



Aged Care
Standards and Accreditation Agency Ltd

Vincentian Aged Care Service

RACS ID 0160

48 Yurong Street

EAST SYDNEY NSW 2010

Approved provider: Catholic Healthcare Limited

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 21 September 2015.

We made our decision on 23 July 2012.

The audit was conducted on 13 June 2012 to 14 June 2012. 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

Vincentian Aged Care Service 0160

Approved provider: Catholic Healthcare Limited

Introduction

This is the report of a re-accreditation audit from 13 June 2012 to 14 June 2012 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 13 June 2012 to 14 June 2012.

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:	Frances Stewart
Team member/s:	Kim Short

Approved provider details

Approved provider:	Catholic Healthcare Limited
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Details of home

Name of home:	Vincentian Aged Care Service
RACS ID:	0160

Total number of allocated places:	30
Number of residents during audit:	26
Number of high care residents during audit:	15
Special needs catered for:	N/A

Street/PO Box:	48 Yurong Street	State:	NSW
City/Town:	EAST SYDNEY	Postcode:	2010
Phone number:	02 9360 6024	Facsimile:	02 9360 0896
E-mail address:	moliver@chcs.com.au		

Audit trail

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

Interviews

	Number		Number
Operations manager	1	Residents/representatives	9
Residential manager	1	Cleaning contractor manager	1
Care Coordinator	1	Physiotherapist	1
Registered nurse	1	Care staff	3
Catering staff	1	Pastoral carer	1

Sampled documents

	Number		Number
Residents' files (suite of assessments and care plans)	5	Medication charts	13
Summary care plans	5	Personnel files	4
Data base forms	5	Behaviour management plans	3

Other documents reviewed

The team also reviewed:

- Accident and incident records (residents and medication)
- Audit results
- Case conferences
- Cleaning maintenance specifications
- Cleaning manual
- Clinical practice guidelines folder
- Clinical procedures manual
- Common emergency situations signs and symptoms alert poster
- Cytotoxic medication policy
- Diary
- Diet analysis sheets
- Disaster contingency plan
- Emergency procedures manual
- Environmental inspection results
- External agreements
- Handbooks – residents, staff and volunteers
- Handover sheet
- Hospital discharge follow-up form
- Improvement forms

- Inspection schedule
- Leisure and lifestyle documentation
- Maintenance book
- Maintenance records (electrical testing, air conditioners, dishwashers, thermostatic mixing valves, legionella, alarm testing, pest control, and fire equipment)
- Meeting minutes
- Monthly cleaning inspection results
- Night duties task completion list
- Orientation program
- Pain management assessment and ongoing monitoring documentation
- Performance appraisals
- Physiotherapist documentation
- Plan for continuous improvement
- Podiatry documentation
- Policies and procedures
- Reflexology's documentation
- Registration records
- Resident evacuation list
- Resident meal requirements
- Resident satisfaction survey
- Responsible service of alcohol policy
- Routine maintenance plan
- Staff skill assessment folder
- Temperature records (dishwasher, fridge, freezer, food delivery, food preparation and food serving)
- Training program and associated records
- Training tracker
- Winter/Summer menus
- Workplace health and safety line managers handbook

Observations

The team observed the following:

- Accreditation notices on display
- Annual fire safety statement on display
- Charter of residents' rights and responsibilities on display
- Colour coded equipment/charts
- Dining room
- Emergency flip charts available

- Equipment and supply storage areas
- Evacuation kits available and plans on display
- Fire safety equipment available
- Food authority license on display
- Infection control resources: spill kits, sharps containers and contaminated waste bin
- Interactions between staff and residents and visitors
- Internal and external complaints brochures available
- Kitchen, food storage areas, and dining room
- Laundry
- Living environment
- Lounge room
- Material safety data sheets available
- Mission, vision and values on display
- Nurses office
- Plant lift certificates on display
- Secure storage of staff and resident information
- Treatment room

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

The home works actively to measure and monitor its performance against the Accreditation Standards. The system includes a range of inputs that drive improvement activities including audit results across all four Accreditation Standards, direct input from residents, surveys results and outcomes of staff meetings. Information collected is reviewed at regular staff meetings where actions are decided. Residents' meetings are conducted every other month to provide a forum where issues can be raised. Residents/representatives have access to confidential improvement forms for providing written and potentially anonymous feedback to management. Residents/representatives interviewed confirmed that they know how to provide feedback to the home. They also indicated that staff and management were very responsive to issues or ideas raised. Some improvements relevant to Accreditation Standard One include:

- Implementation of a maintenance log book to ensure night and weekend staff have an avenue for raising maintenance issues. This process is yet to be evaluated however management stated they will like formalise the book further to include capturing specific information such as the date the maintenance issue was closed.
- Management identified the need to convert the sleep over position to a stand-up shift. This change ensures residents can be more closely monitored during the night and reassurance can be given to residents as needed. This role has taken on extra duties which frees up day staff to spend more time with the residents.
- Management has analysed and shifted some of the duties for instance the filing of the medication charts has been reassigned to the night staff to ensure the filing is kept up to date.

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 to identify relevant legislation, regulatory requirements, professional standards and guidelines. Vincentian Aged Care Service receives updates and information pertaining to regulatory compliance predominately from the organisation's central office. The home receives information directly from a peak body as well as from government departments and agencies. Staff are informed of regulatory requirements and changes to legislation primarily via staff meetings, memoranda, shift handovers, and staff notice boards.

Some examples relating to Accreditation Standard One include: a system for managing criminal record checks/statutory declarations for all staff, and information about staff and residents were observed to be securely stored.

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 a range of mechanisms to ensure that management and staff have appropriate knowledge and skills. The main mechanisms used to inform the education calendar include: resident needs, audit results, observations of staff practices and performance appraisals. Mandatory training is provided annually for topics such as fire safety and compulsory reporting. Staff interviewed had participated in various internal and external education sessions and expressed satisfaction with it. Review of attendance lists confirmed their attendance.

Education undertaken by staff and management relevant to Accreditation Standard One includes topics such as Aged Care Funding Instrument documentation and dealing with complaint. Management is currently registered to attend the Better Practice conference and the Aged care and Homelessness Forum.

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 and representatives are informed of the internal and external complaints mechanism on entry to the home. Management encourage and support all stakeholders to provide feedback on the services provided through meetings, brochures and notices. There are confidential improvement forms available with envelopes addressed to the organisations central office for stakeholders to provide potentially anonymous feedback. Brochures for the external complaints services are available throughout the home for residents and family members. The home maintains documentation regarding compliments, comments and complaints which indicate that complaints are actioned and feedback provided. Residents/representatives indicated staff and management are easy to talk to and responsive to feedback provided.

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 home's vision, mission and values are on display throughout Vincentian Aged Care Service and they are included in the staff, volunteer and resident handbooks. The values of

the home were reflected in day-to-day interactions between staff and residents over the course of the re-accreditation audit.

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

The organisation has systems for the recruitment, orientation, education and rostering of staff, as well as mechanisms for performance appraisals, professional development and performance management. Job descriptions that delineate staffing responsibilities and accountabilities are available for staff. There are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Staff respond to residents' needs in a timely manner. Staff interviewed expressed a high degree of satisfaction with their employment and development. Residents/representatives interviewed were very complimentary about the staff.

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 systems to ensure that appropriate stocks of goods and equipment are available. Cleaning products, continence aids and other stores were observed to be well stocked and appropriately stored. Regular orders for medical supplies and groceries are in place with suppliers. Preventative maintenance is conducted by the maintenance officer and a variety of external contractors to a set schedule. Reactive maintenance requirements can be and are raised by staff verbally to management or via a maintenance book. Management stated all requests are prioritised and addressed as soon as possible by the maintenance officer who ensures these requests are completed in a timely manner. Staff interviewed indicated they have adequate levels of stock and equipment to perform their roles.

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 ensure that information is effectively collected, managed, communicated, stored, securely archived and/or destroyed. On entry to the home residents are provided with a residents' handbook and resident agreement. Meetings with residents/representatives are used to collect and assess information related to the resident's initial and ongoing clinical, care and lifestyle needs and preferences. This information is regularly reviewed and updated on each resident's file and care plans. A combination of both electronic and written records are used. Confidential resident and financial information is secured in locked cupboards or is computer password protected. Electronic records are backed up regularly by the organisation's central office and are securely stored off site.

Information is communicated to, and collected from, residents/representatives and staff through regular meetings, case conferences, noticeboards, memoranda, comments forms and surveys. Interviews with residents/representatives and staff confirm their satisfaction with the home's information systems.

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

Feedback from management, staff and residents indicate general satisfaction across the home with the goods and services provided by external suppliers. The home has agreements with certain providers that outline the types of services to be provided as well as the termination conditions. Some of the goods and services currently under contract in the home include: cleaning services, catering services, food services, chemical supplies, continence supplies, pest control, contaminated waste services, pharmacy supplies and fire safety services. The home monitors the quality of goods and services provided by external service providers through observation, results of quality audits, as well as feedback from residents and staff.

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

The home actively pursues continuous improvement through a collaborative system described under expected outcome 1.1 Continuous improvement. Numerous improvements have been made at Vincentian Aged Care Service in the past 12 months; those relevant to Accreditation Standard Two include:

- A new hospital discharge follow-up form has been developed and implemented to ensure residents care needs after returning from hospital are reviewed and delivered appropriately.
- Management has been working with one of the physiotherapists to implement individual exercise programs with hand weights for residents with weak upper-body strength.
- A new trolley has been purchased to house equipment and supplies required for wound care. The new trolley makes it easier for staff to ensure they have all they need when they visit residents' in their rooms to attend to their wounds.

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 system to identify and ensure compliance with all relevant legislation, and regulatory requirements. Staff practices observed demonstrated that staff are performing their duties appropriately.

Some examples relating to Accreditation Standard Two include: a system for ensuring staff registrations are always valid. The home also has procedures for responding to missing residents.

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

The home has a comprehensive education program in place that ensures that all management and staff have appropriate knowledge and skills to effectively perform their

roles. Refer to expected outcome 1.3 Education and staff development for a description of this program.

Education undertaken by staff relevant to Accreditation Standard Two includes topics such as: medication management, first aid, diabetes management, dementia night time care, advance care planning and falls prevention. In addition some staff have recently completed a certificate IV in Aged Care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The management demonstrates there are systems to ensure residents receive clinical care appropriate to their needs. A comprehensive suite of assessments are conducted to identify any health needs of the resident. An individual well documented care plan is developed from the information collected in consultation with medical and health professionals as required. Routine clinical care observations are attended monthly or more often if required. Changes to the residents’ health status are reported to the residents’ medical officer or the allied health services utilised by the home. The residents’ current clinical and social needs are reviewed and evaluated three monthly by the registered nurse. Changes in care requirements are communicated to staff during handovers, diary and verbal communication. The provision of care is monitored via audits, surveys, comments and complaints mechanism. Staff interviewed demonstrated knowledge of procedures relating to clinical care and ways that individualised care is provided to the residents. Case conferences are conducted with resident and representatives. Residents/representatives interviewed are very happy with the care being provided by the staff.

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

The home has effective systems to ensure the specialised nursing care needs of residents are identified and met by appropriately qualified staff. The specialised nursing care needs of residents are regularly assessed and documented by nursing staff and consultation with other health professionals occurs when required. Staff reported that they receive ongoing education both internally and externally on a wide range of nursing topics including wound and behaviour management. Staff interviews confirm that appropriately qualified staff are responsible for overseeing specialised care needs of residents. Residents interviewed are satisfied that the specialised nursing care needs are assessed and managed appropriately by staff.

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

Vincentian Aged Care Service has systems to identify residents’ needs and preferences in relation to other health and related services. Residents can also choose to visit health services of their choice externally with assistance provided for their transport by the staff. Examples of services visiting the home include podiatrist, physiotherapist, geriatrician, optometrist, dietician and mobile aged care psychiatry team. Clinical documentation reviewed contained referrals and follow up reports from other health and related services relevant to residents’ care needs. Resident/representatives interviews indicate they are satisfied with the other health and related services the home provides and/or access to external services.

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

The home demonstrates that the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A pre packed medication system whereby medications are packed by a pharmacist and administered by appropriate staff is in place. Staff are required to demonstrate competency with medication management. Documentation reviewed included individual resident identification charts with current photos of the resident, known allergies, diagnosis and special instructions to direct the staff to manage and assist the residents with their medications. The external pharmacy consultant attends to medication management reviews as well as providing ongoing education to staff on medication issues. Residents/representatives interviewed indicated they are satisfied with the home’s management of medication.

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

The home has systems and processes to ensure residents’ pain management needs are regularly assessed, monitored, reviewed and documented. A comprehensive assessment including a non verbal assessment tool is used for residents who cannot verbally express if they are experiencing pain. The resident’s past medical history is also collected on admission and the pain management plan is developed from the information gathered. Staff interviewed are able to demonstrate an understanding of the need to identify pain and ways in which the staff can assist in identifying those residents who may be experiencing pain. The medical practitioner attends the home on regular scheduled visits. Alternative strategies to medication interventions for the management of pain are provided. These include repositioning of the resident, massage and the application of heat-packs. Residents/representatives interviewed stated that staff regularly monitor residents’ pain relief needs and that residents are as free as possible from pain.

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 can demonstrate that the dignity and comfort of residents who are terminally ill is maintained in consultation with residents/representatives. Staff at the home receive education about managing the palliative care needs of residents and have access to appropriate health professionals for advice and assistance. All staff interviewed expressed sensitivity and understanding of meeting the physical, cultural, spiritual and psychological needs of frail residents. Pastoral care and spiritual support for residents and staff is provided by the home. Residents are offered the opportunity to complete an advance care directive and residents will be relocated to another home when their mobility needs deteriorate. Residents/representatives confirm the home’s practices maintain residents’ comfort and dignity.

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

The nutrition and hydration status of residents are assessed on entry to the home and at regular intervals. Individual needs including identifying swallowing difficulties, sensory loss, special dietary requirements and individual preferences are identified and documented on the care plan. Residents are weighed monthly or more frequently if the resident’s weight is fluctuating. The use of dietary supplements is given following a loss in weight or for residents assessed as having a poor appetite. The documentation reviewed sighted referrals and information relating to residents being referred and seen by other health specialists. The home promotes nutrition and hydration through the provision of tea, coffee and biscuits that are always available in the lounge and dining room. Residents were observed to have a choice of meals and residents interviewed stated they are satisfied with the meals provided by the home.

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’ skin integrity is assessed on moving to the home and risk factors are identified and included in care plans. Care plans include residents’ preferences and recommendations from specialist services involved in the resident’s care. Care staff report any alterations to an individual resident’s skin integrity to the care coordinator for follow up and monitoring. The registered nurse is responsible for specialised wound management and photographs are taken regularly to assist in the monitoring of the residents skin integrity. The staff will access the wound care specialist when required. Staff interviewed displayed a good understanding of the measures required to maintain and improve residents’ skin integrity. All residents

interviewed advised they are satisfied with the personal care and assistance with skin care provided by the staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage residents’ continence. An initial assessment is carried out identifying the individual needs of the resident and a nursing care plan formulated. Continence is promoted through toileting regimes, use of continence products and provision of adequate fluids and nourishment. Documentation review showed residents are reviewed on a regular basis and that allied health professionals, such as the continence advisor are consulted as needed. The home maintains an effective bowel management program with medication or dietary changes implemented if required. Staff education on continence management is provided by the external continence advisors. Residents are satisfied with the continence management program at the home.

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

The home has systems to effectively manage residents’ with challenging behaviours. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and individualised behaviour management care plans formulated. The resident’s preferences and needs and care plans are regularly reviewed and evaluated for effectiveness. The staff have access to the crisis team, geriatricians and mental health teams on an ongoing and regular basis. The staff are guided by the health professionals when developing strategies for managing the challenging behaviours of residents and take into account the safety of all the resident and staff. Practices of the staff observed were consistent with planned behaviour management strategies. Incidents are recorded and addressed in a timely manner. Staff receive ongoing education in managing challenging behaviours and work as a team to provide care. Residents interviewed said the home manages the needs of residents with challenging behaviours sensitively and effectively.

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

The home has an effective system to ensure optimum levels of mobility and dexterity are achieved for all residents. All residents are assessed on entry for mobility, dexterity and transfers. A physiotherapist attends the home and following the resident’s assessment initiates an individualised physiotherapy care plan that is reviewed every three months or when changes occur. The physiotherapist interviewed advised all residents are seen regularly and reviewed including follow up of residents who have falls, are discharged from

hospital or have changes in their mobility or manual handling needs. Mobility aids, independent living aids are available to all residents and are consistent with individual care plans and identified resident need. Residents are encouraged to walk around the facility or outside into the community on their outings or appointments. Residents/representatives said staff provided appropriate approach to maintain mobility and safety.

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

The home has systems to ensure residents’ oral and dental health is maintained. A review of clinical documentation confirmed that residents’ oral hygiene is assessed and documented in dental assessments, care plans and are regularly reviewed. Some residents attend private dentists and dental technicians in the community. Residents have access to the local hospital dentist via referrals. Staff are aware of the need to maintain residents’ hygiene needs and inform the care coordinator if changes to their oral health occurs. Staff described the management of oral and dental care that includes prompting, reminding and assisting residents with their routine cleaning of the residents’ teeth and dentures. Residents were observed and documentation reviewed indicated the residents have their oral and dental care provide by staff.

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 who have sensory deficits and losses are identified on entry to the home and management strategies are implemented to manage them effectively. The care staff identifies the type of aid required and assess the resident’s ability to use the device. These are documented on the nursing care plan and regularly reviewed. Education on these aids is provided to staff. The library has large print books, audio tapes and the local news papers with appropriate lighting for the residents to sit and read. The lounge room has radio, televisions, coffee and tea machine and a pool table for the residents to use when they wish. The elevator has all the current activities outings and entertainment in large print for the residents to read. All residents interviewed stated they are satisfied the staff manage their sensory loss satisfactorily.

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

The home has a system to ensure that the residents are able to achieve natural sleep patterns. Residents normal sleep patterns are assessed during the admission period and the results identified are formulated on to a nursing care plan. The local doctor is informed if there are problems with residents’ sleep patterns and orders appropriate therapies. Residents interviewed reported that they generally 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 findings

The home meets this expected outcome

The home actively pursues continuous improvement through a collaborative system described under expected outcome 1.1 Continuous improvement. Numerous improvements have been made at Vincentian Aged Care Service in the past 12 months; improvements relevant to Accreditation Standard Three include:

- A new large barbeque has been purchased for the roof top courtyard and as a result monthly barbeques have been added to the activities program. These barbeques provide an additional forum to encourage resident socialisation.
- In response to feedback from residents and with some additional funding which the home has received they are organising to have a fish tank installed in the lounge area. The home did have a fish tank on trial previously and the residents have reported to management that they really liked it and that they would like to have fish again.
- An Italian community program has been engaged to provide a volunteer to spend one on one time with one of the Italian residents who has been identified as being lonely.

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 system to identify and ensure compliance with all relevant legislation and regulatory requirements.

Some examples of regulatory compliance relating to Accreditation Standard Three include: a confidentiality agreement is signed by all staff and the charter of residents’ rights and responsibilities is on display in the home. The home has a process for managing reportable assaults and for the management of appropriate records relating to reportable assaults.

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

The home has a comprehensive education program in place that ensures that all management and staff have appropriate knowledge and skills to effectively perform their

roles. Refer to expected outcome 1.3 Education and staff development for a description of this program.

Education undertaken by staff relevant to Accreditation Standard Three includes topics such as: elder abuse/compulsory reporting, grief support, mental health/dealing with suicide, dignity, leisure and lifestyle, implementing exercise programs and sexuality in aged care.

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

The home is able to demonstrate that each resident receives emotional support in adjusting to life in the home and on an ongoing basis. Relevant information regarding a resident is gathered prior to admission from relatives, social workers and health professionals if possible. A comprehensive assessment is completed on entry to the home and includes social history, hobbies, interests and emotional needs. Residents receive a resident handbook and a case conference is conducted regularly to review initial and ongoing care interventions. A recreational care plan is developed following a settling in period that identifies individual strategies for emotional support and is regularly reviewed and evaluated. There is flexible access to and from the home for residents and friends allowing social and community connection. The observation of staff practices showed staff interacting with residents and representatives showing respect and understanding.

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' preferences, abilities and capability for independence and lifestyle needs are assessed on entry to the home. The home's mobility and exercise programs and the provision of mobility aids assist residents to maintain independence through individual and group interventions. The care plan is regularly reviewed to ensure resident's changing needs in relation to maximising their independence are met and that correct levels of assistance and encouragement are provided by staff with activities of daily living. Community groups including local school children and entertainers visit regularly. Staff can demonstrate that they encourage and assist residents to maintain their independence within their individual capability. Residents are satisfied with the home's approach in encouraging and assisting them to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure each resident's privacy and dignity is respected and their confidentiality maintained. The residents who are reliant on staff for their dressing and grooming requirements were observed to be well presented and dressed appropriately for the weather. Information about residents is securely stored and only accessible to authorised personnel. Staff are informed on issues relating to privacy on commencement of employment, signing confidentiality agreements and privacy statements and receive ongoing education in issues relating to privacy and dignity. Residents interviewed expressed that the staff are respectful of their privacy and confidentiality.

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

The home has systems for the assessment of activities and interests preferred by each resident. Social profiles are completed and the home's care coordinator/recreational activity coordinator develop individualised care plans based on these assessments. Regular resident meetings and surveys are used to assess residents' satisfaction with the activities and to obtain information and ideas for future planning. All the staff are familiar with the individual interests and preferences of residents and talked about how these are accommodated. One on one interaction is provided to those residents who choose not to participate in group activities. The recreational activities officer develops monthly calendars of events that are displayed on lift and communication boards throughout the home. Residents say that they enjoy participating in the activities offered.

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 residents' cultural backgrounds and beliefs through the identification, assessment and documentation of the residents' interests, customs, religion and cultural backgrounds. The staff values and fosters individual interests, customs and beliefs of the residents. Religious visitors from local Catholic and Anglican churches provide regular religious, spiritual and social support to those residents who request it. The pastoral carer provides regular interaction with the individual residents. Provision is made for the celebration of special cultural days and birthdays are acknowledged on the day and in the home's newsletter. Residents are encouraged to participate in these celebrations. The home accesses a local community visitors scheme that provides volunteers to visit residents of non-English speaking backgrounds.

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

The home has processes where residents are able to participate in decisions about the services they receive and exercise choice and control over their lifestyle. Assessment of residents' specific needs and preferences is undertaken on entry to the home and on an ongoing basis. This information is used to formulate individualised care plans, which contain specific strategies including choice of menu, freedom of movement within and outside the home within agreed time frames and preferences for showering. Staff interviewed describe a number of ways they encourage and support residents to make choices and decisions. Strategies are implemented to ensure the residents choices do not infringe on others. Regular resident/representative meetings, satisfaction surveys and the compliments and complaints mechanisms all allow residents to enable choice and to participate in decisions relating to services they receive.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

A resident agreement is offered to all residents and their representatives at the time of entry to the home. The agreement includes information for residents about their rights and responsibilities (including security of tenure and the charter of residents' rights and responsibilities). Residents and their representatives are provided with the opportunity to have the contents of the agreement and fees and charges discussed fully at this time. Residents are consulted regarding all aspects of the care and services provided by the home.

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

The home actively pursues continuous improvement through a collaborative system described under expected outcome 1.1 Continuous improvement. Numerous improvements have been made at Vincentian Aged Care Service in the past 12 months; improvements relevant to Accreditation Standard Four include:

- New carpet and wall hangings have been installed on the top floor to improve the general environment for the residents. Management reported that residents were involved in the changes and that they are happy with the result.
- A new library area has been set up which includes a broader variety of books and a couple of chairs for residents. Management stated that residents are particularly happy with this space.
- New LED lights have been installed into the hallways to improve safety by ensuring there is always sufficient light.

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 system to identify and ensure compliance with all relevant legislation and regulatory requirements.

Some examples relating to Accreditation Standard Four include: a fire safety system which is regularly tested and a recent food safety audit has been conducted with a satisfactory result. Specific staff in the home have attended education sessions to ensure compliance with the new workplace health and safety legislation.

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

The home has a comprehensive education program that ensures that all management and staff have appropriate knowledge and skills to effectively perform their roles. Refer to expected outcome 1.3 Education and staff development for a description of this program.

Education undertaken by staff and management relevant to Accreditation Standard Four includes topics such as food safety/food handling, fire safety and evacuation, manual handling, infection control and workplace health and safety.

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

The management of the home is actively working towards the provision of a safe and comfortable environment that meets the residents' needs. Vincentian Aged Care Service can accommodate up to 30 residents in single rooms with ensuite bathrooms. Residents are able to decorate their room to reflect their personal taste. The home was noted to have corridors free from clutter to enable residents to move around safely. The home has various common areas outside for residents to access. Identified environmental issues, accidents and incidents are reported, collated, discussed, and actioned at regular staff meetings. There are processes for maintenance issues to be reported and actioned as well as regular programmed maintenance. Residents stated and we observed that the home is kept clean and tidy.

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

The home has a system to ensure a safe environment for staff, residents and visitors. The system includes conducting regular environmental inspections to capture potential issues, as well as staff/resident accidents and incidents. Inspection results, audit results and incident forms are discussed at various regular staff meetings. The residential manager is responsible for ensuring all potentially dangerous building and maintenance works are carried out in a safe manner. Personal protective equipment is readily available to staff and staff were observed using this equipment appropriately. Staff can and do highlight potential issues through maintenance requests which are addressed quickly. Appropriate storage was observed of chemicals for cleaning, laundry and the like.

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 systems to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as regular checks of detectors, extinguishers, hoses, fire blankets and other fire equipment by a company specialising in fire safety. Staff interviewed demonstrated that they were familiar with the equipment and procedures. Fire safety training is conducted on a regular basis. Emergency flip charts and contact numbers are available for staff to access. External doors are locked all the time with

residents having restricted access based on assessments of their needs. All residents have access to call bells in their rooms. Evacuation plans and procedures are available for staff as well as an evacuation kit which includes up to date resident information.

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 an effective infection control program, including appropriate infection control practices and guidelines, which are monitored. The home monitors and records infections and the data are discussed at regular staff meetings. Orientation of staff includes infection control education. The home conducts regular education which includes topics such as infection control and hand washing. All staff interviewed displayed a sound knowledge of infection control practices in accordance with infection control guidelines and the home's policies and procedures. Appropriate infection control practices were observed in operation by staff throughout the home. All staff and residents are offered regular vaccinations.

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 has systems and processes to ensure that hospitality services are provided that effectively enhance the quality of care and service provided for residents. The home's kitchen prepares all meals fresh on-site and ensures that all residents' preferences and dietary requirements are met. The home uses a four weekly rotating seasonal menu, with choices being offered at breakfast, lunch and dinner each day. Cleaning is conducted by an external cleaning company five days a week. The residents' rooms and bathrooms are cleaned weekly or more frequently if needed. Common areas are done daily (Monday – Friday). The laundry operates seven days a week and using domestic machines to launder all personal items while sheets and towels are laundered by an external provider. The laundry has clearly designated clean and dirty areas. Residents interviewed generally expressed satisfaction with the catering, cleaning and laundry services provided by the home.