



Standards and Accreditation Agency Ltd

## **Decision to accredit Abberfield Aged Care Facility**

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

The Agency has decided that the period of accreditation of Abberfield Aged Care Facility is three years until 12 October 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 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:	Abberfield Aged Care Facility				
RACS ID:	4002				
Number of beds:	66	Number of high care residents:	51		
Special needs group catered for:	• N/A				
Street/PO Box:	378 Bluff Road				
City:	SANDRINGHAM	State:	VIC	Postcode:	3191
Phone:	03 9555 8472		Facsimile:	03 9555 0075	
Email address:	abbfld@bigpond.net.au				

### Approved provider

Approved provider:	Sandra Pty. Ltd. T/A Abberfield Aged Care Facility
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### Assessment team

Team leader:	Lois Knox
Team member/s:	Linda McCrorey
	Marguerite Hoiby
Date/s of audit:	20 July 2009 to 21 July 2009

**Executive summary of assessment team's report**

**Standard 1: Management systems, staffing and organisational development**

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

**Standard 2: Health and personal care**

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

**Accreditation decision**

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

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

<b>Agency findings</b>
Does comply
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Does comply

## **Assessment team's reasons for recommendations to the Agency**

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



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Abberfield Aged Care Facility
RACS ID	4002

### **Executive summary**

This is the report of a site audit of Abberfield Aged Care Facility 4002 378 Bluff Road SANDRINGHAM VIC from 20 July 2009 to 21 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Abberfield Aged Care Facility.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 20 July 2009 to 21 July 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Lois Knox
Team members:	Linda McCrorey
	Marguerite Hoiby

## Approved provider details

Approved provider:	Sandra Pty. Ltd. T/A Abberfield Aged Care Facility
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## Details of home

Name of home:	Abberfield Aged Care Facility
RACS ID:	4002

Total number of allocated places:	66
Number of residents during site audit:	64
Number of high care residents during site audit:	51
Special needs catered for:	

Street/PO Box:	378 Bluff Road	State:	VIC
City/Town:	SANDRINGHAM	Postcode:	3191
Phone number:	03 9555 8472	Facsimile:	03 9555 0075
E-mail address:	abbfld@bigpond.net.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Abberfield Aged Care Facility.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Approved provider/manager	1	Residents/representatives	20
Director of nursing	1	General practitioner	1
Registered nurse division one	1	Physiotherapist	1
Registered nurses division two (endorsed)	1	Musician	1
Care staff	5	Laundry staff	1
Quality coordinator	1	Cleaning staff	2
Catering staff	1	Maintenance staff	1
Lifestyle coordinator	1	Landlord	1

#### Sampled documents

	Number		Number
Residents' electronic clinical files	6	Medication charts	20
Summary care plans	6	Personnel files	12
Individual electronic assessments	14	Blood sugar level reports	14
Food allergies	64	Wound care records	4
'Whenever necessary' medication administration records	5	Weight records over six months	64
Deceased resident's electronic progress notes	2	External service agreements	10



## Other documents reviewed

- 'ESIS' manual – preventative maintenance folder
- 'MUST' assessment tool
- Abberfield Aged Care Facility view: vision, mission statement, objectives
- Assessments: validated and generic
- Blood glucose reporting parameters
- Catheter care documents
- Charter of residents' rights and responsibilities
- Cleaners specification manual
- Clinical diary
- Clinical portfolio folders: nutrition and hydration, continence, infection control, mobility, dexterity and rehabilitation, sleep and behavioural management, skin care and wound management, pain and palliative care and medication management
- Contact details for allied health and other professionals
- Corrective action worksheet
- Education folder 2008 and 2009
- Emergency evacuation pack with current lists
- Fire hazard inspection forms
- Food safety program
- Freezer and cool room temperature monitoring
- Guidelines for the treatment for hypoglycaemia and hyper glycaemia
- Handover documents
- Incident report analysis
- Incident report forms
- Infection control folder
- Infection reports
- Infectious outbreak kit
- Job descriptions
- Kitchen staff education certificates
- Laundry manual
- Legend for nursing alerts
- Manual handling guidelines and self paced training for auxiliary staff and nursing staff
- Material safety data newsletters 2008/2009
- Material safety data sheets for cleaners and laundry staff
- Memoranda
- Medication refrigerator temperature records
- Minor and complex wound care guidelines and care documents
- Occupational health and safety/Infection control and staff meeting minutes
- Palliative care kit
- Performance appraisals
- Pest management program folder
- Physiotherapy review schedule for high and low care residents, assessments and care plans
- Plan for continuous improvement 2008-2009
- Policies, procedures, clinical pathways and reference cards: clinical and non-clinical
- Premises audit reports
- Receipt of incoming goods
- Residents' and relatives' comments and complaints report April 2009
- Residents' information handbook
- Residents' information package and surveys
- Restraint documents
- Schedule eight drugs book
- Staff handbook
- Staff meeting minutes

- Staff orientation handbook
- Strategic plan 2008-2009
- Suggestions complaints and compliments folder
- Toileting times report
- Training needs analysis 2008-2009
- Transfer documents
- Weighing a resident guideline
- Wound management nutritional requirements.

### **Observations**

- Activities in progress
- Activities room
- Care stations
- Charter of resident rights and responsibilities on display in foyer
- Cleaners trolley and cleaners room
- Collection bin for documents needing shredding
- Dining room
- Door control panel in use
- Drinks round
- Electrical tagging
- Equipment and supply storage areas
- Fire extinguishers tagged and recently tested
- Laundry staff undertaking the laundry
- Living environment
- Meals in progress
- Outdoor courtyards
- Resident noticeboards
- Resident rooms
- Staff assisting residents at meal times
- Staff hand washing
- Staff noticeboards
- Staff tea room
- Storage areas for archived resident files
- Storage of medications, wound care products and continence aids
- Therapeutic interactions between staff and residents
- Utility rooms.

## **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 has a systematic approach to continuous improvement across all areas of operation. The continuous improvement performance indicators established by the home includes internal audits, incident reports, suggestions/opportunities for improvement, staff and resident satisfaction surveys, committee meetings, benchmarking activities with other facilities, a plan for continuous improvement and an annual review and evaluation of the internal quality system. Feedback mechanisms include newsletters, meetings, memoranda, outcome reports and informal discussions. Specialist portfolios have been established to monitor compliance reflecting best practice principles. Residents and staff confirm that management is committed to continuous improvement and responsive to their suggestions.

Recent improvements related to Standard one include the following:

- A new hydraulic lifting machine equipped with an electronic weighing device has been purchased.
- New wheelchairs have been purchased.
- The format of agendas and minutes have been changed to increase management accountability and enhance committee input in all aspects of service.
- ‘ANSTAT’ updates are presented as part of agendas of various committee meetings.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. It subscribes to a legislative update service, industry peak bodies and professional associations. Generally, policies and procedures are developed, reviewed and updated according to legislation, regulations, standards and codes of practice. New staff are advised of their professional and legal responsibilities during their three day orientation programme. Information regarding regulatory compliance is distributed through memoranda, newsletters and education. Management maintains a police check of staff, volunteers and external providers. Staff confirmed that they were kept informed of all regulatory changes and a benchmarking activity reviews regulatory compliance according to a schedule.

### 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

An annual training needs analysis and mandatory training topics form the basis of the home's training calendar. Attendance at training is recorded and evaluation occurs. An education commitment policy states and staff confirmed that they are encouraged to undertake professional development. Staff selection criteria require all staff to have basic qualifications. All new staff attend a three day orientation which overviews a number of mandatory topics. Staff are advised of in service training through meetings and notices placed in the nurses' stations and in the staff room.

Education opportunities completed by management and other staff that reflect the management systems, staffing and organisational development include the following:

- The 'Better practice' conference.
- The new funding tool training course.
- An education conference which covered clinical areas and regulatory compliance in aged care.
- The director of nursing is an approved provider for the Royal College of Nursing endorsed courses and provides these courses internally.

### 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

Each resident, staff member and other stakeholders have access to the complaints mechanisms. The internal and external complaints mechanisms are outlined in the resident agreement and handbook, highlighted in resident and staff orientations and through resident and representative meetings and newsletters. Internal comments and complaints are identified using an improvement form, input at the monthly resident committee meetings, residents and staff annual satisfaction surveys. The director of nursing reviews all complaints, comments and suggestions and reports on progress made towards resolution at the monthly residents committee meetings. The copies of residents committee meeting minutes are mailed to the designated next of kin/representatives of residents who were unable to attend the meetings. There is a process to analyse and report trends and link with the continuous improvement programme. Residents and stakeholders confirm that they are aware of the comments and complaints processes and advise that the director of nursing is readily available to deal with any worries and concerns quickly and satisfactorily.

### 1.5 Planning and leadership

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

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

Does comply

The home has clearly documented vision which includes its mission statement, philosophy, objectives and strategic plan. The residents' Charter of rights and the

home's commitment to quality is on display in the foyer and is contained in resident agreements and resident handbooks. These complement the homes' commitment to the provision of quality resident care and services. The information is on display in the foyer of the home, staff and resident handbooks and orientation programme. The approved provider plans to extend the home to accommodate a further 70 beds.

#### **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 staff to deliver clinical and non-clinical services. The home has position descriptions which define the staff member's role and responsibilities and the minimum qualifications required. Staff who have been employed in the previous three years have contracts of employment which include condition of employment, confidentiality statement. Performance appraisal is conducted annually for staff who have been at the home for over 12 months, and includes a formal checklist and informal observations. Orientation is conducted for all new staff. Staff are guided and supported by relevant policies on bullying, their expected code of conduct, the importance of confidentiality, disciplinary issues, dress code and legislative requirements. Staff interviewed confirmed that staffing levels reflect the changing needs of the residents. Residents/representatives interviewed confirmed their satisfaction with the level and commitment of the staff; one representative said that staff make her "feel part of a bigger family".

#### **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

A documented preventative maintenance programme is in place as well as a system for reporting and identifying required repairs. A maintenance officer is responsible for general maintenance repairs and contractors are accessed as necessary. There is a system for tagging electrical equipment. An asset register is maintained and there are processes for ordering and maintaining stock levels. There is an approved supplier list for purchasing all items and equipment; new equipment is trialled, risk assessed and evaluated prior to purchase and training is provided. Staff and residents confirm that they have access to appropriate goods and equipment.

#### **1.8 Information systems**

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

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

Does comply

The home's information systems ensure that residents, staff and relevant stakeholders have access to appropriate and accurate information. Effective communication systems and processes for disseminating information include information technology, policies and procedures, minutes of meetings, memoranda, notices, newsletters, clinical handover, communication books and handbooks. Electronic access is password protected and there is overnight back up process provided by external provider. There

is a system for routinely collecting, analysing and recording information that identifies residents' personal and lifestyle needs. Confidential information is securely stored and there is a process for archiving and destruction of written documentation. Staff, residents and representatives state that communication systems are sound and they feel they are well informed in all aspects of the "workings of the home".

#### **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

There is an established list of approved suppliers and providers. External service agreements have been established with major contractors of goods and services such as essential services, pharmacy, physiotherapy, podiatry, massage therapy, medical supplies, groceries, information technology maintenance, fire prevention, cleaning and food handling auditing. All external providers have provided police checks. A review of the external service provider agreements is conducted annually by the proprietor. Residents and representatives and staff confirm that they are satisfied with the services provided by the external contractors.

## **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 conducts continuous improvement activities reflecting all aspects of residents' health and personal care. Residents and representatives are very satisfied with the care provided by the staff. Refer to Expected outcome 1.1 Continuous improvement.

Recent improvements related to Standard two include the following:-

- The introduction of a central list of residents' food preferences to ensure that inappropriate food is not served.
- The 'Water for Wellbeing' guidelines from the Continence foundation have been implemented to assist in reducing the incidence of urinary tract infections.
- Improvements have been made to diabetic monitoring, with all medical practitioners completing a generic management form.

### **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

Regulatory compliance in relation to health and personal care is identified and monitored through established systems and processes. Medications are stored according to legislative requirements; registered nurses division one assess, plan, manage and review residents requiring specialised nursing care. Staff confirm that they are aware of their responsibilities and documentation and observation confirms that the home is compliant with requirements. Refer to Expected outcome 1.2 Regulatory compliance.

### **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

An annual training needs analysis and mandatory training topics form the basis of the home's training calendar. Clinical care staff confirmed their satisfaction with their opportunities in accessing continuing education. Refer to Expected outcome 1.3 Education and staff development

Education opportunities completed by clinical care staff that reflects health and personal care include the following:

- Pain management in aged care.

- Parkinson research.
- Nutrition and wound healing
- Skin care and prevention pressure injury.
- Management of continence.
- Challenging behaviours and dementia clinical pathways training.

## 2.4 Clinical care

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

### Team’s recommendation

Does comply

The home provides a systematic approach to assessing clinical care needs by using validated and generic assessment tools and holistically evaluating all care protocols on a monthly or as required basis. Residents and representatives confirmed their satisfaction with the clinical care provided by the home and confirmed that they are actively involved in the care planning processes. There are clinical policies, procedures, clinical pathways and reference cards to inform and guide staff in all aspects of clinical care. Residents’ clinical care needs are assessed, planned, managed and reviewed by registered nurses division one in collaboration registered nurses division two, personal care staff, the family, the attending general practitioner and relevant allied health practitioners. Residents have a choice of general practitioner and allied health professionals who assess, review and document treatments in the resident’s electronic progress notes. Residents and relatives are consulted formally when initial care plans are implemented and at other times. If residents require an episode of acute care, a transfer document accompanies them. Direct care shift handovers are comprehensive; clinical and behavioural incidents are reported, recorded and monitored.

## 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

Specialised nursing care needs are assessed, planned, managed and reviewed by registered nurses division one in for example, diabetic care, catheter care, wound management, enteral feeding regimes, palliative care, oxygen therapy and complex behavioural management; clinical pathways and reference cards provide additional information in supporting staff. A range of clinical nurse consultants and allied health professionals can be accessed to provide additional advice and support in all specialised nursing fields. Care plans and the integrated progress notes record strategies recommended by these professionals. Specialised nursing care is monitored by audits and resident/representative satisfaction. Residents and representatives confirmed their satisfaction with the specialised nursing care given to them.

## 2.6 Other health and related services

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

### Team’s recommendation

Does comply

Residents have access to a wide group of allied health professionals such as a physiotherapist, a dietitian, a speech pathologist, a podiatrist, a dentist, an optometrist,



an audiologist and a hairdresser who either visit regularly or on referral. Comprehensive assessments and prescribed treatments are documented in the electronic progress notes and specific information is then transcribed into the care plans. Contact details of preferred allied health practitioners are available to assist staff. Allied health professionals interviewed by the team confirmed that the home contacts them promptly when residents are identified at risk. Residents confirmed their satisfaction with the care given to them by allied health professionals.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Registered nurses division one manage residents’ medication; medication administration is a collaborative system between registered nurses division one and two (endorsed). A scheduled monitoring system identifies deficits; there are documented processes in place to guide staff if medication administration errors occur. An independent pharmacist reviews all medication charts on a scheduled basis, providing a confidential report to the attending general practitioner and the home. A resident outcome is recorded after the administration of all categories of ‘whenever necessary’ medications. The team observed that general medications are stored securely and that there is a safe disposal system in place. Schedule eight medications are stored with additional security; the home has a system in place to ensure safe administration of these drugs. Resident/representatives said that medications are given on time and in a safe manner.

## **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’ past history and current presence of pain are defined prior to and during the entry assessment phase using validated and generic pain assessment tools to assist care staff in assessing pain in residents with intact or diminished cognition; pain assessments are linked to the physiotherapy, continence, behaviour and sleep assessments and when relevant, cultural conventions are always considered. Pain management protocols are reviewed during the ‘resident of the day’ monthly review, when there is a new episode of reported pain and when ‘whenever necessary’ medications are administered over a period of time. Alternatives to medication such as heat/cold packs, specialised splinting, repositioning, simple massage and individualised diversional therapies are utilised. Specialised equipment such as oscillating air mattresses and clinical practices such as the application of dermal patches and sub-cutaneous infusions are used; the home has access to pain management specialists for additional support and advice. Residents said that if and when they have pain it is managed well.

## **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 and their families are consulted about end of life wishes during the

entry phase or when the resident and family choose to communicate these wishes. Registered nurses division one reassess the resident's needs and develop an individualised palliative care plan when the resident reaches this stage; this is completed in collaboration with the resident, the family, general practitioner and if requested, palliative care specialists. Documentation observed in two deceased resident files noted that the care protocols in place guided staff in providing "the physical, spiritual and psychological end of life needs of residents and their families". The home has access to specialised equipment for the constant and consistent administration of analgesia and a range of other equipment and care practices to maintain maximum resident comfort. To enhance resident and relative support, the home facilitates grief/counselling services and access to visiting religious and secular professionals.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

The home recognises that "eating and drinking are complex, biological, social cultural and behavioural phenomena". During the entry assessment, resident nutrition and hydration needs, food preferences, meal size, the need for adaptive cutlery and crockery, the presence of food allergies, swallowing difficulties and weight management requirements are noted on a generic assessment tool and, if required, a validated malnutrition assessment; a care plan is devised from this information. Specialised enteral feeding regimes are managed by registered nurses division one and speech pathology professionals. Catering staff are informed of specific and relevant dietary information; a range of texture modified meals, thickened fluids and nutritional supplements including wound healing supplements are available. Residents are weighed monthly or as required; unplanned weight loss is monitored however, informal protocols only are in place to guide staff in the context of the weight loss. The attending general practitioner, the dietitian and speech pathologist review residents that are identified at risk. The menu which is developed from resident input is reviewed by a dietitian to ensure maximum nutritional value. Residents and representatives confirmed their high satisfaction with the quality and quantity of the meals provided.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

A systematic and evidence based approach ensures that registered nurses division one objectively review the resident's skin, discussing what skin care has been used prior to entry and using a validated skin assessment tool, identifies risks to skin integrity and the potential for pressure injury. Special note is taken if for example, the resident is frail, diabetic, has continence issues, oedema or has impaired mobility. Emollients and barrier creams are used in conjunction with other skin care practices. Registered nurses division one in collaboration the attending general practitioner and wound clinical nurse consultant, successfully manage all wounds using contemporary and varied dressing protocols; skin tears are monitored via the incident reporting mechanism. Pressure relieving practices, specialised equipment and referral to the physiotherapist for re-positioning regimes are utilised; a variety of nutritional and wound healing supplements are provided if required. A podiatrist and visiting hairdressers

enhance skin care practices. Residents and their representatives confirmed that skin care needs are managed well.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Individual resident continence requirements are reviewed holistically reflecting if and what aids are being used, how successful the current practices are and what can be done to improve the level of comfort and enhanced dignity. Toileting times and levels of staff assistance are individually prescribed after a defined period of observation and charting; individual trials of continence aids are conducted. Urinary catheter care is managed by registered nurses division one; there is access to clinical nurse consultants for additional support. Behavioural management includes continence care as a trigger for episodes of restlessness and disruptive behaviour; continence requirements are also considered if there are disturbed sleeping patterns. Urinary tract infections are defined using evidence based signs and symptoms; enhanced clinical practices, increased hydration and a consideration to providing specific residents with alkalinising supplements has reduced the incidence of urinary infections. The use of invasive bowel preparations is kept to a minimum; early intervention strategies such as a high fibre diet, fresh fruit, additional hydration and appropriate exercise are in place to maximise normal bowel health. Residents and representatives confirmed that continence needs are managed well.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

The home effectively manages the needs of residents with challenging behaviours. All residents undergo a suite of validated behavioural management assessments during the entry phase, when behaviours change and annually. Electronic care plans are developed from behavioural assessments, other clinical tools, from documented staff observations over a defined period of time and the family; these plans are reviewed monthly and as required. The home has access to aged persons’ mental health nurse specialists and psychogeriatricians. Restraint practices are limited; appropriate assessments, authorisations and review protocols are in place. Additionally, the home employs alternate environmental strategies, comforting music and, as an adjunct to individualised diversional activities, validation and reminiscing therapies. Episodes of aggressive behaviour and absconding are recorded as incidents and reported appropriately. The team observed staff interacting in a calm, respectful and therapeutic manner with the residents in a secure, low stimulus environment. Representatives confirmed that they are satisfied with the individual behavioural management care provided.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s recommendation**

Does comply

The home ensures that mobility, dexterity and rehabilitation needs are maintained to enhance the “residents’ independence freedom and self-esteem”. The physiotherapist in collaboration with the registered nurses division one, assess these needs that include range of movement, transfer needs, activities of daily living requirements, falls risk rating, post fall and slow stream rehabilitation. The physiotherapist assists in pressure injury prevention by assisting in defining individualised repositioning regimes; the podiatrist ensures that residents’ feet and shoes assist in improving mobility. Residents have individualised physiotherapy programs in place that are supervised on a daily basis by the care staff; residents have access to gentle chair based exercises and weight bearing sessions incorporated into their weekly activities. All falls are reported, monitored, analysed, trends identified and if necessary actioned; the home has a range of falls prevention strategies and equipment in place. Residents were observed utilising different mobility aids in a safe manner; maintenance of mobility aids is provided by the maintenance staff. Representatives and relatives are satisfied with the physiotherapy services provided.

## **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

### **Team’s recommendation**

Does comply

The residents’ oral and dental needs are assessed during the entry assessment phase, and reviewed as part of daily hygiene practices and at the monthly review. Care plans document individual preferences for cleaning dentures/natural teeth and other care; the additional need for staff support is documented. Residents identified as having swallowing difficulties are referred to a speech pathologist. Residents’ oral care during palliation, enteral nutrition or post nebuliser therapy is individual and specialised. The home supports residents to attend local dentists and dental technicians; a mobile dental service visits the home. Residents confirmed their satisfaction with their oral and dental care and the support care staff give them.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Sensory loss, communication, comprehension and other neurological needs are assessed during the entry phase then annually or as required; care plans clearly nominate individual strategies to manage the resident’s needs. Residents are supported to access relevant allied health professionals in the broader community, whilst several allied professionals visit the home. Adaptive cutlery and crockery, food texture and taste reviews, simple massage, functioning hearing aids and clean spectacles assist in managing sensory loss; all meals are freshly cooked on site, the cooking smells stimulating the olfactory senses. The living environment is conducive to residents with sensory loss, the internal environment is well lit, calm, and has no excessive background noise; there are external courtyards enhancing the residents’

living environment. During palliation, additional care is taken to ensure that sensory care is enhanced. Residents and representatives confirmed that care staff are sensitive to caring for sensory loss.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The residents’ sleep assessment is conducted over a 24 hour period for seven days and include the resident’s preferred rest periods during the day; a longer reassessment occurs if there are clinical/medication changes and changes to normal routines. In consultation with the resident and/or representative, individual resident preferences for rising and settling and other specific rituals are documented in a very clear care plan; residents are routinely checked throughout the night or according to specific wishes. The home actively promotes the minimisation of sedation; the use of non-pharmacological interventions are maximised. Pain management, continence care and behavioural management assessments include a consideration of sleeping patterns. Residents confirmed that the home was quiet at night, and that night staff address their individual needs.

### **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 conducts continuous improvements activities in relation to residents’ lifestyle. Residents, representatives, staff and other stakeholders are encouraged to participate in surveys, meetings as well as completing suggestions/opportunities for improvement form to inform the programme. Residents and representatives confirm satisfaction with the response of the home to suggestions for improvement in relation to resident lifestyle. Refer to Expected outcome 1.1 Continuous improvement.

Recent improvements related to Standard three include:-

- A list has been compiled of all residents’ religious and cultural preferences.
- A flagpole with the Australian flag has been erected.
- Residents’ comments and complaints indicated that staff did not always explain care procedures. Corrective action was put in place and the latest residents’ satisfaction survey indicated that they are now satisfied with their choice and decision making processes.
- Due to the large number of Greek residents, education for staff on Greek culture needs and language classes were conducted. A Greek cultural resource folder was also purchased for activities staff to refer to.

#### **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 Charter of residents’ rights and responsibilities is on display and is available in organisational documentation. Policies and procedures are in place in relation to mandatory reporting of elder abuse and unexplained absence of residents. Information and policies related to confidentiality are well documented. The resident information pack is provided on entry to the home and includes the occupancy agreement, rights, responsibilities, fees and charges, privacy, security, complaints processes and advocacy. Residents report that they are aware of their rights and are confident that the home complies with its regulatory responsibilities. Refer to Expected outcome 1.2 Regulatory compliance.

#### **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

An annual training needs analysis and mandatory training topics form the basis of the home’s training calendar. Staff confirmed their satisfaction with their opportunities in

accessing continuing education. Refer to Expected outcome 1.3 Education and staff development.

Education opportunities completed by lifestyle and other staff that reflects the residents' lifestyle include the following:

- Eye and hearing loss.
- Vision Australia information.
- Cultural awareness.

### **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' emotional needs are assessed on entry to the home through discussion with the resident and their representatives and observation by staff. Formal assessment is conducted over time and documented in the resident record both electronically and hard copy. A care plan is developed in consultation with the resident and/ their representative. Staff spend one-on-one time with all residents as part of their care responsibilities and monitor residents' emotional status through observation, participation rates and interactions with others. Residents have access to regular visits from all religious services, Greek community visitors, and access to pastoral carers who are available on call. Residents confirmed that they are satisfied with the emotional support provided when they first come to live at the home and on an ongoing basis.

### **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 supported to maintain family, friendships and social networks as family and friends are encouraged to visit regularly; they have the opportunity to participate in activities held throughout in the home and they are also encouraged to build friendships with other residents. Community groups such as students from the nearby high school, welfare university students, church groups and Greek community visitors assist with residents maintaining contact with their community. The home identifies individual needs and preferences through the assessment and documentation process; residents are encouraged to personalise their rooms. Residents and representatives reported they are satisfied with the assistance provided to maintain their level of independence and to attend chosen activities.

### **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' rights to privacy, dignity and confidentiality are recognised and respected at the home. There is a process for the secure storage, archiving and destruction of

confidential documentation. There are a small number of quiet indoor areas as well as outdoor areas that enable residents to have privacy with family and visitors. Staff practices are monitored through observation, feedback from key personnel and audits and surveys. Residents' right to privacy is discussed with residents and their representatives. Residents and their representatives reported they were 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

The lifestyle programme accommodates residents' preferences and covers a broad variety of interests and activities. The activities are aimed at maintaining physical and cognitive function and emotional well being such as passive exercises, word games, ball games, newspaper readings and the very popular 'sing a long' sessions. Residents' histories, including past and present leisure interests, are collated via a social profile and this information is used to formulate an activity plan within a month of entry to the home. Residents are encouraged to participate according to individual levels of ability and one-on-one support is provided as required. Activities underway during the team's visit were well attended and showed active resident participation. Residents report that they are very well informed about the leisure and lifestyle activities and enjoy the activities provided for them.

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

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

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

Does comply

The home fosters and develops the rich cultural and spiritual life of the residents. The residents' interests, language, cultural and religious profiles are identified when they first enter the home via a social profile and those residents who wish to pursue their beliefs and customs have their wishes incorporated into their care plans. Specific cultural days are commemorated and celebrated including Christmas, Easter, ANZAC day and Australia day. Residents and their representatives reported they are satisfied with the home's response to 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' individual choices and decisions are encouraged and supported by management and staff. Resident and representatives are consulted through the assessment and care planning process to ensure that individual choice and preferences for all activities related to their medical, physical, lifestyle, emotional, religious and social needs are identified. Residents' care needs are regularly reviewed in consultation with residents and representatives and changes are made in response



to changed individual needs and preferences. Staff demonstrated a comprehensive understanding of residents' individual preferences. The home has processes for residents' choice and decision making with resident meetings, surveys and an internal comments and complaints system. Residents confirmed their ability to participate in decisions relative to their needs, and that staff respect their right to take part in activities as they choose.

### **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 are provided with a residents' information handbook on entry to the home which contains information on the Charter of residents' rights and responsibilities and security of tenure. A contract is provided to the resident and/or their representative that contains relevant information on their rights and responsibilities, allocated room number, specified care and services, the complaints process, fees and charges. Residents interviewed indicated they knew how to make a complaint if they needed to and were comfortable to do so; residents said that they "felt safe and secure".

## **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

Improvements related to the physical environment and safe systems of the home are included in the continuous improvement program. Environmental audits, incident reports, hazard identification, maintenance requests and complaints inform the program. Staff attend mandatory training to ensure they have the skills and knowledge necessary to support a safe environment. Residents and representatives confirm that they are satisfied with the comfort and safety of the home. Refer to Expected outcome 1.1 Continuous improvement.

Recent improvements related to Standard four include:

- A balustrade has been installed at the entrance ramp.
- Timed sensor lights have been installed at the entrance to the car park, veranda and outdoor areas.
- Large marquees have been installed in the main courtyard.
- An adjustable roof has been installed in the hostel courtyard
- An infectious spillage kit for cleaning and disposal has been purchased.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has a system in place to ensure that it meets its obligations in relation to compliance with legislation, regulations, standards and guidelines associated with the home’s physical environment and safety. Observations and audits are conducted to review practice and workplace safety. The preventative maintenance program ensures that services are routinely monitored, serviced and maintained by specialist external contractors. All catering staff have current food handlers/hygiene certificates. Staff confirm that the home provides a safe environment for residents and staff. Refer to Expected outcome 1.2 Regulatory compliance.

### **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

An annual training needs analysis and mandatory training topics form the basis of the home’s training calendar. Staff confirmed their satisfaction with their opportunities in accessing continuing education that reflect the physical environment and safe systems.

Education opportunities completed by staff reflecting the physical environment and safe systems include the following:

- A suite of mandatory topics: fire and emergencies, manual handling, cardio pulmonary resuscitation, food safety and safe chemical handling.
- Elder abuse.
- Infection control.

#### **4.4 Living environment**

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

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

Does comply

The home provides a safe and comfortable environment for the residents needs. The home provides single accommodation with ensuites. There is keypad access to ensure a secure perimeter environment; this is complemented by other security systems. There are a number of outdoor areas for residents and their relatives to utilise. A large activities room provides space for a number of residents to participate in activities. Regular audits are conducted to ensure that potential hazards are identified and addressed promptly. A corrective and preventative maintenance program is in place. The residents and relatives interviewed commented that they were very satisfied with the living environment of the facility.

#### **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

There are bi monthly occupational health and safety meetings with staff representatives in attendance. Complaints, compliments, incidents and hazard forms are used to document any issues. A fire hazard inspection is completed daily and along with hazards and incidents, are reported at the occupational health and safety committee meetings. Quarterly reports of falls are analysed at the committee meeting. Personal protective equipment is provided for all staff. Material safety data sheets are provided for all chemicals and chemicals are in locked storage areas. Staff state that they have a safe, secure and comfortable 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

Fire evacuation maps are located in prominent positions throughout the home. All staff have fire and emergency training at orientation and then annually. Evacuation packs are located at the nurses' stations and contain current resident lists. Routine fire equipment checks are conducted as part of the preventative maintenance schedule. All visitors to the home are required to register; there is security surveillance of all exit doors. There is a no smoking policy for staff and residents and an allocated area for smoking.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program. There are infection control policies and procedures in place for all staff to access. The home has an infection control portfolio position that monitors infection rates, completes trend analyses, undertakes audits and reports findings to the occupational health and safety/infection control committee. The home has current information to guide all staff in managing an outbreak of gastroenteritis and other infectious diseases. Influenza vaccinations are provided to all residents and staff are encouraged to be vaccinated. A pest management program is in place and is included in the preventative maintenance program. The team observed care staff using correct hand washing techniques and hospitality staff demonstrated infection control principles in their related work area

#### **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 manner that enhances the life of the residents and the staff working environment. Residents/representatives are informed about hospitality services offered prior to entry. Catering staff have relevant resident information identifying for example, specific food and nutrition requirements, food allergies, food preferences and choices; the kitchen meets the local government accreditation requirements. The cleaning contractor has changed recently and residents and relatives interviewed stated that the cleanliness of the home was very satisfactory. Personal laundry is done on site; there is a system in place to manage lost clothing. Resident meetings provide an opportunity to discuss all hospitality services. Regular audits of all hospitality services are undertaken to check standards and service. Residents and relatives confirmed their satisfaction with hospitality services.