protective equipment
- Security of information
- Storage of medications
- Various noticeboards
- Visitors in quiet areas with residents
- Wound care trolley

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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 findings

The home meets this expected outcome

Makk and McLeay Nursing Home is a Commonwealth and State funded residential care facility, providing specialist mental health and aged care expertise for residents whose challenging behaviours have prevented them from residing in mainstream aged care facilities.

Makk and McLeay Nursing Home has a formal continuous improvement framework that provides a structured program to assist the facility to actively pursue continuous improvement. Processes for capturing opportunities for improvement include 'Please let us know' forms, staff surveys, residents/representatives surveys, incident and infection data and a structured audit system. Incident and feedback data is recorded in an electronic data base. Relevant managers assess data and address any action required. Outcomes from actions taken are measured, evaluated and feedback is given to key stakeholders. A senior quality officer, responsible for coordinating the program, monitors the improvement and audit systems and reports on a regular basis to the management team. The Quality Committee meets every month, to review the results of data collection and analysis and monitor improvement activities. A continuous improvement plan, tailored to the unique needs of the site, outlines planned activities, timeframes for action, responsibilities and evaluation of outcomes. The plan is reviewed and evaluated regularly. Representatives and staff are satisfied the home actively pursues continuous improvement.

Improvements initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The Quality Committee identified the home was not capturing sufficient verbal concerns and compliments from residents/representatives and other consumers. The home implemented a process to provide staff with an easy way to document verbal feedback through verbal feedback folders. The folders have bright green covers showing three faces with happy, angry and irritated emotions. Senior staff monitor documented concerns and compliments, respond to any concerns and log data into the electronic feedback system. Evaluation shows day to day issues raised with staff are now captured, actioned promptly and included in the home's database for trending.
- Clinical and management staff identified the home had inconsistent information for staff in the event of a resident death. To provide consistent, easily identifiable information, the home developed a folder with all information regarding actions required when a resident dies. The folder contains guidelines and an updated procedure check list to guide staff. The folder has a purple spine to allow easy identification. Evaluation shows staff report the sequence and content of the folder assist completion of the processes following a death. Senior clinical and management staff report the required documentation is consistently completed. The emotional distress of loved ones is reduced with efficient processing of required information.

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 findings

The home meets this expected outcome

The home has systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home is advised of changes to legislation or regulations via a variety of sources, including relevant professional peak bodies and the Department of Health and Ageing. Advice is emailed to senior staff and distributed through the home's communication processes. Legislative and regulatory changes are a standing agenda item for all meetings. Senior staff log legislative changes in the electronic intranet system with a copy of the relevant update and actions taken in response. Relevant policies and procedures are updated to reflect any changes across care and service delivery and staff are advised of changes to their procedures. There are processes to monitor staff and other relevant stakeholders have a current police certificate and relevant qualifications. Management inform residents and their representatives of accreditation audits. Senior management maintain a register for mandatory reporting. The management team monitor compliance with legislation and regulatory requirements through management meetings and the legislative audit tool. Results show the home is compliant with legislative requirements.

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 findings

The home meets this expected outcome

Management and staff demonstrate appropriate knowledge and skills to perform their roles effectively. The home identifies staff knowledge and skill requirements through a variety of means, including clinical observations and incident data, performance review and development, resident and representative feedback and training evaluation forms. In addition there are statutory and compulsory training requirements and competencies relating to legislative and management requirements. Site specific education is provided in response to staff and resident individual needs. Staff are informed of available education opportunities via meetings, memos, flyers and noticeboards. Training records are maintained, attendance levels monitored and the effectiveness of training is evaluated. The management team review the training and education program at regular meetings. Staff compliance with the home's statutory and compulsory training is generally monitored. The home has provided training in relation to Standard 1 Management systems, staffing and organisational development, including registered nurse responsibility of practice, professional portfolios and policy and procedure updates.

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 findings

The home meets this expected outcome

Residents/representatives and other interested parties have access to a variety of complaint mechanisms including feedback forms, direct approach to staff or management and the

resident /representative meeting. The home provides information regarding external complaint and advocacy services through the information handbook, the residential care agreement and displayed information. Staff use the verbal feedback book to record resident and representative comments and concerns. Senior clinical staff investigate and respond to verbal and written feedback directly with residents or their representatives. Complainants can also access the consumer liaison officer. Complaints are recorded and collated in the electronic data base. The home's consumer feedback process is monitored and reviewed by management through the Quality Committee and discussed at staff meetings. Feedback trends are identified and any recommended action is monitored for effectiveness. Representatives interviewed state staff and management are responsive to any concerns raised.

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 findings

The home meets this expected outcome

The vision statement is displayed throughout the home and is included in information packs for new residents/representatives and in orientation packs for new staff.

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 findings

The home meets this expected outcome

Appropriately skilled and qualified staff deliver services in accordance with the accreditation standards and the home's quality objectives. Human resource management processes are governed by SA Health and the Adelaide Metro Mental Health Directorate policies and processes. Human resource guidelines and position descriptions are available on an intranet system. There is an orientation program for new staff. Staffing needs are planned and managed with consideration for legislative requirements, resident needs, specialist services required and skill mix requirements. The clinical management team review staffing requirements on a shift by shift basis to meet residents' current requirements. The management team monitor staff skills and practices through observation, the audit system, incident review and feedback from residents and representatives. Audit results show staff are responsive to residents' needs and are supportive in their approach. In addition the performance review and development program monitors staff skills, practices and training needs. Management monitor staff qualifications and police certificate requirements. Representatives interviewed are satisfied staff have the skills and knowledge to provide appropriate care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide and monitor stocks of appropriate goods and equipment for quality service delivery. Designated staff members monitor and order stock to maintain appropriate levels of goods. A process of stock rotation is used in the home to ensure quality of goods. Equipment is maintained through maintenance request processes and the preventative/routine maintenance program. Staff are able to trial new equipment prior to purchase and safe operating procedures are available. The home monitors goods and equipment through staff surveys, maintenance processes and observations. Staff interviewed are satisfied they have access to sufficient goods and quality equipment to perform their roles effectively. Representatives interviewed are satisfied the home provides appropriate goods and equipment to meet residents' needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management systems to provide all stakeholders with appropriate and current information. The home provides residents and representatives with information through newsletters, meetings, information handbooks and direct consultation as required. Staff have access to current resident information, work practice guidelines and policies and procedures. Communication processes for staff include the resident care handover, memoranda, meetings and communication books. Key information is gathered and collated through the electronic incident and feedback information management system and the audit process. Management review and monitor this data and evaluate the results of actions taken at management and clinical meetings. The archiving storage and disposal system for resident information protects residents' privacy and confidentiality. Staff interviewed state they have access to current information to assist them to perform their role. Representatives interviewed are satisfied they have access to appropriate information to make decisions about residents' care and lifestyle.

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 findings

The home meets this expected outcome

The home uses a range of externally sourced services to assist in meeting the home's needs and service quality goals. Service agreements and contracts outline the service quality expectations and agreement to comply with relevant legislation and professional guidelines. External contract personnel are orientated to the home's policies and procedures. The home monitors externally sourced services through regular appraisals, audits, surveys and observations. Regular and as required external services are used in the home and are regularly evaluated. Staff, residents and representatives are satisfied with the quality of externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, resident incidents, behaviours, medication incidents and skin tears are documented and entered in the electronic system. Clinical staff in each wing meet regularly, monitor and review individual resident incidents, plan and evaluate care strategies. Residents and staff are satisfied the home actively supports and promotes improvement in residents' health and personal care.

Improvements initiatives implemented by the home in relation to Standard 2 Health and personal care include:

- A gap analysis identified an opportunity to improve wound care documentation. Treatment forms did not encourage staff to document wound details and progress and staff did not have access to wound measuring tools. The nurse advisor and clinical staff developed and trialed new wound assessment and treatment forms and provided wound measuring tools. The new documents prompt staff to describe and measure the wound and direct nursing staff to evaluate the wound weekly. Evaluation feedback from registered nursing staff shows the forms make it easier to describe the wound and write a treatment plan. The treatment progress chart is easier to use and the forms give clear prompts for monitoring wound healing and evaluation. Residents with wounds and skin tears now have consistent wound treatment plans and there are tools for nursing staff to describe, monitor and evaluate wound healing.
- The speech pathologist identified the opportunity to improve the utilisation of speech pathologist visits. Some residents did not require regular speech pathology review as they remained stable. A risk assessment tool was developed for registered nurses to assess residents who may be at risk of the consequences of swallowing difficulties. The speech pathologist provided education for nursing staff on assessing residents using the tool and monitored the results of their assessments. The tool has been added to the admission pathway and assessment packs. A review completed by the speech pathologist showed registered nurses have completed the assessment correctly. As a result registered nursing staff are assessing residents who may be at risk of the consequences of swallowing difficulties and introducing timely interventions to reduce the risk to the resident. Registered nurses refer residents to the speech pathologist when the assessment indicates need.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

In relation to Standard 2 Health and personal care, the home provides clinical staff with current information on professional clinical guidelines, the education program and regular meetings. There are processes for appropriate storage and administration of medications, specified care and services, mandatory reporting and specialised nursing care requirements. Management and staff are aware of their responsibilities and scope of practice to meet legislative requirements in relation to health and personal care.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 2 Health and personal care, senior clinical staff identify training needs through monitoring incident data, including medication incidents, infections and behaviours. In addition clinical management respond to training requirements for current resident clinical needs and staff requests. The home has provided education in relation to health and personal care, including basic life support, non-violent crisis intervention, falls prevention, wound assessment and management, oral hygiene and medication management.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

Residents receive clinical care which is appropriate to their individual needs and preferences. The home has initial and ongoing assessment, planning and review processes to identify, manage and evaluate residents' clinical and personal care needs. Each resident has their clinical and personal care needs assessed on entry to the home and as required thereafter. This information is used to develop individualised care plans. The home monitors and reviews residents' clinical care outcomes through four-monthly care reviews, incident reporting, clinical and incident review meetings, audits, surveys, and observation of staff practice. Residents' clinical and personal care needs are identified, documented and any changes to care communicated to staff and generally updated in residents' care plan. Staff report changes to residents' clinical care requirements and inform representatives about changes to residents' health status. Representatives interviewed are satisfied with the clinical and personal care provided to residents.

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 findings

The home meets this expected outcome

Residents' specialised nursing care needs are identified, assessed and met by appropriately qualified nursing staff. The home's initial and ongoing assessment and review processes identify residents' requirement for specialised nursing care. Registered nursing staff develop individualised care plans with procedural instructions for each specialised nursing care need. Referrals are made to relevant health professionals and services to assist in providing appropriate care. Residents' specialised nursing care is monitored through four-monthly care reviews, audits, clinical recording charts and daily observation. Residents' specialised nursing care needs are identified, documented and monitored daily. Registered nursing staff are responsible for the provision of this care. Representatives interviewed are satisfied residents receive appropriate specialised nursing care according to their individual needs.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Residents are referred to appropriate health specialists in accordance with their assessed needs. The home's initial and ongoing assessment and review processes identify residents' need to be referred to specialist health professionals and services. Physiotherapy, dietetics, podiatry and psychiatry services visit the home regularly. Residents are referred to other specialist services and health professionals as required and arrangements are made to assist the resident to attend appointments. Health specialist referrals are monitored through four-monthly care reviews, audits and daily observation. Residents are referred to appropriate health specialists in consultation with the medical practitioner and representatives. Staff update care plans to reflect recommendations made by specialist health professionals. Representatives interviewed are satisfied residents are referred to health specialists according to their needs.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Residents' medication is managed safely and correctly, in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. The home has processes for storing, ordering, administering, monitoring and reviewing residents' medication. Medication charts have residents' personal details and allergies documented and are accompanied by a current photo of the resident and administration details. These charts are re-written and reviewed by a medical practitioner every 28 days and reviewed annually by a pharmacist. Residents' medications are stored securely and in accordance with legislative requirements. Medication management is monitored through regular medical and pharmacy reviews, audits, the Medication Advisory Committee, incident reporting processes and observation. Nursing staff are required to participate in regular medication competency training. Representatives are satisfied residents' medications are managed safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Residents receive care which assists them to be as free as possible from pain. The home has initial and ongoing assessment and review processes for identifying and evaluating residents' pain. This information is used to develop and update individualised care plans. The home uses assessment tools appropriate for residents with cognitive-impairment. A range of medication and non-medication interventions are used to assist in alleviating residents' pain. The physiotherapist develops strategies and programs to assist in pain management. Residents' pain management regimes are monitored through four-monthly care reviews, audits and daily observation. Residents' pain is assessed, strategies implemented and reviewed regularly. Staff interviewed are aware of indications of pain. Representatives interviewed are satisfied residents' pain is managed according to their individual needs and preferences.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has processes to assist in maintaining the comfort and dignity of terminally ill residents. Residents' end-of-life wishes and choices are identified on entry to the home or as soon as possible thereafter. This information is used, in consultation with representatives, to develop appropriate and individualised care plans when a resident enters the terminal phase of life. The home has access to palliative care specialists, equipment and goods to assist in making residents as comfortable as possible. Pastoral care and social work services are available on request. The home monitors palliative care outcomes through four-monthly care reviews, audits, feedback and daily observations. Staff have access to the home's palliative care procedure to assist them in assessing and providing appropriate care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Residents receive adequate nutrition and hydration according their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying and evaluating residents' nutrition and hydration requirements. This information is used to develop and update individualised care plans. Referrals are made to the dietitian or speech pathologist as required to assist in improving residents' food and fluid intake. The home monitors residents' nutrition and hydration status through four-monthly care reviews, risk assessments, monthly weighs and dietitian visits, audits and daily observation. Residents' dietary requirements are communicated to relevant staff and referrals to specialists are made where necessary. Staff interviewed are aware of residents' dietary requirements and have access to documentation to assist with meal and drink services. Representatives are satisfied residents are supported to meet their nutrition and hydration requirements.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Residents are provided care which maintains their skin integrity consistent with their general health. The home has initial and ongoing assessment and review processes for assessing and evaluating residents' skin integrity. This information is used to develop and update individualised care plans. A range of pressure-relieving equipment is available and used in the home. Registered nursing staff are responsible for the provision and management of residents' wound care. Residents' skin integrity is monitored through four-monthly care reviews, incident reporting, audits and daily observation. Residents' skin integrity is assessed and interventions to maintain skin integrity are developed and documented. Staff have participated in wound management education and training. Representatives are satisfied residents receive care which promotes the maintenance of residents' skin integrity.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Residents' continence is managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying and evaluating residents' continence status and interventions. This information is used by the continence link registered nurse who develops and updates individualised care plans. The home has access to equipment and goods to assist residents to maintain their continence and promote dignity. Residents' continence care is monitored through four-monthly care reviews, daily bowel charts, audits and observations. Residents' continence needs are identified, strategies developed and documented in care plans. Staff interviewed are aware of residents' continence requirements. Representatives are satisfied residents' continence needs are managed effectively.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Residents with challenging behaviours are effectively managed to meet their needs. The home has initial and ongoing assessment and review processes for assessing and evaluating residents' challenging behaviours. This information is used to develop and update individualised care plans, which outline triggers for behaviours and corresponding interventions. The home specialises in managing residents with advanced behaviours due to psychiatric illnesses or advanced dementia. The home has a psychiatrist who assists in assessing residents and other specialists are consulted where required. The home monitors the effectiveness of behaviour management through four-monthly care reviews, incident reporting, audits, weekly clinical review meetings and daily observation. Restraint is used as a last resort in the home and staff use other strategies to manage behaviours before using any form of restraint. Staff seek appropriate authorisations before using restraints. Representatives are satisfied with the home's approach to managing the causes which prompt challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Residents receive care which assists them to achieve optimum levels of mobility and dexterity. The home has initial and ongoing assessment and review processes for identifying and evaluating residents' mobility status and assistance requirements. This information is used to develop and update individualised care plans. A physiotherapist is responsible for the assessment, care planning and development of range of movement exercise programs where appropriate. Residents are provided with assistive devices for mobilising, eating and drinking. The home monitors residents' mobility and dexterity outcomes through four-monthly care reviews, physiotherapy reviews, audits, incident reporting and daily observation. Residents' mobility and dexterity abilities are assessed and interventions implemented where required. Staff interviewed are aware of residents' mobility and dexterity needs. Representatives interviewed are satisfied residents are assisted to optimise their levels of mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Residents are assisted to maintain their oral and dental health, according to their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying and evaluating residents' oral and dental health needs. This information is used to develop and update individualised care plans. In consultation with residents and representatives, residents are referred to external dentists where issues are identified. The home monitors residents' oral and dental care through four-monthly care reviews, audits and daily observation. Residents are assisted to maintain their oral and dental health through a variety of strategies which cater for residents who are resistive to care. Staff have attended oral health care training. Representatives are satisfied residents are assisted to maintain their oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

Residents' sensory losses are identified and managed according to their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying and evaluating residents' sensory losses. This information is used to develop and update individualised care plans which outline strategies to assist residents with sensory losses. Residents are referred to specialists where required to assist in managing or improving sensory loss. The home monitors residents' sensory losses and associated interventions through four-monthly care reviews, audits, incident reporting and daily observation. Residents' sensory losses are identified where possible and documented in care plans. Staff assist residents with the management and implementation of sensory aids. Representatives interviewed are satisfied residents are assisted to manage their sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are assisted to achieve natural sleep patterns according to their individual needs and preferences. The home has initial and ongoing assessment and review processes for identifying and evaluating residents' sleep patterns. Strategies which assist residents to sleep and night-time routines are identified. This information is used to develop and update individualised care plans. A range of medication and non-medication interventions are used to assist residents to sleep. Residents' sleep patterns are monitored through four-monthly care reviews, audits and daily observation. Residents' sleep patterns are assessed and interventions documented and reviewed. Staff interviewed are aware of residents' sleep preferences and routines. Representatives are satisfied residents are assisted to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Resident lifestyle, the home encourages residents and their representatives to provide suggestions through the bi-annual survey, resident/representative meetings and direct consultation. Lifestyle staff record observations of resident participation in activities and their feedback. This information is used to evaluate the activity program and implement new initiatives as suggested by residents or representatives. Representatives interviewed are satisfied the home actively works to improve resident lifestyle.

Improvements initiatives implemented by the home in relation to Standard 3 Resident lifestyle, include:

- Lifestyle staff identified an opportunity to improve residents’ social interactions by creating a social group to have fun and enjoy time together. A laughter group was commenced following selection of residents appropriate to attend. The program was explained to residents and participation encouraged. The session incorporates laughter, social interaction and exercises. The activity is held every week with 10 to 15 residents attending. Lifestyle staff document resident participation by observation and photographs. Evaluation of the session shows residents laugh, interact and enjoy the time together. Residents have commented they feel happy and enjoy the activity.
- To improve residents’ sensory experience and in particular residents with sensory deficit, lifestyle staff introduced a regular sensory activity. Equipment such as aromatherapy oils, music, tactile materials, herbs and spices were purchased and are used in the sensory activities. Residents are encouraged to utilise all their senses through the variety of activities presented, including lavender hand massage, garden walks and specific musical sessions. The activities prompt reminiscing, social interaction, relaxation and participation by visiting relatives. Evaluation notes show residents enjoy the variety of sensory experiences. The lavender scent prompted one resident to remember a lavender garden.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 3 Resident lifestyle, the home has processes for mandatory reporting, maintaining the requirements of privacy legislation and providing residents and representatives with information regarding the services provided by the home. Residents are provided with information regarding their rights and responsibilities and security of tenure through the agreement and handbook information. Management and staff are aware of legislative requirements in relation to resident lifestyle.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 3 Resident lifestyle, the home identifies educational opportunities through resident/relative surveys and feedback processes, the staff performance review and development program and observation of staff practices. Staff state they are supported and encouraged to attend internal and external training in relation to supporting resident lifestyle. Training attended includes respectful behaviour, respecting resident choices and elder abuse. Five staff attended a dignity in care workshop and promote the principles of dignity in care through displayed information and discussion with other staff.

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 findings

The home meets this expected outcome

Residents receive support in adjusting to life in the home on entry and on an ongoing basis. Prior to entry residents/representatives receive a copy of the residents' handbook and the Residential Care Agreement. There are welcoming and introduction processes including a welcome package with a variety of information relating to every day life in the home. Lifestyle staff consult with senior clinical staff regarding residents' emotional state during the settling in process and on an ongoing basis. The documented social history allows staff to get to know residents and their particular needs and preferences. Lifestyle and clinical care plans are regularly evaluated for effectiveness in meeting the emotional needs of residents. Staff report concerns about residents' emotional health to the medical officer, social worker or relevant health professionals. The home monitors staff practices in supporting residents' emotional health through observation of practice, the audit system and resident/representative surveys. Representatives are satisfied staff provide appropriate emotional support.

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 findings

The home meets this expected outcome

Residents are supported to retain and improve their independence, maintain friendships and participate in social activities. The assessment process identifies residents' interests and preferences and these are recorded in care and lifestyle care plans. Residents are encouraged to participate in community events according to their interests and abilities and to voice their preferences with regard to independence issues. Care and lifestyle staff adjust care plans as residents' dependency needs change. Physiotherapy and lifestyle staff provide activities and exercise programs designed to maintain residents' mobility, dexterity and independence. The home monitors the maintenance of resident independence through observation of staff practices and the audit system. Representatives interviewed state they are satisfied staff respect and support residents' right to make decisions regarding their care and lifestyle.

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 findings

The home meets this expected outcome

Staff at Makk and McLeay recognise and respect each resident's right to privacy, dignity and confidentiality. Processes to support residents' privacy, dignity and confidentiality include using the resident's preferred name, promotion of respectful relationships between residents and staff, maintaining and improving the environment to support residents' privacy. The home has commenced implementing a Dignity in Care program guided by five staff who have recently attended training. There are areas around the facility where residents can enjoy quiet, private times with friends and relatives. Staff work to maintain the environment within the nursing home as free from undue noise as possible, taking into consideration residents' behaviours of concern and mental health status. Staff treat resident information confidentially and resident clinical and personal information is stored securely. The home monitors privacy and dignity through resident/relative surveys and feedback, the audit process and observation of staff practices. Representatives interviewed state they are satisfied staff respect residents' privacy 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 findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities and interests to suit their capability and preferences. The social assessment identifies residents' needs and preferences across all areas of their lifestyle and is a basis for the individual lifestyle plan. The plan is developed and evaluated in consultation with the resident/representatives and clinical staff. The regular lifestyle evaluation includes review of resident participation in activities, current abilities and interests. The leisure activity program includes group activities, outings, one-to-one contact and activities designed to stimulate the senses and support

maintenance of mobility and dexterity. Each activity is evaluated on a regular basis through resident/representative feedback, regular surveys and discussion at resident/relative meetings. Results of the resident/relative survey demonstrate satisfaction with the program provided. Representatives interviewed state they are satisfied residents are supported by the lifestyle program provided.

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 findings

The home meets this expected outcome

Individual interests, customs, beliefs and cultural backgrounds are identified, documented, valued and fostered. Lifestyle staff complete an assessment of the resident's social history, identifying cultural customs, spiritual beliefs and practices. The care plan reflects residents' cultural and spiritual needs and strategies to meet these needs. The lifestyle program includes cultural events and spiritual services and representatives are encouraged to participate. Catering services are notified of dietary requirements and every effort is made to accommodate residents' preferences. The home accesses assistance and information from multicultural services or appropriate cultural groups. A resource list of staff who speak another language is maintained. The home monitors satisfaction with cultural and spiritual services through feedback mechanisms and the resident/representative survey. Representatives interviewed are satisfied the home respects and supports residents' cultural and spiritual needs and preferences.

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 findings

The home meets this expected outcome

Residents/representatives are supported to participate in decisions regarding services the resident receives and to exercise choice and control over residents' lifestyle. Residents/representatives are consulted about the care and services residents receive and their preferred choices are documented in clinical notes and reflected in the care plan. Staff and management respect residents' choices, for example, end of life choices, choice of activities, preferred clothing for the day and preferred meals. Consent prior to treatment is obtained from the resident or authorised representative. Senior clinical staff are guided by legislative requirements and documented processes if treatment is refused. The home monitors satisfaction with residents/representatives ability to participate in choice and decision making through the residents/relative survey, regular relative meetings and the audit system. Representatives interviewed state they are satisfied the home supports residents and representatives to exercise choice and control over residents' lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Residents have secure tenure within the residential care service and representatives understand their rights and responsibilities. On entry residents/representatives are offered a residential care agreement which details security of tenure, rights, responsibilities and conditions of the relationship between residents and management.

Residents/representatives are supported and assisted in exercising their rights and responsibilities within Makk and Mcleay Nursing Home. The home consults with residents /representatives in relation to moving between rooms and this discussion is documented in residents' progress notes. The home monitors compliance and satisfaction with these processes through the audit system, resident/representative survey and direct consultation and feedback from residents and representatives. Representatives interviewed state they understand their rights and are satisfied with the way the home manages security of tenure.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home identifies opportunities for improvement through review and analysis of hazard and incident data, resident survey results and feedback from residents and staff regarding hospitality services. Representatives and staff are satisfied the home actively supports improvements to the environment and safe systems of work.

Improvement initiatives implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- In response to a resident suggestion the home established raised garden beds in the newly constructed external courtyard with the aim to improve resident engagement, activity and sense of self-worth. Residents participate in tending the garden and the area has become a source of interaction between residents, visitors and staff. Residents who have previously been involved in vegetable gardening enjoy watching the vegetables grow. Staff observations and photographs show residents and their visitors enjoying the garden and picking the vegetables, and demonstrate the area is a success in promoting social interaction and resident participation.
- Management identified that physical modification of existing resident areas would have benefits for residents and staff. Developing smaller living areas would provide more individualised delivery of care and a more flexible environment for clinical management of symptoms related to dementia and mental illness. The McLeay wing was divided into two distinct living areas and the Makk wing had modifications, including the creation of a new courtyard for residents. Staff allocations were changed to provide separate groups for resident care. Residents’ rooms were re-allocated according to mobility needs in consultation with residents and representatives. Staff survey and incident data results show residents are calmer and quieter leading to fewer incidents. Staff report care has improved and staff have a clear line of reporting to the registered nurse in charge of their section. The home demonstrated benefits for residents, including increased safety for chair fast residents, less intrusive behaviours, greater staff continuity and reduction in aggression and fall incidents.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance and safe systems.

In relation to Standard 4 Physical environment and safe systems, the home works actively to provide a safe working environment and has implemented new Work Health Safety information. There is a food safety plan and audit. The home has a current triennial fire certificate and displays fire and emergency information for residents, visitors and staff. Management and staff are aware of their responsibilities in meeting legislative requirements in relation to the physical environment and safe systems, including procedures for reporting missing residents.

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 findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

In relation to Standard 4 Physical environment and safe systems, the home identifies training requirements through staff feedback, observation of staff practices and review of incident, infection and hazard data. In addition, management monitor staff attendance at mandatory training, such as, fire and emergency management, food safety and manual handling. The home has provided education in relating to physical environment and safe systems including, new Work Health Safety legislation, manual handling, fire and emergency management, food safety and influenza infection control.

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 findings

The home meets this expected outcome

Management provides a safe and comfortable living environment which is consistent with residents' care needs. Residents are accommodated in single and double bedrooms and have access to living and outside areas around the home. The home is climate-controlled and cleaned daily to provide a comfortable environment. The living environment is secured to assist with residents' safety and can only be accessed and exited by using a keypad code. The home monitors the living environment through the preventative and routine maintenance program, workplace inspections, audits, incident/accident/hazard reporting, comments and complaints processes, resident/representative meetings, surveys and daily observations. Environmental issues are identified and interventions implemented to maintain comfort and safety in the home. Staff encourage residents to personalise their rooms with their personal belongings. Representatives interviewed are satisfied management provide residents with a safe and comfortable 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 findings

The home meets this expected outcome

Management are actively working to provide a safe working environment which meets regulatory requirements. The home is part of a broad health and safety management system for the Northern Adelaide Local Health Network and has a representative attend the monthly Work Health Safety (WHS) meeting for this group. A monthly WHS meeting is held in the home to discuss information from the network meeting and to discuss local WHS issues. WHS is a standing agenda item at all meetings and the Quality Committee oversees incident, hazard and injury data and audit results. Through these meetings safety issues are identified and interventions planned and allocated to staff for actioning. Staff have access to WHS manuals and those interviewed are aware of incident, hazard and accident reporting processes. Staff participate in annual manual handling training.

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 findings

The home meets this expected outcome

The home has implemented systems and processes which provide a safe working environment that minimises fire, security and emergency risks. Internal and external contract staff provide fire and emergency training which includes fire drills. External contract services monitor and maintain fire safety and detection equipment. The home has a current triennial report and certificate issued by the Metropolitan Fire Service. Staff have access to emergency procedure manuals and resident mobility lists. Electrical equipment is tagged and tested according to Australian standards. The home is secured after-hours and maintains a duress alarm system for times when immediate assistance is required. Staff and representatives interviewed state they feel the home is safe and secure.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home maintains an infection control program which is guided by Australian and South Australian government guidelines, directives and policies. Senior management and nursing staff are responsible for the implementation of infection control within the home. The home maintains a food safety program and the catering service is audited annually by the local council for compliance with food safety regulations. A clinical surveillance program is used to monitor and contain infections. The home monitors infection control practices through audits, staff education, external contract services and daily observation. Staff and residents are offered annual influenza vaccinations. Staff interviewed stated they have access to personal protective equipment and are aware of infection control practices.

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 findings

The home meets this expected outcome

The home provides catering, cleaning and laundry services in a manner which enhances residents' quality of life and the staff working environment. Meals are provided by an external supplier and are based on a four-week rotating, seasonal menu. Staff monitor food temperatures to comply with food safety regulations and residents' with modified dietary needs are catered for. Cleaning is provided through a scheduled program and staff have access to supplies and equipment for ad hoc cleaning after-hours. Laundry services are available for residents' personal clothing and linen is laundered by an external service provider. The home monitors its hotel services through audits, surveys, comments and complaints, residents/representatives meetings and daily observations. Staff interviewed are satisfied the home's hotel services assist in providing a comfortable working environment. Representatives interviewed are satisfied with the catering, cleaning and laundry services.



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Makk & McLeay Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Makk & McLeay Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Makk & McLeay Nursing Home is three years until 30 April 2013.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details					
Details of the home					
Home's name:		Makk & McLeay Nursing Home			
RACS ID:		6010			
Number of beds:		55	Number of high care residents:		33
Special needs group catered for:			<ul style="list-style-type: none"> Dementia and psychogeriatric needs residents 		
Street:		200 Fosters Road			
City:	OAKDEN	State:	SA	Postcode:	5086
Phone:		08 8282 0444		Facsimile:	08 8282 0499
Email address:		[REDACTED]			
Approved provider					
Approved provider:		Central Northern Adelaide Health Service			
Assessment team					
Team leader:		[REDACTED]			
Team member:		[REDACTED]			
Dates of audit:		1 February 2010 to 2 February 2010			

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply

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

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team’s reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Makk & McLeay Nursing Home
RACS ID	6010

Executive summary

This is the report of a site audit of Makk & McLeay Nursing Home 6010 200 Fosters Road OAKDEN SA from 1 February 2010 to 2 February 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Makk & McLeay Nursing Home.

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

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 1 February 2010 to 2 February 2010

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:	June Connolly
Team member:	Tony Tarzia

Approved provider details

Approved provider:	Central Northern Adelaide Health Service
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Details of home

Name of home:	Makk & McLeay Nursing Home
RACS ID:	6010

Total number of allocated places:	55
Number of residents during site audit:	33
Number of high care residents during site audit:	33
Special needs catered for:	Dementia and psychogeriatric needs residents

Street:	200 Fosters Road	State:	SA
City/Town:	OAKDEN	Postcode:	5086
Phone number:	08 8282 0444	Facsimile:	08 8282 0499
E-mail address:	julie.harrison@health.sa.gov.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Makk & McLeay Nursing Home.

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

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Acting director	1	Residents/representatives	3
Director of nursing	1	Volunteers	1
Acting director	1	Consumer advisor	1
Clinical service coordinator	1	Hospitality services manager	1
Clinical practice consultant	1	Maintenance officer	1
Jo Boylan Manager northern region residential services ACH	1	Fire officer	1
Site manager	1	Project nurse	1
Clinical care coordinator ACH	1	Quality officer	1
Registered nurses	3	Leisure and lifestyle and volunteer coordinator	1
Enrolled nurse	2	Administration officer	1
Assistants in nursing	1	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files/progress notes	8	Medication charts	9
Personnel files	11		

Other documents reviewed

The team also reviewed:

- Agency utilisation records
- Allied health communication folder – referrals to physiotherapy, podiatry, speech pathology, dietician
- Allied health early intervention folder – including consents for such as vision checks and dental care
- Annual training calendar
- Archive storage room and records
- Asset listing
- Assignment sheet/daily allocation sheets
- Audit schedule – including documentation, behaviour management, and medication management and practice audits completed quarterly and annual hand washing audits
- Audits result report
- Bus outing check list
- Calendar for 2010 with pictures of residents at activities, prepared by home and sent to all resident representatives as Christmas gift
- Care change forms completed – folder
- Care plan evaluation and review schedule
- Cognitive stimulation therapy program
- Commonwealth certification instrument
- Communication book
- Communication diary
- Comparative report of the use of anti-psychotic drugs
- Complaints folder
- Complaints follow up and acknowledgement letter templates
- Compliment/complaint action forms
- Continuous improvement program
- Continuous quality improvement action plan
- Continuous quality improvement folder
- Contractor safety handbook
- Critical practice folder
- Dangerous drug of addiction register
- Data base of residents' prescribed regular anti-psychotic and mood stabiliser medications
- Data collection, reporting and audits
- Dietician menu review report
- Education records
- Fire system maintenance records
- Food intake charts
- Food safety audit report – 25/01/2010 – compliant
- Grief and loss booklet
- Hazard substances register
- Home's Newsletter
- Inappropriate items found in laundry bags forms
- Incident monitoring reports – including by month, by resident and by time of day
- Incident/hazard reports
- Infection control information - including for volunteers - December 2009; Infection control policy; Gastro info pack; Infection control link nurse program folder; Infection control staff workbook; infection control compliance audit tool
- Injury prevention and management service folder
- Joint partnership key performance indicator reporting
- Leisure and lifestyle documentation of activities and resident attendance and participation

- Maintenance log sheets
- Maintenance register, schedule and records
- Manual handling competency assessments
- Meeting minutes 2010 including minutes of staff meetings, quality committee , infection control and occupational health and safety committees
- Memo folder
- New staff orientation program
- Newsletter – ‘Whispering leaves’
- Non conformance/corrective action report
- Nursing workforce management file
- Organisational structure for reporting and responsibilities
- Please let us know forms
- Policy manual – restraint – physical policy
- Procedure manual – restraint physical, protective assistance
- Professional and organisational performance outcomes for the registered nurse
- Professional development folder
- Quality improvement suggestion forms
- Register of monthly continuous improvement activities
- Resident agreement audit
- Resident clinical review meetings – meeting sheets of residents in McLeay completed at least monthly and at least fortnightly for Makk residents
- Resident clinical review schedule
- Resident/representative survey results
- Residential care service agreement
- Response time of staff to resident needs
- Restraint guidelines
- Rosters
- Safety assessment and restraint authority forms
- Self directed learning packages
- Senior RN duties folder
- Service provider lists
- Seven day handover sheets
- Sleep chart
- South Australian Police security database records
- Special needs clients folder – complaints
- Staff continuum and skill mix
- Staff survey evaluations
- Staff workbooks
- Stores order forms
- Temperature monitoring records
- Testing and tagging certificate of compliance and records
- Treatment folder – fingernail care, skin tear/ wound register; treatment sheets/wound sheets and including pain charts relating to wound care
- Triennial fire safety certificate
- Various audits, inspections and survey results
- Various cleaning schedules
- Various committee and meeting minutes
- Various communication books
- Various competency records
- Various evaluation reports
- Various letter, memos and emails
- Various menus
- Various policies, procedures and manuals

- Various shift work routine sheets
- Verbal complaint/concern flow chart
- Vision guiding principles and mission statements
- Volunteers' handbook
- Weight charts
- Welcome pack for new residents/representatives
- Worksite inspections
- Written complaint flow chart

Observations

The team observed the following:

- 'Club house' activities area
- Activities in progress
- Archived records store room
- Charter of residents' rights and responsibilities
- Chemical spill kit and body fluid kit
- Cleaning trolleys
- Dangerous drug of addiction safe
- Decorations for St Valentine's Day
- Equipment and supply storage areas, including staff personal protective equipment
- Fire suppression equipment
- Fish tank painting – in lieu of real fish tank
- Folders with photographs of residents participating in activities
- Glass cabinet with handbooks in various languages
- Interactions between staff and residents
- Internal and external living environment – including residents rooms; common areas; shaded outdoor areas; raised garden planters with vegetables and decorative plants
- Kitchen and food trolleys
- Laundry
- Living environment – internal and external and including resident rooms – individual and shared, bathrooms, dining and common areas
- Makk and McLeay lifestyle – cultural events calendar 2010
- Medications being administered to residents
- Monthly activity programs – for January and February 2010 displayed
- Noticeboards and whiteboards
- Nurses stations and resources available
- Program of multicultural events for February in Adelaide displayed
- Resident demeanour
- Residents dining and being assisted with meals by staff
- Residents receiving hand and nail care
- Schedule four licence displayed – current to 31/05/2010
- Secure sharps storage
- Sharps containers
- Small dog visiting for pet therapy – sitting on resident's lap
- Staff attending to duties
- Staff wearing duress alarms
- Storage of medications
- Suggestion boxes
- Various pamphlet racks and pamphlets
- Waste disposal skips

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

Residents, representatives and staff are satisfied with opportunities available to raise suggestions contributing to continuous improvement, as well as actions taken by management. The home uses systems and processes through its partnership arrangements with an external aged care provider, to monitor compliance in management systems, staffing and organisational development, and identify improvement opportunities. Stakeholders are encouraged to submit comments and suggestions through various processes, including ‘please let us know’ and ‘quality improvement suggestion’ forms, via suggestion boxes and formal and informal meetings. Unit managers are responsible for investigatory work necessary and provide appropriate information and documentation to the quality officer. Quality meetings are regularly conducted where continuous improvement issues logged on registers and action plans are tabled, with relevant initiatives implemented based on care and service outcome priority. The quality committee and quality officer monitor progress of plans, with evaluation of initiatives occurring through various resident, representative and staff feedback and audit processes. Stakeholders are provided feedback relating to initiatives implemented through pathways such as meetings, reports, memos and newsletters.

The home demonstrated results of improvements relating to management systems, staffing and organisational development, including:

- Clinical staff identified an increase in resident aggression and the need to review staffing ratio and model. Following discussion with staff and a review of critical incidents, two additional nursing hours were added per day commencing at 1500 hours. Results have been positive, with staff and management reporting the increased staff ratio on the floor assists in the settling of residents. This initiative was recently implemented with ongoing monitoring and evaluation.
- Senior management identified the policy and procedure system was complex and too lengthy through its development process. Following considerable consultation, it resulted in policies and procedures relating to Accreditation Standards and aged care principles being reviewed and updated. Feedback from management and staff has been positive, citing clearer direction has been noticed in the revised policies and procedures.
- Management identified benefits in conducting a review of the volunteers’ handbook. Discussion and planning resulted in the volunteers’ handbook being updated. The new handbook provides relevant information for volunteers, including occupational health and safety, manual handling, infection control and various other policies. Volunteers and staff feedback provided was positive, citing the new handbook is more comprehensive.

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 systems and processes to identify relevant legislation, regulations, standards and guidelines impacting on management systems, staffing and organisational development. The home receives notification of legislative change through links with peak industry bodies, as well as a Government strategic leadership group. Staff are informed of relevant changes through communiqués, education and training sessions, various meetings, notices and memos. Management monitor the effectiveness of application of changes and overall compliance through internal and external audit processes. Staff are satisfied with legislative updates provided by management, as well as ongoing training and accompanying documentation. Some examples of regulatory compliance in management systems, staffing and organisational development, include police security clearances, privacy and confidentiality policies, annual professional registrations, and processes informing stakeholders of Accreditation Standards audits.

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

Management and staff are satisfied with the ongoing support provided to develop knowledge and skills in management systems, staffing and organisational development. The home uses systems and processes to provide management and staff with appropriate knowledge and skills to perform their roles. Management conduct a training needs analysis annually, to determine staff knowledge and skill requirements, in accordance with delivery of ongoing residents' skill mix needs. These include details gathered from appraisal and competency processes, non-compliance issues, continuous improvement initiatives, incidents, complaints, professional reviews, surveys and mandatory requirements. Some examples of training conducted in management systems, staffing and organisational development include customer service skills, employee counselling and discipline, coaching and team building, and the Aged Care Funding Instrument. Management monitor the effectiveness of education and staff development with internal and external training sessions through attendance records, evaluation sheets, various resident/representative feedback mechanisms and staff performance measures. Staff education for training gaps identified is incorporated in future training schedules.

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, representatives and staff are satisfied their comments and complaints are identified and promptly addressed by management. The home uses systems and processes to capture stakeholder compliments, comments and complaints. Stakeholders are encouraged to use various internal and external mechanisms to raise issues of concern requiring attention. The clinical service coordinator is responsible for processes and items raised on site through the senior registered nurse or other parties, including 'please let us know' forms, and management's 'open door' policy. The consumer advisor and advocacy services are involved in matters as necessary. Complainants are provided acknowledgement of logged concerns, which are monitored for actions taken, and reported at quality meetings for trending and graph analysis. Residents' files are updated to reflect relevant outcomes, with other appropriate documentation, staff communication or training adjusted as necessary.

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 and its management partner have documented the vision, guiding principles, and mission statement displayed at the home. They are noted in various documents, and jointly demonstrate the partnership's commitment to 'quality' and 'standards of excellence'.

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

Residents and representatives are satisfied with staffing levels, skills demonstrated and response times. The home has processes for the recruitment and employment of sufficient and suitably qualified staff to meet residents' needs. Staff appointed are checked for police and professional certifications, orientated, provided a working 'buddy' and initially placed on supernumerary shifts. Staff skill mix requirements, based on the residents' needs and preferences, are considered and applied in master rosters and daily allocation sheets. Staff replacement needs are facilitated by a computerised on-call system through an off-site duty coordinator, and includes public holidays and festive seasons. Management monitor the effectiveness of ongoing staffing levels and skill mix required to meet residents' individual care and service needs and preferences, through ongoing competency assessments and performance appraisals. Staff confirm they have sufficient time and skills to perform their duties, and receive ongoing management support.

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

Residents, representatives and staff are satisfied they have access to appropriate stocks of goods and well maintained equipment. The home uses processes to maintain adequate stocks of goods and equipment for resident care and service delivery. The home's off site service department is responsible for preventative and reactive maintenance programs, with a site handyman attending to non-specialist tasks. Staff participate in pre-purchase equipment trials, and purchases are prioritised in accordance with residents' acuity needs, as well as occupational health and safety and financial considerations. Designated staff are responsible for monitoring stock control and future orders, with various medical imprest and other stock items provided by a hospital within the region. Suppliers are monitored and contacted by relevant staff regarding incorrectly received or damaged goods, or equipment deemed unsatisfactory or requiring replacement.

1.8 Information systems

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

Team's recommendation

Does comply

Residents, representatives and staff are satisfied with sufficient and reliable information available for their needs and responsibilities. The home has systems and processes to provide accurate and sufficient information to stakeholders. Residents, representatives and staff receive orientation, and provided relevant information through handbooks, residential agreements or employment documents, which include residents' confidentiality. Staff are generally guided through work practices via policies and procedures, job and person specifications, training sessions, shift handovers and meetings. Confidential and archived information is securely stored, with processes for appropriate document disposal available for staff. Computer information is password protected, and appropriate backup and disaster recovery processes are initiated as required. Management monitor the effectiveness of information systems through various compliance audits, and residents, representatives and staff feedback pathways, attending to adjustments as necessary.

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

Residents, representatives and staff are satisfied with external services provided at the home. The home uses processes to engage external services to agreed standards and quality. External providers are managed by the home's off-site service department, sign service agreements, and are given contract safety handbooks as appropriate. Some examples of external service providers used at the home include air conditioning and mechanical services, sanitation, fire detection equipment and duress alarm systems. The off-site service department regularly monitors the quality and consistency of goods and services received. This occurs through resident, representative and staff feedback, surveys, and various inspection and audit processes. Concerns are referred back to providers for appropriate correction as they are identified.

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’s systems and processes monitor compliance in health and personal care, and identify improvement opportunities. Stakeholders are encouraged to submit comments and suggestions through various processes, including ‘please let us know’ and ‘quality improvement suggestion’ forms, via suggestion boxes and formal and informal meetings. Unit managers are responsible for investigatory work necessary and provide appropriate information and documentation to the quality officer. Quality meetings are regularly conducted where continuous improvement issues logged on registers and action plans are tabled, with relevant initiatives implemented based on care and service outcome priority. The quality committee and quality officer monitor progress of plans, with evaluation of initiatives occurring through various resident, representative and staff feedback and audit processes. Stakeholders are provided feedback relating to health and personal care initiatives through pathways such as meetings, reports, memos and newsletters, and are satisfied with outcomes.

The home demonstrated results of improvements relating to health and personal care, including:

- The home identified a need for clinical and care staff to be informed and receive clear direction, as well as being educated effectively, in understanding new tools and processes. Following considerable planning, all care plans were altered to a new format, with one-to-one training being conducted for nursing staff. Staff feedback was positive, confirming it is now easier to locate appropriate information.
- Management identified the need to review changes in usage of anti-psychotic medication. Discussions with various clinical parties resulted in the development of a medication database for residents prescribed with these regular medications. The table was colour-coded and indexed to include increased, commenced, or ceased medications, as well as other relevant information. Management and staff feedback was positive, citing regularly updated information allows quick identification of medication changes applied.
- Senior management identified the need to review the pain management audit tool. Following considerable consultation and planning, a new pain management tool was developed and introduced. Audit results demonstrated a high compliance level was achieved. This was also confirmed through positive staff feedback regarding the safe and correct medication management practices now being applied.

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's systems and processes identify relevant legislation, regulations, standards and guidelines impacting on health and personal care. The home receives notification of legislative change through links with peak industry bodies, as well as a Government strategic leadership group. Some examples of regulatory compliance relating to health and personal care include meeting the requirements for specified care and services, and licensing for medication management. Staff are informed of relevant changes through communiqués, education and training sessions, various meetings, notices and memos. Management monitor the effectiveness of application of changes and overall compliance in health and personal care through internal and external audit processes. Clinical and care staff are satisfied with legislative updates provided by management, as well as ongoing training and accompanying documentation.

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's systems and processes provide clinical and care staff with appropriate knowledge and skills to perform their roles. Management conduct a training needs analysis annually, to determine clinical and care staff knowledge and skill requirements, according to delivery needs in residents' changing acuity. These include details gathered from appraisal and competency processes, non-compliance issues, continuous improvement initiatives, incidents, complaints, professional reviews, surveys and mandatory requirements. Some examples of training conducted in health and personal care include behaviour and dementia, nutrition and hydration, continence and pain management. Management monitor the effectiveness of clinical and care education and staff development with internal and external training sessions through competency checking of care outcomes, assessments and various resident/representative feedback mechanisms. Staff education for gaps identified in care is incorporated in future training schedules, resulting in clinical and care staff satisfaction with ongoing support provided.

2.4 Clinical care

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

Team's recommendation

Does comply

The home provides specialised care for residents with severe dementia, and/or related psychosis, in a secured environment. An initial assessment is completed for residents on entry using information from resident representatives, previous carers, and documentation received from previous care providers. An interim care plan is developed from this information to guide the resident's care until further assessments are completed. The home has a suite of assessments which are completed for residents over a four week period, to identify care and support needs. A care plan is then developed from this information which covers all aspects of care to ensure appropriate clinical care is provided. Care plan reviews are completed three to four monthly depending on residents' needs and care acuity, and copies of these reviews were sighted in residents' files with any changes to care needs noted. The care plan folder is kept in the resident's room until all aspects of resident care is completed

each day, so that care staff may check the care required for residents. When care is completed, this file is returned to the nurses' station. A seven day handover sheet is used at the two shift handovers each day to ensure any changes in care are communicated to oncoming staff. Interviews with resident representatives confirmed their satisfaction with the care provided to their relatives and this was also noted in resident comments in minutes of the representative meetings.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

Residents specialised nursing care needs are identified on entry and staff have the appropriate skills and knowledge to deliver the required care. The team noted that there are registered and enrolled nursing staff on each shift who are involved in direct resident care. Registered and enrolled nurses assess the specialised nursing care needs of residents and deliver this care according to the care plan. Resident specialised nursing care currently required includes stoma care, wound management and diabetes management. The home has previously provided such care as percutaneous gastrostomy feeding and catheter care. Staff interviewed confirmed they have completed specialised training such as wound management, and that education is provided as required for staff to meet residents' care needs. Resident representatives confirmed they are satisfied with the specialised nursing care provided to residents.

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 ready access to a number of health specialists on site including a medical officer, physiotherapist and nutritionist, who were all observed involved in resident care and assessment during the visit. Referrals may be made to other specialists as required, and documentation and resident representative interview confirmed that dental care is accessed according to individual resident needs. Review of resident files showed that residents are referred to, assessed and treated by, such health specialists as the speech pathologist, podiatrist, psychiatrist and psychogeriatrician. An optometry assessment was noted in the file of one resident. Pathology collectors were also noted to attend to obtain requisite samples for specific investigations. Resident representatives interviewed indicated they are satisfied with access to other health related services.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

The home has a system in place to ensure that residents' medication is managed safely and correctly. Medications are administered by registered nurses who complete competencies in medication management. A medication round was observed with the registered nurse preparing each medication according to the resident's identified needs, such as being crushed and mixed with a fruit syrup to make this palatable to the resident. The nurse was observed to provide appropriate support and encouragement to the residents to take their medication. Medication charts are reviewed weekly by the medical officer and at least annually by a pharmacist. The team reviewed a sample of medication charts and found no evidence of charting errors or signing omissions. Schedule eight medications are checked and signed by registered nurses each shift. and medications were noted to be stored securely. Representatives interviewed confirmed their satisfaction with the administration of medication to residents.

2.8 Pain management

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

Team's recommendation

Does comply

Residents are assessed on entry to identify whether they have pain and if the management is effective. The assessment includes both verbal and non verbal tools to ensure any pain management needs are identified for those residents with communication deficits. Residents' pain is monitored on a daily basis to ensure ongoing pain management. Where a resident is noted as experiencing pain on consecutive days, a pain flow chart is commenced and a medical review requested. Review of progress notes confirmed that staff report when residents have pain and that therapy is provided, residents are reviewed medically, and analgesia prescribed or varied. Analgesia may be prescribed in either oral or dermal patch form and the effectiveness of this is checked by staff. Alternate pain management strategies include repositioning, massage therapy, hot packs and aromatherapy. Residents interviewed stated that they did not have any pain and resident representatives confirmed that staff were attentive to the pain management needs of residents.

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 practices and procedures in place to provide palliative care when this is required by residents. Advanced care directives are completed by those residents and/or representatives who wish to do so and were sighted in resident files. Assessments and care plans identify and provide for the delivery of all care required by residents. The home is supportive of all residents, and although there are no residents currently requiring palliative care, the home has previously supported and provided care to palliative residents. A designated palliative care room is available for those residents who are in shared rooms and they and/or their representatives wish to have more quiet and privacy. Review of the progress notes of a recent resident showed the extended nursing care provided to the resident in the terminal stage of their illness. Staff have received training to meet the care needs of palliative care residents. Interviews with residents and representatives confirmed that staff are at all times caring and meet all their identified care and support needs.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents are assessed on entry for their preferences for foods and drinks, with information being sought from representatives and other documentation if the resident is not able to provide this. The home identifies residents’ requirements for special diets, preferred foods, allergies and assistance to eat and drink. This information is provided to the kitchen. The team observed staff sitting on special stools to assist residents with feeding where required, and it was noted that residents were not rushed with their meals. Where dietary needs change, a ‘change of care’ form is completed and forwarded to the kitchen and the information passed on to staff at handover report. Residents are weighed monthly unless there is weight loss when weekly weighs will be initiated. The team observed morning and afternoon tea trolleys to contain a number of jugs of fluids of various types, flavours and textures to meet the identified needs of residents. A ‘heatwave alert’ memo, regarding expected heatwave conditions, was also sighted with a directive for residents to be protected from the heat and extra fluids provided. Residents’ food and fluid intake is monitored by care staff through observation, documented on food intake charts when necessary, and any changes are reported to senior clinical staff. Nutritional supplements are available where indicated following nutritional review. Referrals to speech therapists are arranged if required and dysphagia management guidelines provided. Interviews with resident representatives confirmed that they are generally satisfied with the meals and assistance provided to residents. One resident stated that they were very happy with the meals.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on entry to the home including an assessment to give a numeric indicator of risk to skin integrity. The skin care needs identified are incorporated into the care plan that is evaluated three or four monthly, or as required. There are policies to guide skin care and wound management and a review of a sample of care plans identified that skin integrity is evaluated regularly. Indicator data is collected to identify any trends in skin breakdown including skin tears. Nutritional reviews are completed where residents have poor skin integrity or have wound management needs. Staff interviewed stated that they had skills to provide wound care and dressings where required. A podiatrist visits the home regularly to provide care and a hairdresser also visits. All representatives interviewed were satisfied with the care provided to maintain skin integrity.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has a system of identifying, assessing and monitoring residents' continence care needs to ensure that their continence is managed effectively and with dignity. Review of assessments, care plans and progress notes identified that specific continence management needs are developed on an individual basis and all resident files reviewed were noted to include a continence management plan. A toileting program is developed if required and these were also noted in resident care plans. Staff have received education in continence management including from the continence aid supplier, and have the support of continence link nurses. Sensor mats are used in the higher care unit which assists staff to identify residents who may get up and require toileting during the night. Nutritional needs are monitored to provide adequate fibre, bowel management charts are used to monitor requirements for aperients, and residents are encouraged and assisted to maintain an adequate fluid intake. Interviews with representatives indicated that they are satisfied with the home's support in managing continence for residents.

2.13 Behavioural management

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

Team's recommendation

Does comply

A comprehensive assessment is completed for all residents on entry to identify their specific behavioural management needs and any risks associated with these. This information is used to develop care plans to guide staff in their care approaches. The home cares for residents with complex needs and provides a secure environment for the residents. For those residents able to mobilise, falls prevention plans are developed with risks and injury prevention strategies identified including the use of low beds, sensor mats and hip protectors as some examples. Documentation including observations and recording of challenging behaviours was noted; with triggers and diverting strategies for the behaviours identified where possible. The team observed staff managing and diverting resident behaviours effectively, noting that the calm responses of staff members and the effectiveness of strategies employed. Residents for whom psychotropic medications are prescribed have their medications reviewed weekly and adjusted where necessary, and the team observed evidence of this. If it is felt that a resident requires 'when necessary' psychotropic medication, a behavioural assessment form is completed by the registered nurse prior to giving this to ensure that other management strategies have been tried first. When the medication has been given, the effect is monitored and behaviour reassessed. Resident representatives interviewed indicated they were satisfied with the care and support provided to their relatives in managing behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

All residents are assessed on entry for mobility and falls risk and the home's physiotherapist develops the physiotherapy and mobility care plan. This plan identifies any specific exercises for individual residents and any safety requirements such as hip protectors. The home has a restorative philosophy and aims to preserve, and improve where possible, the ability of residents to retain their mobility and dexterity. Individual programs aim to provide residents with the independence and any support required to move freely around the home as they are able. Exercises are included in the activities program for residents who wish to participate, and there are wide, uncluttered corridors for those residents able to mobilise around the home and including secure and shaded outdoor areas. The lifestyle program includes sessions which provide activities to assist in maintaining dexterity. The mobility care plan is evaluated at the regular care review or as necessary, and any additional interventions required by the resident are noted and actioned. Interviews with residents and representatives indicated satisfaction with residents maintaining their levels of mobility and dexterity.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The oral and dental care of residents is assessed on entry and care interventions required to maintain oral health are included in the care plan. The care plans reviewed identified whether the resident had dentures or their own teeth and the strategies to ensure dental care is maintained. Appointments with dentists are made with staff assistance and this was confirmed in resident documentation and interview with a resident representative. Staff are also alerted to any resident who may, for instance, exhibit difficulty in eating, and refer to senior clinical staff if any problems are identified. Suitable diets are provided for those residents whose dentition causes problems with eating some foods. Resident representatives interviewed stated that staff advise them of any dental or oral health care needs as required.

2.16 Sensory loss

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

Team's recommendation

Does comply

Sensory assessments are completed for residents which include vision and hearing together with taste, touch and smell, and the care plan is developed to meet the identified needs. Given the limited responses able to be made by some residents, not all assessments are able to be fully completed. However, the home attempts to provide sensory stimulation for all residents through the use of tactile and other sensory activities. Residents preferred foods are identified in consultation with representatives to provide them with familiar tastes and textures. The home's activities program includes a Montessori component which introduces tactile experiences to residents. Where specific assessments, such as optometry, may be required, these are conducted to allow residents to be able to have current prescription glasses. Resident representatives indicated satisfaction with the sensory support provided to residents.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are assessed for sleep patterns with information included from previous known habits. The assessments are completed using an observational tool to record patterns of sleep and, where necessary, identify effective strategies to assist the resident back to sleep. A supply of snacks is available to not only ensure that residents have supper before retiring, but also to provide snacks for residents who wake during the night. Staff use various strategies to assist residents to sleep at night time including exercise and activity during the day and a quiet environment at night. Where residents may have wandering behaviours or known sleep disturbance, they are encouraged to go to bed later. Night sedation may be prescribed for those residents who are identified as having difficulty in achieving regular sleep patterns. Interviews with resident representatives indicated that they believed residents rested well at night and one resident stated that they did sleep well.

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 home’s systems and processes monitor compliance in resident lifestyle, and identify improvement opportunities. Stakeholders are encouraged to submit comments and suggestions through various processes, including ‘please let us know’ and ‘quality improvement suggestion’ forms, via suggestion boxes and formal and informal meetings. Unit managers are responsible for investigatory work necessary and provide appropriate information and documentation to the quality officer. Quality meetings are regularly conducted where continuous improvement issues logged on registers and action plans are tabled, with relevant initiatives implemented based on care and service outcome priority. The quality committee and quality officer monitor progress of plans, with evaluation of initiatives occurring through various resident, representative and staff feedback and audit processes. Stakeholders are provided feedback relating to resident lifestyle initiatives via pathways such as meetings, reports, memos and newsletters, and are satisfied with outcomes.

The home demonstrated results of improvements relating to resident lifestyle, including:

- Leisure and lifestyle staff identified an opportunity to improve the foyer area. Following discussion with staff, residents and representatives, culture displays were arranged, developed and placed in the foyer area. The displays were incorporated with calendars, and designed in various colours. Residents, representatives and staff confirmed the displays “brighten up the foyer”, and help make the area “more home like”.
- The home identified a need to consider further cognitive stimulation therapy. Discussions through the partnering with an aged care provider, a university and several students, it resulted in the introduction of a 14 week programme for residents with complex needs. The program was titled ‘The Bradman’s’, named after the residents’ interest in sport. The therapy proved successful, with residents showing improvement after completing the program. Residents’ feedback was positive, with increased level of well-being and quality of life being noted.
- The lifestyle coordinator identified a need to update the residents’ lifestyle pamphlet. A review of residents’ lifestyle needs, as well as consideration of design and content, resulted in the development of a new lifestyle pamphlet. Feedback from residents, representatives and staff was positive, stating it is comprehensive and provides good information of leisure and lifestyle activities being offered at the home.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home's systems and processes identify relevant legislation, regulations, standards and guidelines impacting on residents' lifestyle. The home receives notification of legislative change through links with peak industry bodies, as well as a Government strategic leadership group. Some examples of regulatory compliance impacting on resident lifestyle include reportable assaults, residential agreements, guardianships and individual resident lifestyle requirements. Staff are informed of relevant changes through communiqués, education and training sessions, various meetings, notices and memos. Management monitor the effectiveness of application of changes and overall compliance in resident lifestyle through internal and external audit processes. Care and lifestyle staff are satisfied with legislative updates and ongoing training provided by management.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home's systems and processes provide care and lifestyle staff with appropriate knowledge and skills to perform their roles. Management conduct a training needs analysis annually, to determine care and lifestyle staff knowledge and skill requirements, in accordance with service delivery of residents' changing needs. These include details gathered from appraisal and competency processes, non-compliance issues, continuous improvement initiatives, incidents, complaints, surveys and mandatory requirements. Some examples of training conducted in resident lifestyle include 'privacy, dignity, choice', emotional support and 'Montessori in action'. Management monitor the effectiveness of education and staff development in resident lifestyle through activity attendance records and various resident/representative feedback mechanisms. Staff education for gaps identified in resident lifestyle is incorporated in future training schedules, resulting in care and lifestyle staff satisfaction with ongoing support provided.

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 entry process includes gathering information from resident representatives and other sources as necessary, to identify residents' care and lifestyle preferences. The team noted a one page 'My life' document containing a photograph of the resident and a brief life history which is placed at the front of the care plan to inform staff of the resident's background and lifestyle preferences. Information about residents' emotional support needs is included in care documentation such as relationships with family. Staff show interest in residents' well-being through ongoing observations of residents affect, vocalisations and behaviours during the course of undertaking their duties. Staff report that the teamwork they practice enables them to spend time with residents to address their emotional support needs. The team observed staff interacting with, and supporting residents throughout the visit. In addition, the lifestyle team spends individual time with residents who require emotional support on an 'as needs' basis. Interviews with resident representatives indicated they are satisfied with the level of emotional support provided to residents.

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 presented evidence to show that residents are supported to achieve their maximum independence and participate in community life as they are able. The team were shown examples of residents who are supported to maintain mobility by the provision of walking exercises, and protective equipment such as helmet and hip protectors to reduce the risk of injury if the resident does fall. Residents with the ability to mobilise independently were observed moving around the home. Other residents were assisted as required. Resident representatives are encouraged and supported to visit and to join in activities such as spouses being invited to the St Valentine's Day lunch. Residents are also able to go on regular bus trips accompanied by staff members, and a fortnightly 'take away' meal has been introduced with residents able to order in a favourite meal. Resident representatives interviewed confirmed they are satisfied with the home's support to residents to maintain independence as they are able.

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 supports residents' rights to privacy and dignity and ensures that confidentiality is recognised and respected. The team observed that resident documentation is stored securely and was advised that handover reports held twice daily at changeover, are held where they cannot be overheard. Documentation and staff interviews confirmed that confidentiality agreements are signed on employment. Resident behaviours were noted in documentation, and observed, to be sometimes disinhibited, and staff ensure privacy and dignity is maintained by providing a staff presence that is quick to respond where residents may remove clothing or exhibit other overt behaviours. Interviews with resident representatives indicated that they are satisfied with the home's interventions to ensure that residents' privacy and dignity is maintained.

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 lifestyle programs and services in place that encourage and support residents who wish to participate in them. Lifestyle staff work five days a week with care staff having access to resources and providing activities on weekends. Lifestyle staff complete a resident social history form on entry using information from residents as they are able, their representatives, or other information as available. The assessment includes information on the resident including their previous life, preferred name, work, interests, cultural and spiritual needs and personality type. This information is also used to write the 'My life' which is provided at the front of the residents care plan folder. The information on previous and preferred activities is used in the development of the activities program and this was noted to be varied and including group activities in the 'Club house'. This initiative has facilities for residents to participate in programs including games (snakes and ladders was reported to be popular) and entertainment, and the team observed residents having hand and nail care, and morning and afternoon tea. Resources provided include newspapers in languages other than English for residents from ethnic backgrounds, folders of photographs on topics of interest to residents, including some developed specifically for residents with information and photographs of their previous life. Bus outings are also provided with one held during the team's visit. Individual programs are provided for those residents who do not wish to join the group activities and examples of these are massage, reading, and swimming for one resident.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' needs and preferences to support their cultural and spiritual aspects of lifestyle are assessed on entry and included in their lifestyle care plan. Review of resident documentation clearly noted whether residents wished to maintain links with their church and religion or preferred not to. This information was often gained through interviews with resident representatives. Religious services are part of the monthly activities schedule. The 'My life' document is completed by lifestyle staff and often gives an indication of the residents background and their wish to celebrate certain anniversaries and cultural events such as Christmas, Easter and ANZAC Days. The team observed decorations for St Valentine's Day in the foyer of the home and were advised of plans for husbands and wives to celebrate with a special lunch on this day. Photographs of residents celebrating Christmas and attending the Adelaide Show were sighted, with residents appearing engaged with the activities. Review of documentation reported that residents enjoyed these activities and representatives indicated they are satisfied with their relatives' participation in them.

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

Due to the specific needs of residents of the home, clear evidence of choice and decision making may not always be clear. The home discusses with resident representatives to identify residents' previous likes and preferences – including foods and drink, or may also refer to documentation from previous assessments including those prior to entering the home. The staff are also skilled in responding to the vocalisations of residents who cannot communicate clearly to identify whether they are comfortable, have a specific need, or are enjoying a particular activity. The team observed staff interacting with residents and removing them from an activity when their behaviour indicated distress, providing alternate therapy and individual attention until the resident was settled with an alternate choice. Review of resident files showed that documentation such as power of attorney and guardianship orders were in place for residents as required. Resident representatives interviewed were satisfied with the choices available to the residents.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents and representatives are satisfied with information provided to assist residents with their rights and responsibilities. The home has processes to provide residents and their representatives, information regarding security of tenure and residents' rights and responsibilities. Residents/representatives receive information prior to admission, as well as a handbook and residential agreement as appropriate. Residents/representatives are provided the charter of residents' rights and responsibilities, and are explained the consumer adviser support, as well as various complaints mechanisms available. Residents' rights to safe and secure tenure are supported through policies and procedures, and consultation is undertaken prior to changes being applied, such as relocation within the home. Residents' and representatives' formal and informal meetings, comments and complaints and continuous improvement processes provide avenues to discuss concerns and receive education regarding rights and responsibilities. Staff confirm their understanding of the importance of residents' security of tenure and act as advocates as required.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home’s systems and processes monitor compliance in the physical environment and safe systems, and identify improvement opportunities. Stakeholders are encouraged to submit comments and suggestions through various processes, including ‘please let us know’ and ‘quality improvement suggestion’ forms, via suggestion boxes and formal and informal meetings. Unit managers are responsible for investigatory work necessary and provide appropriate information and documentation to the quality officer. Quality meetings are regularly conducted where continuous improvement issues logged on registers and action plans are tabled, with relevant initiatives implemented based on care and service outcome priority. The quality committee and quality officer monitor progress of plans, with evaluation of initiatives occurring through various resident, representative and staff feedback and audit processes. Stakeholders are provided feedback relating to initiatives implemented in safety and physical environment via pathways such as meetings, reports, memos and newsletters.

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

- The hospitality services manager identified a need to review processes in the delivery of meals at appropriate temperatures. Following various discussions and consideration of options available, it resulted in the purchase of a ‘crock pot’ to maintain consistent food temperatures. Resident and staff feedback was positive, confirming their satisfaction in food temperatures being maintained when served to residents.
- Senior management reviewed the usage of all areas at the home. Following comprehensive planning and discussions with residents, representatives and staff, a dining room was relocated through a trial period. Residents gave positive feedback, citing the bigger area provides an “increased home like environment” with staff confirming it is also “easier to clean”.
- Senior management identified a need to consider redevelopment of the home. Following extensive consultation, planning and budgetary consideration, a redevelopment project was undertaken. It included more user-friendly outdoor courtyards, bathroom and lounge area renovations, as well as installation of garden beds. Residents and staff provided positive feedback confirming their satisfaction in the improved living environment.

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's systems and processes identify relevant legislation, regulations, standards and guidelines impacting on the physical environment and safe systems. The home receives notification of legislative change through links with peak industry bodies, as well as a Government strategic leadership group. Some examples of regulatory compliance in the physical environment and safe systems include fire regulations, security systems and infection control guidelines. Staff are informed of relevant changes through communiqués, education and training sessions, various meetings, notices and memos. Management monitor the effectiveness of application of changes and overall compliance in the physical environment and safe systems through internal and external audit processes. Staff are satisfied with legislative updates provided by management, as well as ongoing training and accompanying documentation.

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's systems and processes provide staff with appropriate knowledge and skills to perform their roles. Management determine staff knowledge and skill requirements with the environment and safe operating systems through an annual training need analysis. This also includes details gathered from appraisal and competency processes, non-compliance issues, continuous improvement initiatives, incidents, complaints, surveys and mandatory requirements. Some examples of training conducted in the physical environment and safe systems include fire safety and equipment, manual handling, food safety and infection control. Management monitor the effectiveness of education and staff development through attendance records, evaluation sheets, various resident/representative feedback mechanisms and staff performance measures. Staff education for gaps identified with the physical environment and safe systems is incorporated in future training schedules, and results in management and staff satisfaction with ongoing support provided.

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

Residents, representatives and staff are satisfied with safety and comfort levels provided in the residents' home environment. The home has processes to provide a safe and comfortable living environment, consistent with residents' needs. Residents are accommodated in single or shared rooms with privacy curtains, and are encouraged to furnish rooms with personal items and mementos as appropriate. Residents' restraint is generally managed according to policies and procedures, and behaviour strategies include a comfort chair, bed low to floor, sensor mats, hip protectors and sensor monitored doorways. Daily hospitality services maintain a clean and uncluttered environment, with safe and secure internal and external communal areas made available for residents to wander free. Management generally monitor residents' safety, comfort and satisfaction through various clinical and environmental mechanisms. These include clinical assessments and monitoring daily activities, inspections, audits and preventative maintenance schedules and checks.

Residents/representatives are notified of relevant outcomes from root cause analysis processes or identified risks through meetings and family conferences, with appropriate strategies promptly implemented.

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 applies systems and processes to identify and monitor occupational health and safety issues, maintaining a safe working environment. Occupational health and safety meetings are regularly conducted and address several outcomes, including incidents, hazards, Accreditation, continuous improvements, legislative updates, training plans and various committee reports. Staff knowledge in safety is assisted through various mandatory training sessions and emergency policies and procedures. An external injury prevention and management unit provides support to the home and its 'return to work' processes for injured workers. Management apply maintenance activities, workplace inspections, audits and various feedback processes, and generally monitor and maintain a safe working environment. Stakeholders are informed of appropriate or corrective actions implemented through meetings, memos and notices, with relevant documents being updated as necessary. Staff confirm their satisfaction in the home providing a safe working environment.

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

Residents, representatives and staff confirm their satisfaction in feeling secure, and knowing how to respond to fire or other emergencies. The home has systems and processes to identify emergencies and respond accordingly. Staff are provided initial and ongoing mandatory training, which includes fire safety and evacuation drills, and are required to complete assessment sheets after each session. An emergency response is provided by a linked paging system, and involves prompt attendance by various parties. External contractors regularly undertake compliance testing of fire suppression equipment, with periodical certification generally provided through a local authority. The home is secured after normal working hours, with access provided to visitors as cleared by staff. Management monitor the effectiveness of the home's emergency processes through various mechanisms, including fire drills, regulatory compliance audits and stakeholder feedback, with ongoing needs provided as necessary.

4.7 Infection control

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

Team's recommendation

Does comply

The home has in place an infection control program, including infection control policies, procedures and guidelines. The program includes the use of standard precautions, food safety procedures, management of contaminated waste, appropriate linen management, sharps containers, regular and appropriate use of personal protective equipment, staff and resident access to immunisation, a cleaning regime, temperature monitoring, colour coding of equipment, spills kits and hand washing. The home showed evidence of their preparedness to manage any infectious outbreak including the H1N1 virus. Hand cleansing gel dispensers are provided for staff and visitors with the dispensers available in an outside room for visitors to the high security unit. Resident representatives are provided with information regarding food safety of foodstuffs brought into the home for resident consumption. Management oversees the operation of the infection control system and incidents are discussed at the quality committee meetings. There is an infection control link nurse program; education on infection control procedures is included in the staff induction program and ongoing education program, including for volunteers. Staff interviewed indicated that they were aware of their responsibilities in this regard. There are also environmental audits of relevant areas such as catering, cleaning and the laundry. The team observed that there are appropriate infection control practices in operation in the kitchen and laundry areas. Clinical indicator data is used to monitor infection rates on a monthly basis and the team sighted records maintained by the home.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents, representatives and staff are satisfied that hospitality services provided enhance residents' quality of life, and the working environment for staff. The home uses systems and processes to provide and monitor hospitality services appropriate for residents, as well as a safe working environment staff. Residents' food needs and preferences are assessed on entry, and based on a seasonal rotating menu involving a dietician. Mid-meal snacks are provided as appropriate, and changes to residents' nutritional requirements are introduced as identified. Cleaning operations across a seven-day week apply colour-coded equipment, with staff guided by cleaning schedules and infection control safety guidelines, such as personal protective equipment. Residents' personal garments are laundered on site, name tags are monitored by volunteers, with bed linen services being provided externally. The hospitality services manager generally monitors the effectiveness of hospitality services through various audits, inspections and resident, representative and staff feedback processes. Residents' services are adjusted to accommodate relevant identified gaps, with records being updated and ongoing staff training provided as necessary.