



Standards and Accreditation Agency Ltd

## **Decision to Accredite 70 Lowe Street**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit 70 Lowe Street in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of 70 Lowe Street is 3 years until 13 June 2012.

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 the 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: 70 Lowe Street

RACS ID: 3476

Number of beds: 45      Number of high care residents: 39

Special needs group catered for: 

- Nil

Street: 70 Lowe Street

City: Ararat      State: Victoria      Postcode: 3377

Phone: 03 5352 2221      Facsimile: 03 5352 4612

Email address: jdavies@eghs.net.au

### Approved provider

Approved provider: East Grampians Health Service

### Assessment team

Team leader: David Barnett

Team member: Nicolle Reeve

Dates of audit: 24 March 2009 to 25 March 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

<b>Agency findings</b>
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<b>Agency findings</b>
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### 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.



Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of Home	70 Lowe Street
RACS ID	3476

### **Executive summary**

This is the report of a site audit of 70 Lowe Street, 70 Lowe Street, Ararat 3377 from 24 March 2009 to 25 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 27 March 2009.

### **Assessment team's recommendation regarding compliance**

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

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit 70 Lowe Street.

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

### **Assessment team's recommendation regarding support contacts**

The assessment team recommends there should be 3 support contacts during the period of accreditation.

### **Assessment team's reasons for recommendations**

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

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 24 March 2009 to 25 March 2009

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

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

## Assessment team

Team Leader:	David Barnett
Team Member:	Nicolle Reeve

## Approved provider details

Approved provider:	East Grampians Health Service
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## Details of home

Name of home:	70 Lowe Street
RACS ID:	3476

Total number of allocated places:	45
Number of residents during site audit:	39
Number of high care residents during site audit:	39
Special needs catered for:	Nil

Street:	70 Lowe Street	State:	Victoria
Town:	Ararat	Postcode:	3377

Phone number:	03 5352 9300	Facsimile:	03 5352 5676
E-mail address:	jdavies@eghs.net.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit 70 Lowe Street.

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

### Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 3 support contacts during the period of accreditation and the first should be within 12 months.

### Assessment team's reasons for recommendations

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

### Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

#### Interviews

List types of people eg.	Number		Number
Nurse unit manager	1	Residents	5
Registered nurses division one	2	Relatives	3
Registered nurses division two	2	Aged care services manager	1
Care staff	1	Cleaning staff	1
Infection control manager	1	Environmental/maintenance staff	2
Infection control liaison nurse	1	Quality and risk manager	1
Palliative care coordinator	1	Emergency and security manager	1
Documentation nurse	1	Director of support services	1
Occupational therapist	1	Food safety supervisor	1
Lifestyle coordinators	2	Education manager	1
Physiotherapist	2	Human resources manager	1
Aged care admissions and information manager	1	Stores manager	1
Director of clinical services	1		

## Sampled documents

	Number		Number
Residents' files	6	Medication charts	11
Resident care summary	6	Wound charts	8
Lifestyle care plans	5	Deceased resident files	2
Residential care agreements	5	Medication incident reports	3

## Other documents reviewed

The team also reviewed:

- Activity calendar
- Activity group folder
- Activity suggestion sheet
- Aged care antibiotic audit
- Aged care services infection data (monthly)
- Annual essential safety measures report
- Annual leave plan
- Audit schedule covering all standards and outcomes
- Catering staff training records
- Cleaning schedule and duties list
- Committee structure flowchart
- Community matters
- Compliments/concerns feedback and actioning correspondence
- Compliments/concerns flowchart for stakeholders
- Compliments/concerns register
- Contractor level of service correspondence
- Current kitchen certification records
- Current resident list
- Daily activity folders
- Daily bowel hygiene chart
- Daily hygiene folders
- Doctors' communication book
- Education attendance records
- Education calendar
- Electronic testing and tagging spreadsheet for electrical items
- External contracts
- Fire and emergency equipment testing logbooks
- Flu/pnuemo vax information folder
- Food recall information sheet
- Food storage, cooking, cooling and re-heating temperature records
- Gastroenteritis outbreak and resource kit
- Guidelines for use for residential care plan
- Hearing assessment
- Improvement report
- Infection control committee minutes
- Infection control education folder
- Infection control manual



- Initial pain assessment tool
- Job descriptions
- Job safety analysis sheet
- Kitchen cleaning schedule and duties
- Lifestyle communication diary
- Lifestyle improvements log folder
- Mandatory training spreadsheet
- Material safety data sheets
- Medical and nursing admission details
- Medication advisory committee minutes folder
- Medication management audit tool and audit report
- Medication management policy and procedure
- Meeting schedule
- Needle stick and splash injuries procedure
- Newsletter
- Nursing registrations list
- Nursing staff diary
- Occupational health and safety committee minutes
- Occupational health and safety data
- Occupational health and safety performance indicator report
- On-site contractor evaluation form
- On-site contractors handbook
- Palliative care referral guidelines
- Personal property/belongings declaration form
- Pest control folder
- Pharmacy admission form
- Plan for continuous improvement
- Police check policy
- Police check spreadsheets for staff and volunteers
- Preventative maintenance schedules
- Relatives and friends meeting minutes
- Relatives meeting minutes
- Report of gastroenteritis outbreak
- Requisitions for repairs
- Resident admission checklist
- Resident information booklet
- Resident of the day guidelines and review/evaluation
- Resident/family requests for final arrangements
- Residential care comprehensive audit
- Residents dietary requirements lists
- Residents' information handbook
- Roster
- Staff allocation book
- Staff appraisal list
- Staff communications book
- Staff handbook
- Staff meeting minutes
- Staff memos relating to regulatory compliance and infection control
- Summary care plan
- Supply department stock requisition forms
- Support contact action plan
- Three night sleep assessment
- Vaccine consent forms

- Vision assessment
- Wound chart folders

### **Observations**

The team observed the following:

- Activities in progress
- Activity areas
- Aged care complaints scheme brochures
- Antiseptic hand rub in each residents room
- Beauty shop in use
- Chapel
- Charter of rights and responsibilities
- Clean and dirty laundry despatch and incoming rooms
- Cleaners room
- Cleaning in progress
- Compliments or concerns brochures
- DD cupboard/register
- Electronic external contractor review process
- Emergency manual and contact list
- Equipment and supply storage areas
- External gardens and walkways
- Fire alarm testing in progress
- Fire fighting and emergency equipment and signage
- Food cook/chill process in progress
- Food storage systems and areas
- Hairdressing area
- Hand washing basins/posters
- Handover room
- Information displays for residents/representatives
- Interactions between staff and residents
- Intranet
- Kitchen for preparation/cook/chill, and kitchen for reheating and serving
- Kitchen information displays
- Linen imprest stores
- Maintenance and support services offices
- Maintenance contractor in attendance
- Meals in progress
- Medication fridge
- Medication room and trolleys
- Medication round
- Memoranda
- Menu display
- Monthly newsletter
- Nurses station
- Organisational structure and involvement
- Overhead tracking in each resident's room
- Oxygen cylinders and signage
- Pan rooms
- Photo albums
- Pigeon holes for staff
- Privacy statement on display
- Resident bath room

- Resident dining areas
- Resident file storage
- Resident lounge and sitting areas
- Resident rights and responsibilities display
- Residents receiving assistance
- Schedule 11 drug cupboard and register
- Secure document disposal bins
- Secure drawers and fitted wardrobes for residents
- Single and double resident bedrooms and ensuites
- Staff noticeboards
- Staff room
- Storage of medications
- Utility rooms
- Wound trolley
- 'You are here' floor plans

## **Standard 1 – Management systems, staffing and organisational development**

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home’s plan for continuous improvement is managed in the home and at an organisational level. Improvements are identified through the home’s and the organisation’s meetings and planning processes, audits, one-on-one staff interviews, management observations, handover, incident reporting, and a robust compliments and concerns process for all stakeholders. Identified improvements are actioned and followed up appropriately by management through an electronic organisational spreadsheet and reporting processes. Feedback is provided, and staff and residents/representatives are actively encouraged to contribute to the continuous improvement system.

Improvements actioned and completed relating to this standard include:

- Allocation of care staff to individual wings of the home to assist with improved staff/resident interaction and quality of care
- New staff rostering system established to ensure consistent and appropriately qualified care staff for each shift
- Implementation of changes to resident care file structure, for improved storage and information access for care staff
- Review of audit system, and establishment of system to ensure regular auditing against all 44 expected outcomes
- Re-establishment of hard copy documentation systems for all resident care planning files, to assist with information systems and access for care staff, and improved resident care.

### **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 and the organisation have systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines in relation to this standard. Government, regulatory and industry peak body information update services provide information disseminated by the organisation to management and staff via the intranet, emails, meetings, memo’s, hard copies and the staff communication book. A system of internal and external independent audits assists to monitor compliance. Residents and their representatives are informed of accreditation audits. The home was able to demonstrate effective systems are in place to ensure all staff and volunteers have, and maintain, current police checks.

### 1.3 Education and staff development

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

#### **Team's recommendation**

Does comply

The home is able to demonstrate staff have the required knowledge and skills to perform their roles effectively. The organisation's education officer has an in-service education calendar in place and maintains staff education attendance records, with evaluation forms completed by staff. Mandatory education is in place for staff with flexibility for topics to be added where necessary. A system is in place for annual staff appraisals by management to monitor staff skills and education needs. External education sessions are offered by the organisation and undertaken by staff. The organisation is responsive to the needs and requirements of staff, including education to ensure regulatory compliance is maintained. Education in this standard includes customer service, human resource and documentation training.

### 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

A robust comments and complaints system accessible to all stakeholders is in place in the home, and effectively managed by the organisation. The home's compliments and concerns brochures are readily available together with external complaints brochures and information. Comments/complaints information is contained in the resident handbook, a complaints flowchart is available for stakeholders, and comments/ complaints is a standard agenda item at residents/relatives meetings. A complaints register is maintained, and the team noted a timely, consistent and well documented process of feedback, action taken, result, and cross-referencing. Monthly reports are completed with home-specific data analysis. Residents and representatives stated awareness and satisfaction with the complaints system, and confirmed management are responsive and confidentiality is 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 recommendation**

Does comply

The home and the organisation consistently document their philosophy, values and objectives. This information is clearly displayed in the home and in resident and staff handbooks. The organisation has documented its commitment to quality and service in the home, and encourages opportunities to improve through generic compliments and concerns forms for stakeholders.

## 1.6 Human resource management

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

### Team's recommendation

Does comply

The home has appropriately skilled and sufficient numbers of staff to ensure the delivery of quality care and services to residents. An effective electronic staff-bank system has been introduced for short term staff replacements, and a twelve monthly annual leave plan is in place for all staff. The nurse unit manager completes annual staff appraisals, and is aware of the building layout relevant to staff allocation and skill mixes in the home to ensure resident care needs are met. A process is in place to ensure appropriately qualified staff for all shifts. The human resource manager assists with staff recruitment, and orientation and position descriptions are provided for staff. Staff confirmed adequate staffing numbers to meet residents' needs, and residents/representatives are satisfied with the responsiveness of staff and adequacy of care.

## 1.7 Inventory and equipment

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

### Team's recommendation

Does comply

The home and the organisation have systems to ensure suitable stocks of goods and equipment are available for the delivery of quality service. A comprehensive organisational structure maintains all support services for the home including all hospitality services, effective reactive and preventative maintenance systems, and a stores officer for the monitoring and ordering of stocks. The team noted adequate stock levels and imprest systems, stock replacement/ordering and rotation processes, and appropriate and accessible storage. The food safety supervisor maintains a food recall list. Residents/representatives and staff stated satisfaction with appropriate goods and equipment available to meet residents' needs.

## 1.8 Information systems

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

### Team's recommendation

Does comply

The home has effective information systems in place. Stakeholders have access to current information on the processes and activities of the home through meetings, available minutes, information displays, noticeboards and a staff communication book. Management and staff generally have appropriate access to hard copy and electronic information systems to help them perform their roles. The home has recently re-established paper-based documentation systems for resident care files, following a review and ceasing of the electronic care planning system. Electronic and hard copy information is generally stored

appropriately, and confidential material is stored securely. Information for management and staff to access is not always retrievable in a timely manner.

## **1.9 External services**

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

### **Team's recommendation**

Does comply

The home demonstrated external services are at a standard that meets the home's needs and quality goals. The organisation maintains approved supplier lists and contracts for the home, and an electronic system to maintain and review all contracts. The team noted a thorough review process that includes performance, service and value for money is flagged 60 days prior to the expiry of all contracts. The organisation maintains a contractor management system with on-site contractor review forms, information sessions for on-site contractors, a contractors' handbook, sign-in book and contractor identification badges. All contracts specify level of service and the organisation's requirements. Residents/representatives and staff stated satisfaction with the home's 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 recommendation**

Does comply

The home's plan for continuous improvement is managed in the home and at an organisational level. Improvements are identified through the home's and organisation's meetings, audits, one-on-one staff interviews, management observations, handover, incident reporting, and a robust compliments and concerns process for all stakeholders. Identified improvements are actioned and followed up appropriately. Recent improvements relating to residents health and personal care include:

- Review of assessment forms for all residents, for improved information access by care staff to benefit resident care
- Improvements to drug storage practices, for improved management and security of drugs
- A change implemented to medication ordering practices to assist staff time management, allowing more time for direct resident care
- Change implemented to residents bowel chart procedures, for improved monitoring and resident care
- Purchase of a one-way slide sheet to meet a resident's individual care needs
- Establishment of a wound care information folder in each wing to assist staff information access and benefit resident 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 recommendation**

Does comply

The home and the organisation have systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines in relation to this standard. Government, regulatory and industry peak body information update services provide information disseminated by the organisation to management and staff via the intranet, emails, meetings, memo's, hard copies and the staff communication book. A system of internal and external independent audits assists to monitor compliance. Care planning and associated tasks are carried out by appropriately qualified staff, and nursing registrations are appropriately maintained. The home demonstrated compliance with required medication management practices and protocols.



### **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 is able to demonstrate staff have the required knowledge and skills to perform their roles effectively. The organisation’s education officer has an in-service education calendar in place and maintains staff education attendance records, with evaluation forms completed by staff. Mandatory education is in place for staff with flexibility for topics to be added where necessary. A system is in place for annual staff appraisals by management to monitor staff skills and education needs. External education sessions are offered by the organisation and undertaken by staff. Education offered in this standard covers a broad range of clinical care topics including medication competencies, pain and wound management, oral hygiene management, palliative care, falls prevention, and mandatory drug calculations for registered nurses.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The home has systems and processes in place to determine residents’ needs on entry to the home and on an ongoing basis in order they receive appropriate clinical care. Assessment for current clinical care needs occurs at entry and a summary care plan developed to guide staff practice. Further assessment is coordinated by the allocated nurse and use of an admission checklist conducted over the following month to formulate an individualised care plan. All residents are assessed by medical, dietetics, physiotherapy and podiatry staff on entry and on an ongoing basis. The registered nurse division one is responsible for the completion of care plans and care staff are informed of changing needs by written and verbal handovers, care plan amendments, communication diaries and one to one communication. Staff are aware of the reporting and assessment requirements and able to demonstrate understanding of individual needs for residents. Residents/representatives reported they were very satisfied with the clinical care and services they receive.

### **2.5 Specialised nursing care needs**

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

#### **Team’s recommendation**

Does comply

Residents’ specialised care needs are assessed on entry, through formalised care plan review processes and as their assessed needs change. Residents’ specialised care needs are identified, assessed and regularly reviewed by the registered nurse division one; further assessment and/or management of specialised nursing care needs is supported by relevant external health providers when required. Specialised care needs, such as palliative care, complex wound care, behaviour management and catheter management are

discussed with residents/representatives and referrals and/or consultation to relevant health professionals made. Staff are informed of amendments to care through handovers, communication diaries, progress notes and updated care plans. Interviews with residents/representatives, staff and a review of clinical documentation demonstrated specialised nursing care needs are identified, managed and implemented strategies regularly evaluated. Residents/representatives are satisfied their nursing care needs are met by appropriately qualified nursing 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 recommendation**

Does comply

Interviews with residents/representatives and staff and review of clinical documentation confirmed residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences. Residents’ needs for other health and related services are assessed on entry to the home and reviewed three monthly and as needs change. Allied health professionals such as physiotherapists, podiatry, dietetics, occupational therapists and speech pathology are co located onsite and accessed by the home regularly. Doctors visit residents weekly and as needs change and other external health professionals such as dentists review residents annually or as required. The home assists with the organisation of transport services to external providers if needed. Residents/representatives indicated they were satisfied they are referred to relevant health or health related services when needed.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Residents’ medications are supplied by external pharmacies chosen by the resident/representative or the co located hospital pharmacy for after hours and emergency situations. The registered nurse division one is responsible for the management and supervision of resident’s medication at the home. The home employs a registered nurse division one on all shifts and endorsed registered nurses division two. Residents medication needs are assessed on entry to the home by their doctor and on an ongoing basis every three months, and as needs change. Medication charts provide details of prescribed medications for individual residents, including allergies, drug alerts, photographs and instructions to guide administration. Doctor’s entries are legible, signed, dated and reflected dose and frequency of prescribed medications. The home has a medication management policy and a system is in place to ensure medications are ordered, received, stored, administered, documented and discarded safely. The home has an established multidisciplinary medication committee and meets three monthly to monitor practice. All residents have annual pharmacy reviews conducted by an independent consultant pharmacist. Residents and representatives reported they were very satisfied with their medication management.

## 2.8 Pain management

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

### **Team’s recommendation**

Does comply

The residents’ history, intensity and management of pain is identified and assessed on entry to the home using the initial pain assessment tool. Each resident is commenced on a three day pain chart to assess and observe verbal and nonverbal signs of pain. An individualised care plan is developed in conjunction with their choice of doctor and other appropriate health professionals if required. Strategies are documented and a management chart developed which is evaluated through the care plan review. The home uses a range of pain management strategies such as massage, heat packs, foot baths, diversional therapy, repositioning and analgesia. Staff reported they are aware of verbal and nonverbal indicators of pain and of reporting requirements of any residents with indicators of pain. Residents/representatives indicated satisfaction with the care they receive to minimise pain.

## 2.9 Palliative care

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

### **Team’s recommendation**

Does comply

Residents’ end of life care wishes are discussed with the resident and/or representative in a holistic approach. Relevant information is documented in the residents’ clinical file. The home supports seriously ill and dying residents by consulting with palliative care specialists when required. Resident’s pain, comfort, religious, spiritual and emotional needs are managed in consultation with the resident and/or representative. Written resources and access to equipment and services such as aromatherapy oils, massage products and counselling are available in the provision of palliative care. Residents’ files contain documentation demonstrating the registered nurse discusses end of life care wishes with residents/representatives and specialist palliative care services are consulted with.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

Residents and/or their representative reported they were satisfied with the quantity and quality of food and fluids received. Residents’ dietary needs, allergies, likes, dislikes, specific cultural and/or spiritual requirements are identified on entry to the home. Nutrition and hydration requirements, special diets and preferences are identified on the kitchen advice form and provided to the catering staff. A care plan is developed to guide staff practice and reviewed six weekly on the resident of the day review process, three monthly care plan review and when there are changes to residents’ intake, weight or health status. Residents’ weights are monitored regularly and more frequently for residents with identified weight or health changes. Menus are reviewed by a

dietician, and referrals to speech pathologists, dieticians, dental and medical personnel are initiated according to need. Residents are assisted with meals and fluids and referred to occupational therapists if assistive crockery and cutlery is required.

### **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 and takes into consideration past history of skin problems. Potential risk and interventions to maintain skin integrity are identified through assessment and completion of pressure ulcer risk assessments. Individualised care plans outline strategies to preserve skin integrity including application of emollients, foot care program, correct manual handling, attention to residents’ nutritional status including use of supplements and use of pressure relieving aids. Changes to skin integrity are reported to the registered nurse and skin tears and wounds are reported on incident report forms. Wounds are managed by the registered nurse and charts commenced with instructions to guide staff practice. Changes in care needs are communicated through handover, updated care plans, communication diaries and wound charts. External consultants such as surgeons and dieticians are sought in the event of complex wounds or wounds not responding to treatment. Care staff confirmed education on wound management and infection control, and understand their roles and responsibilities in the management of skin integrity. Residents/ representatives are satisfied with the assistance provided to maintain skin integrity.

### **2.12 Contenance management**

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

#### **Team’s recommendation**

Does comply

The resident’s continence history is obtained on entry to the home and a summary care plan developed. Charting for bowel and bladder continence data is collected over designated periods to formulate an individualised care plan and management chart which is evaluated through the resident of the day process, regular care plan reviews and as needs change. The continence nurse assesses and reviews residents and documents strategies and aids on the care plan to guide staff practice. Continence aids are available to meet assessed needs. Residents/representatives reported staff ensured the resident’s privacy and dignity is always maintained when providing assistance.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents’ behavioural needs are assessed on entry to the home and care plans developed in consultation with the registered nurse, general practitioner

and aged care mental health professionals if required. Assessment includes observations of verbal, physical and wandering behaviours over seven days. Behaviours are reviewed and strategies evaluated through the resident of the day and care plan review processes and as needs change. Lifestyle staff develop strategies to assist staff manage residents with challenging behaviours. Physical and aggressive episodes are recorded on incident report forms for action by the nurse unit manger and registered nurse division one. Staff report they can access training on dementia care and activities to minimise challenging behaviours. Residents' and/or their representatives report they are satisfied with the home's approach to managing the needs of residents with 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 recommendation**

Does comply

Residents' mobility, dexterity and risk are assessed on entry to the home which takes into consideration the resident's past history and current needs. All residents are assessed by the registered nurse division one and physiotherapist to ensure the resident's care plan has appropriate strategies and interventions to manage risk and maintain the resident's mobility and dexterity needs. No lift risk, transfer and mobility, and falls risk assessment are completed for all residents. Individual exercise programs are provided and supported to maximise residents' mobility and dexterity. Staff receive training in no lift program and have access to equipment and aids to optimise levels of mobility and dexterity of residents. Nursing, physiotherapy and care staff review residents' care plans regularly and as needs are identified. Residents and/or their representatives report they are assisted and encouraged to mobilise within their capacity.

#### **2.15 Oral and dental care**

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

##### **Team's recommendation**

Does comply

Residents' oral and dental health is assessed on entry to the home. An individualised care plan for mouth care is developed and identification of poor oral and dental health results in referrals to the resident's doctor and/or dentist. The home encourages and supports annual dental visits/appointments for all residents. The assessment identifies residents' capability to care for their own oral and dental hygiene, observations of the mouth area and the level of assistance required by the resident to maintain oral and dental health. Residents' oral and dental status and ability to self manage their oral care is monitored by care staff and the care plan updated three monthly or as needs are identified. Residents and/or their representatives report they are satisfied with the assistance provided in relation to oral and dental health.

## 2.16 Sensory loss

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

### **Team’s recommendation**

Does comply

Information about individual resident’s care needs in relation to sensory capacity including vision, hearing, speech, communication and reading capacity is assessed on entry to the home and ongoing assessment processes. Audiologist, speech pathology and optometry services are consulted with and/or provided to residents in response to identified needs. The home uses a range of sensory aids such as large print aids, talking books, whiteboards and large face clocks to meet individual residents’ needs. Care plans are developed to guide staff practice and are reviewed regularly or as needs change. Staff report knowledge in the correct use of and care of sensory aids. Residents and/or their representatives are satisfied with the support they receive to manage their sensory loss and aids.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

Initial and ongoing assessments of residents’ usual sleep patterns and personal preferences are conducted in consultation with the resident and/or their representative. Residents sleep is charted for three nights on entry to the home to assist with the formulation of an individualised sleep program. The home identifies settling and resettling routines for each resident and uses a range of strategies to enhance natural sleep patterns including pharmacological and non pharmacological interventions. Documents reviewed by the team confirmed assessments, sleep charting and the care plans reflect the strategies put into place. Residents and/or their representatives indicate they are generally able to sleep well and staff provide assistance when required such as toileting, repositioning, analgesia and offering of warm drinks and food.

## **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 plan for continuous improvement is managed in the home and at an organisational level. Improvements are identified through the home’s and organisation’s meetings, audits, management observations, handover, resident/representative surveys, resident lifestyle processes, and a robust compliments and concerns process for all stakeholders. Identified improvements are actioned and followed up appropriately. Recent improvements relating to residents lifestyle include:

- Review and simplification of resident consent form processes
- Changes implemented to resident admission process to ensure appropriate consents and residents’ needs are identified and established prior to admission
- Establishment of weekly men’s group to meet male residents’ needs
- Introduction of prompt cards to assist residents with communication difficulties
- To assist and benefit a resident’s independence and ability to enjoy the home’s external sitting area, installation of an external power point to meet a resident’s care needs.

### **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 and the organisation have systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines in relation to this standard. Government, regulatory and industry peak body information update services provide information disseminated by the organisation to management and staff via the intranet, emails, meetings, memo’s, hard copies and the staff communication book. A system of internal and external independent audits assists to monitor compliance. The home demonstrated regulatory compliance in this standard with the team observing the display and staff awareness of recent changes to mandatory reporting requirements, and demonstrating the requirements of privacy and security of tenure legislation are met for residents.

### **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 is able to demonstrate staff have the required knowledge and skills to perform their roles effectively. The organisation's education officer has an in-service education calendar in place and maintains staff education attendance records and evaluation forms. Mandatory education is in place for staff with flexibility for topics to be added where necessary. A system is in place for annual staff appraisals by management to monitor staff skills and education needs. External education sessions are offered by the organisation and undertaken by staff. The lifestyle coordinator has completed certificate training in leisure and lifestyle. Education topics to be offered in 2009 under this standard include health and well-being, personalised lifestyle programming, sexuality and the older person, and transitioning new residents.

### **3.4 Emotional support**

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

#### **Team's recommendation**

Does comply

Residents and representatives reported staff are supportive of their emotional needs when they first arrive at the home and on an ongoing basis. The admissions manager and nurse unit manager meet with all residents and their residents prior to entering the home. Residents' emotional needs are assessed by nursing and lifestyle care staff. Residents are visited and supported by lifestyle staff and encouraged to gradually participate in the homes' lifestyle program. Residents and representatives are provided with a tour of the home and resident information booklet to assist with their transition to the home. Residents are assessed for ongoing emotional support needs and special considerations regarding the resident's lifestyle, life background, past and current interests to develop care plans to guide staff practice. Resident's care needs are assessed regularly and as needs change.

### **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

Residents are encouraged to develop friendships and interests within the home and reported they were very satisfied with the assistance they are provided with to maintain their level of independence. Information regarding residents' capabilities and levels of assistance required are assessed as part of the entry process and care plans developed to reflect residents' needs. The social and human needs care plan promotes independence through offering flexible care routines and strategies to assist the resident maintain their autonomy. The home has relationships with community agencies fostering a number of activities between the residents and schools, religious groups, local nursing



homes and volunteer programs. Residents and representatives are satisfied with the range of interest and activities provided.

### **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

Residents' privacy, dignity and confidentiality are respected with practices such as knocking on doors, use of screening curtains, courteous language and secure storage of residents' information. There are private indoor and outdoor areas throughout the home available for residents to spend time with family and visitors. Staff practices are monitored by way of observation, feedback from key personnel, and audits and surveys. The lifestyle coordinators document strategies for the preservation of privacy and integrity in the social and human needs care plan of residents. Residents / representatives interviewed reported they were very satisfied that their privacy, dignity and confidentiality is recognised and respected by staff.

### **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

Encouragement and support for residents to participate in individual and group activities of interest to them commences on entry to the home. Residents/representatives are invited to complete a lifestyle profile and suggested lifestyle plan to develop an individualised social and human needs care plan. The effectiveness of the lifestyle program in meeting individual resident's needs is evaluated by analysis of attendance data, observation, direct feedback through resident/representative forums and through the home's annual survey. Lifestyle staff review residents care plans regularly and communicate amendments to the registered nurse division one and attend handover occasionally. Resident/representative feedback indicate a high degree of satisfaction with the lifestyle program and the way residents are encouraged and supported to participate in a wide range of interests and activities of interest to them.

### **3.8 Cultural and spiritual life**

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

#### **Team's recommendation**

Does comply

Residents are encouraged and supported to participate in community, spiritual and cultural events and customs. Residents' interests, beliefs, language, cultural background, spiritual and end of life wishes are identified when they first arrive at the home. A holistic approach involving the resident, their representative, nursing, care staff, lifestyle and catering staff contribute to the formulation of the resident's cultural and spiritual history and care plan needs. Religious and days of cultural and spiritual significance are identified for each

resident and the home endeavours to meet their individual needs. Visiting priests and ministers of different denominations are organised for residents and attend the home on a regular basis to provide the sacraments. The home has access to culturally specific services and resources to assist in providing individual cultural needs if required. Residents and representatives interviewed reported they were happy with the home's response to meeting their cultural and spiritual needs.

### **3.9 Choice and decision-making**

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

#### **Team's recommendation**

Does comply

Residents and/or their representatives are very satisfied they are able to exercise choice in relation to deciding aspects of their daily care and lifestyle. Resident's individual choices and decisions are encouraged and supported by management and staff. Residents/representatives can choose their doctor and pharmacy on entry to the home. One to one discussions, comments and complaints processes, resident and representative meetings and care plan reviews are in place to assure the home provides residents and/or their representatives with information to make decisions and have input into their care and treatment. Residents have access to forums to discuss menu planning and lifestyle activities. Residents are able to choose alternative meals for lunch and dinner and can choose to dine in communal areas or in their own rooms. Feedback forms are found throughout the home so residents and representatives can make suggestions or raise issues with management.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

Does comply

Residents and their representatives are satisfied they have secure tenure within the home and are aware of their rights and responsibilities. They report they are comfortable to raise concerns with staff and are aware of the complaints and comments system and meetings to discuss any concerns. The home provides information about residents' rights and responsibilities and security of tenure to prospective, new residents and their representatives and also has posters on display throughout the home. The nurse unit manager and admissions manager meets with residents and representatives to discuss the residential care agreement and any other issues they may have. Internal moves are considered when there are direct benefits to the resident and/or their relatives and only after consultation and agreement. The home has processes in place to support residents and their relatives to relocate if necessary.

## **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 plan for continuous improvement is managed in the home and at an organisational level. Improvements are identified through the home’s and organisation’s meetings, audits, management observations, maintenance and occupational health and safety processes, incident reporting, and a robust compliments and concerns process for all stakeholders. Identified improvements are actioned and followed up appropriately. Recent improvements relating to the physical environment and safe systems include:

- Introduction of disposable plastic shoe covers for staff, when required, for more effective infection control practices
- Establishment of securely fastened hand sanitiser dispensers in each residents room and above hand wash basins in the home, for improved accessibility and infection control practices
- Establishment of a single storage area for equipment for improved staff accessibility
- Establishment of a key cupboard in the managers office for centralised, safe and accessible key storage for staff

### **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 and the organisation have systems in place to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines in relation to this standard. Government, regulatory and industry peak body information update services provide information disseminated by the organisation to management and staff via the intranet, emails, meetings, memo’s, hard copies and the staff communication book. Internal and external audits assist to monitor and ensure compliance, together with organisational personnel, meetings and systems. The home’s regulatory requirements are met with fire safety/emergencies and building certification. Systems ensure other environmental requirements are met, including occupational health and safety requirements, a food safety program and appropriate infection control guidelines and practices.

### **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 is able to demonstrate staff have the required knowledge and skills to perform their roles effectively. The organisation's education officer has an in-service education calendar in place and maintains staff education attendance records, with evaluation forms completed by staff. Mandatory education is in place for staff with flexibility for topics to be added where necessary. A system is in place for annual staff appraisals by management to monitor staff skills and education needs. External education sessions are offered by the organisation and undertaken by staff. Mandatory education in this standard includes emergency preparedness/fire drill, infection control and no-lift/manual handling. Risk management and occupational health and safety training is also offered to staff.

**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 are accommodated in spacious single and double bedrooms with ensuite bathrooms. The double rooms are off-set to enable privacy with each resident having their own area and large external window. All residents are provided with electric low-low beds and overhead tracking in each room. Residents have safe access to a clean, odour free, clutter free, secure and well maintained living environment. Residents confirmed sufficient and appropriate furniture, equipment, and aids are provided, and a comfortable temperature is maintained. Signage and clear maps are displayed, the home is well lit by natural light, and well-organised maintenance systems are in place. Residents/representatives stated high levels of satisfaction with a safe and comfortable environment according to residents needs.

**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 demonstrated a safe working environment that meets regulatory requirements. The home has an occupational health and safety representative, and a monthly organisational occupational health and safety committee. Orientation for new staff includes occupational health and safety training, and mandatory education is provided for staff on manual handling/no lift. The organisation completes job safety analysis sheets for each maintenance request. A six-monthly workplace check-sheet is completed by the home's occupational health and safety representative, and the organisation's quality and risk manager collects related data and provides reports. Staff stated awareness of, and input into the home's occupational health and safety system. All staff interviewed confirmed 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

The home has procedures for detecting and acting on fire, security and other emergencies. A current resident list is contained in an emergency manual, fire and emergency equipment is regularly checked and tested, and emergency exits are clearly marked with clear egress. Mandatory fire and emergency training is provided for staff. Emergency procedures are documented (including on lanyards for staff and contractors) and signage and clear 'you are here' evacuation maps in place. Closed circuit television, nightly patrols and key padded external doors provide effective security. The team confirmed a software system ensures the testing and tagging of electrical equipment is current and maintained.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has systems and processes in place to ensure it has an effective infection control program which includes policies, procedures, monitoring of practices and education. The program is overseen by the infection control manager and liaison nurse, and includes the monitoring of individual residents and their infections, recording and monitoring of documentation onto the organisation's electronic database, and graphing of data for analysis and trending. Identified trends and reportable events are addressed at the infection control committee, and the home participates in benchmarking activities with regional facilities. Staff are communicated to through staff meetings, minutes and memorandums. Cleaning duties checklists, spills, outbreak management kits and personal protective equipment is available. A vaccination program is organised for all residents and offered to staff. Staff confirmed infection control training, food handling training and competencies, and were able to demonstrate an understanding and application of infection control principles and 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 recommendation**

Does comply

Hospitality services are provided in a friendly and generous manner for residents. Catering systems enable residents individual nutritional requirements and preferences to be met. Current kitchen certification is in place for the organisation's and the home's kitchen. The organisation provides a cook/chill system for residents, and required food storage and temperature recording practices were observed, with a four week rotating menu in place. The team noted all kitchen temperature logs are generally well recorded and appropriate

systems for food ordering and storage, food recall, cleaning and staff communication. Both kitchen cleaning schedules, and temperature logs for residents' refrigerators in each wing of the home, are inconsistently documented. The home has a cleaning program in place with a high standard of cleaning. Residents' clothes and all linen is laundered off-site by external contractors with effective and timely systems for pick-up and return, clean/dirty separation, individually labelled resident baskets, and ample linen supplies. Residents/ representatives stated general satisfaction with the home's hospitality services in meeting residents' needs.