



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit A G Eastwood Hostel**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit A G Eastwood Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of A G Eastwood Hostel is three years until 24 November 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:	A G Eastwood Hostel				
RACS ID:	3377				
Number of beds:	100	Number of high care residents:	5		
Special needs group catered for:	Nil				
Street/PO Box:	376 Warrigal Road Kingston Centre				
City:	CHELTENHAM	State:	VIC	Postcode:	3192
Phone:	03 9265 1141		Facsimile:	Nil	
Email address:	debbie.harvey@southernhealth.org.au				

### Approved provider

Approved provider:	Southern Health
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### Assessment team

Team leader:	Gillian Walster
Team member/s:	Robyn Mulder
	Allison Manning
Date/s of audit:	15 September 2009 to 16 September 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
Does comply
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
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	A G Eastwood Hostel
RACS ID	3377

### **Executive summary**

This is the report of a site audit of A G Eastwood Hostel 3377, 376 Warrigal Road, Kingston Centre, CHELTENHAM VIC 3192 from 15 September 2009 to 16 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 18 September 2009.

### **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 A G Eastwood Hostel.

The assessment team recommends the period of accreditation be 3 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 15 September 2009 to 16 September 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 3 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:	Gillian Walster
Team members:	Robyn Mulder
	Allison Manning

## Approved provider details

Approved provider:	Southern Health
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## Details of home

Name of home:	A G Eastwood Hostel
RACS ID:	3377

Total number of allocated places:	100
Number of residents during site audit:	78
Number of high care residents during site audit:	5
Special needs catered for:	n/a

Street/PO Box:	376 Warrigal Road Kingston Centre	State:	Victoria
City/Town:	CHELTENHAM	Postcode:	3192
Phone number:	03 9265 1141	Facsimile:	
E-mail address:	debbie.harvey@southernhealth.org.au		

### Assessment team's recommendation regarding accreditation

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### 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 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
Residential services manager	1	Residents	21
Registered nurses	2	Diversional therapy/lifestyle	4
Care staff	4	General services manager	1
Administration assistant	1	Cleaning staff	2
Catering staff	3	Engineering manager	1
Occupational health and safety manager	1	Acting facility manager	1
Residential quality coordinator	1	Clinical support	1
Deputy director of nursing	1	Infection control consultant	1
Continuing care quality manager	1	Director of nursing-continuing care program	1
Clinical education coordinator	1	Quality and training support	1
Group manager – general services	1	Food services manager	1

#### Sampled documents

	Number		Number
Residents' files	18	Medication charts	11
Summary/quick reference care plans	8	Personnel files	7
Resident agreements	8	-	-



## Other documents reviewed

The team also reviewed:

- 'Opportunity to improve' forms
- 'Purple peril' newsletter
- 'The green guide' our guide to continuous improvement
- Activity briefs folder
- Annual essential safety measures report
- Audit schedules and outcomes folder
- Audit support sheets
- Blood glucose level forms
- Bushfire reflection service
- Business continuity plan for residential services
- Can I bring food for patients and residents brochures
- Care plans, progress notes, veterinary and vaccination records for the home's budgerigar and greyhound.
- Certificate of food safety audit
- Certificate of registration of food premises
- Charter of resident rights and responsibilities
- Cleaning checklists
- Communication book for residents and relatives
- Complaint register
- Complaints information
- Complaints investigation information in languages other than English
- Conducting an audit – powerpoint presentation
- Continuing care cleaning standards
- Continuing care service and quality improvement reports
- Continuous improvement report
- Contracts register
- Daily clinical handover sheet
- Dangerous drug register
- Diabetes management folder
- Diabetes management plans
- Eastwood hostel – lifestyle and therapy records
- Eastwood hostel newsletter
- Eastwood hostel resident family and friends newsletter
- Education evaluation reports
- Education planner
- Emergency procedure manual
- Enhancing practice workshop
- Fire maintenance schedule
- Food safety certificate of audit
- Food safety plan
- Gastroenteritis information sheet
- Gastroenteritis kit folder
- Handover sheets
- Hip protector record
- Improvements achieved in 2009 notice
- Incident report summary
- Infection control analysis and actions
- Infection control manual
- Infection flagging alert tool
- Interpreter service information
- Leisure and lifestyle education folder

- Lifestyle continuing care committee data 2009
- Lifestyle evaluation
- Lifestyle external education 2007-2008-2009
- Lifestyle KPI data collection sheet
- Lifestyle meeting minutes and actions
- Lifestyle recreational profile
- Lifestyle survey
- Maintenance schedule Eastwood Hostel
- Master infection control data
- Material safety data sheets
- Medication competencies for care staff
- Medication protocols 2009
- Menus
- Monthly infection register
- Monthly lifestyle program
- Monthly wound, pressure ulcer risk management summary
- Multi faller case review tool
- Multicultural special function event calendar
- Non-technical inspection records
- Nurses registration
- Observation charts
- Occupational Health and Safety management status report
- Occupational Health and Safety management system action plan
- Occupational Health and Safety management system manual
- Occupational Health and Safety risk assessment worksheet
- Occupational Health and Safety workplace inspection checklist and action plan
- Online incident reports
- Opportunity for improvement register
- Orientation questionnaires
- Palliative care protocols
- Plan for continuous improvement
- Planning and evaluating an outing
- Police checks
- Policies, procedures and protocols
- Position descriptions
- Practice change folder
- Practice change information forms
- Probity checklist
- Proposed lifestyle roster Eastwood hostel 2009
- Protocol for residential care during extreme weather conditions – heat
- Quality committee minutes
- Quality improvement reports
- Quality residential aged care at Southern Health booklet
- Recent improvements notice
- Refrigerator temperature checking chart
- Registered nurses practicing certificates
- Resident agreement
- Resident and friends orientation program
- Resident handbook
- Resident identification form in case of absconding
- Resident infection trend monitoring forms
- Resident infection trend monitoring log
- Resident influenza vaccination data

- Resident menu choice form
- Resident orientation folder
- Resident satisfaction survey
- Resident vaccination information
- Residents' information handbook
- Schedule for employee appraisals
- Self medication assessments
- Southern Health residential services main events calendar
- Southern Health vision, values
- Staff computer training manual
- Staff development attendance list
- Staff handbook
- Staff influenza vaccination uptake
- Staff meeting minutes
- Staff skills competencies
- Support services residential services accreditation folder
- Survey for multicultural afternoon tea
- Temperature checklists
- Training records
- Weight charts
- Wound charts
- Wound management protocols
- Wound management register
- Zone warden brochure
- Zone warden records

## **Observations**

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Evacuation packs
- Evacuation plans
- Fire exits
- First aid stock
- Food retherm units
- General administration area
- Gymnasium/activity room
- Interactions between staff and residents
- Kitchen refrigerators
- Kitchenettes
- Lifestyle noticeboard
- Lifestyle storeroom
- Living environment
- Locked suggestion boxes
- Meals served
- Medication in blister packed dose administration aids
- Medication refrigerators
- Medication rounds
- Medication safe
- Medication trolleys
- Menu boards
- Noticeboards
- Nurses stations

- Oxygen cylinders
- Personal protective equipment
- Personalised resident rooms
- Raised garden beds
- Residents using mobility aids
- Sharps containers
- Spill kit
- Staff rooms
- Staff using personal protective equipment
- Storage of continence aids
- Storage of medications
- Suggestion box
- Welcome signs in various languages

## **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 effective systems in place to identify and action improvements overseen by the Southern Health residential services quality committee. Information is collected from a variety of activities and sources such as audits, resident and staff feedback, risk management activities including incidents and comments and complaints processes to ensure issues related to the four Accreditation Standards are identified. The home’s systems ensure that stakeholders have input into continuous improvement processes through for example, meetings, informal discussions, comment and complaints processes and ‘Opportunity for improvement’ forms. Feedback is provided to stakeholders through meetings and the ‘Orange Oracle’. Collected information that monitors performance and identifies new opportunities for improvements that benefit stakeholders and the operation of the home are actioned. Staff state they are involved in contributing to the pursuit of continuous improvement; residents state the home is responsive to their changing needs.

Examples of continuous improvements in Standard one include:

- The development of a paper based incident reporting system as a result of difficulties in implementing the organisations electronic system. Management said the home is currently transferring to the Southern Health Intranet and computer network service including a computer based incident reporting system to improve access to information and secure storage of computer files.
- A review of personal care attendants protocols to establish contemporary practice and agreed standards for workers. There has been 100 per cent compliance in staff completing and signing off on the protocols.
- The introduction of new audit tools based on the assessment modules and a revised audit schedule in response to feedback from managers and staff. Management said that additional training is to be provided to assist staff in completing the audits as a result of a gap identified in conducting the audits.
- The manager’s office has been relocated to provide an additional treatment room near the nurses’ station. Management said that the new office allows easier access for residents from both wings and the manager can now oversee the entrance of both wings.
- Position descriptions have recently been updated. Signed copies were sighted in staff personnel files.

### **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

A G Eastwood hostel as part of a larger organisation subscribes to a legislative alert system and is a member of relevant of peak bodies. Policies and procedures are individually referenced to the relevant laws, acts, regulations, codes of conduct and practice and standards and guidelines and they are regularly reviewed by the internal review schedule or

when changes are required. Regulatory compliance is a standing agenda item at relevant committees and information is communicated to staff and residents through practice change memos, notices, staff orientation, residents and staff handbooks and information packages and education. Compliance is monitored through audits, data analysis, complaints, incident reports, surveys, appraisals, competency checks and observation. Staff have police criminal checks through a centralised process and the central human resources department uses a six monthly audit to ensure all updates are undertaken. A police register is retained for all staff, external contractors and volunteers.

### **1.3 Education and staff development**

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

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

Does comply

The home has an education program in place to ensure staff have the required knowledge and skills to perform their roles effectively. Learning and development goals and performance goals are identified through appraisal processes and training needs are identified through audit results, observations, staff and resident requests, regulatory requirements, incident reports, 'Opportunity to improve' forms, competency testing, current residents' care needs and feedback processes. Staff are currently completing a training needs analysis. An education activity brief has been developed as a result of gaps identified in the education program and an education calendar has been implemented for the remainder of this year. Staff attendance and evaluations are generally recorded. A variety of internal and external educational opportunities including practice change processes and a mandatory education program are offered. Staff interviewed are generally satisfied with the education available and said the home supports ongoing learning and development.

Examples of recent education and practice change information relating to Standard one include:

- Guidelines for quality and service improvement in residential service practice change information.
- Managing and minuting meetings attended by the administration assistant.
- A staff computer training manual has been developed and information technology training is to commence for staff in using the incident reporting system, intranet and on line education.

### **1.4 Comments and complaints**

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

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

Does comply

Residents, relatives and staff have access to internal comments and complaints processes, independent complaints resolution and advocacy services including a community liaison officer. Residents are informed of the comment and complaints processes available to them on entry to the home. Information about the comment and complaint processes is displayed in both wings of the home. Residents and representatives have access to other avenues for raising issues of importance to them including resident meetings, 'Opportunity to improve' forms, satisfaction surveys and direct access to management through an 'open door' policy, however informal complaints are not captured. Residents and staff said they are aware of the formal comments and complaints processes and that issues raised either formally or informally are generally addressed appropriately.

### **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 documented mission, vision, values and statement of commitments. These are included in information provided to residents and staff and are displayed within the home along with the resident rights and responsibilities. Management demonstrates its commitment to the provision of quality via all components of the quality management system and management takes an active role in promoting the homes values with residents, staff and stakeholders. The overriding values of the organisation are to promote a better health for our community; this commitment has been determined by feedback from all staff and is displayed on all information at the home and on noticeboards.

### **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

Southern Health recruitment, selection and appointment processes are in place to ensure appropriately skilled and qualified staff are employed to provide care and services at the home. The manager who is a registered nurse division one provides overall supervision, support and guidance and is supported by registered nurses division one, registered nurses division two including medication endorsed and personal care attendants. Credentials are checked prior to employment. Clinical supervision is provided at night from the site nursing supervisor. Lifestyle and leisure, hospitality, maintenance and administration personnel complement the clinical care services. A 'buddy shift' is provided for new staff. Orientation is conducted for permanent and bank staff, contractors and volunteers including privacy and confidentiality, relevant policies and procedures, occupational health and safety and infection control. Appraisals are performed annually. Position descriptions are available for all staff including skills and knowledge required for each position. Residents said they are satisfied with the care and services provided and the responsiveness of staff.

### **1.7 Inventory and equipment**

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

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

Does comply

The home has systems in place to ensure appropriate stocks of goods and equipment are maintained. The organisation procurement department is responsible for all equipment and supplies. There is an ordering, monitoring and rotation process in place for clinical and non-clinical items. Stock is checked on delivery and there is a return process for unsuitable goods. Equipment is maintained through the preventative maintenance schedule, biomedical engineering regularly calibrates equipment and the maintenance request process is conducted electronically with emergency maintenance issues telephoned through to the engineering department for immediate attention. New equipment is assessed for suitability in the procurement department by clinical staff and occupational health and safety staff. Stock, equipment, chemicals and medications are generally securely and appropriately stored in

clean, well-organised areas and stock rotation is evident. Staff report that they have adequate and appropriate access to all stock and equipment required.

### **1.8 Information systems**

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

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

Does comply

Management and staff have access to information that is accurate and appropriate to their roles including a suite of protocols and guidelines. Residents and representatives are provided with information that is appropriate to their needs and that assists them to make decisions about their care and lifestyle. Resident and personnel files are ordered and well maintained. Confidentiality and security of staff and resident information is maintained at all times. Electronic systems are password protected; there is back up of computerised documentation. Archived material is stored in secure areas pending destruction according to legislative procedures and managed by the medical records department. Mechanisms for example, staff education, notices, memoranda, newsletters, orientation, handovers and informal communication support a formalised meeting structure. Residents said they are provided with information that is appropriate to their needs.

### **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 has systems in place to ensure the quality and suitability of externally sourced services. External contractors have signed service agreements that specify standards of service delivery including key performance indicators and privacy and confidentiality. Southern Health contracts are managed centrally in conjunction with the facility manager who manages local contracts; the engineering department manages maintenance contracts. There are probity processes in place for regular contractors. All contracts are approved, negotiated, monitored and reviewed. Contractors are provided with an induction prior to commencing work. Monitoring of external services is through feedback from residents, representatives and staff. A list of approved providers is maintained. Residents are satisfied with the services provided by 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 has an established continuous improvement system that demonstrates improvements in resident health and personal care. For a description of the homes' system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of continuous improvements relating to Standard two include:

- The implementation of a suite of assessments, care planning and evaluation forms in response to feedback from staff in relation to the existing suite of forms. Evaluation occurred in May 2009 indicating staff are satisfied with the new processes.
- The modification of the handover sheet to include a photograph of residents with their details to give clear identification for agency and bank staff. Staff indicate they are happy with the new handover sheet.
- The appointment of a support person to safely porter residents to and from appointments including the use of a car. This has resulted in improved resident safety.
- The implementation of a flow chart for blood glucose levels as a result of an audit resulting in improved monitoring and management of residents with diabetes.
- The introduction of a 'resident of the day' protocol and checklist.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has systems in place to ensure regulatory compliance obligations and professional standards to support and ensure health and personal care needs are identified and met. Processes ensure professional registrations and endorsements of all care staff are monitored and updated as required. Medications are stored and administered in accordance with legislation. Staff are aware of legislative and regulatory requirements and report that they receive appropriate information and training when changes occur.

Refer to expected outcome 1.2 Regulatory compliance for further details.

### **2.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the home’s staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education and practice change information relating to Standard two include:

- Assessment of the elderly client
- Beyond maturity blues.
- Parkinson’s disease.
- Leg and long bag management for catheters.
- Falls prevention protocols and documentation.
- Medication competencies.
- Nutrition and weight management.
- Pain assessments.
- Working with people with mental illness – two sessions conducted in September 2009 and further sessions scheduled later in the year.
- Upgrade of blood glucose meters.
- Palliative care.
- Personal and skin care.
- Behaviours of concern.
- Absconding or missing resident protocol practice change information.
- Monitoring patients, consumers, residents post fall protocol practice change information.
- Wound management protocol practice change information.
- Resident assessment, care planning and evaluating resident care practice change information.
- Nurse liaison positions are being introduced into the home such as diabetes, falls prevention, continence management, skin care, wound management and nutrition and hydration. Education and mentoring for these positions will be conducted by the manager of the home.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The home provides clinical care appropriate to the needs and preferences of residents. Assessments are performed on entry to the home and on a regular basis to ascertain residents’ clinical requirements. This information is used to collate care plans that provide instruction to guide care staff in the provision of clinical care. Care plans are evaluated on a regular basis by registered nurses and residents and representatives are consulted during the care planning process. Medical staff are accessed to review residents in a timely manner and staff confirm that they are familiar with the care needs of their residents. Residents confirm they are satisfied with the clinical care provided to them.

## **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

The home is able to provide specialised nursing care by appropriately qualified staff. The home has policies and procedures available to guide care staff in the provision of specialised care to residents. Assessments of residents complex care requirements are performed on entry to the home and again thereafter or when residents’ needs change. Instructions detailed on specialised care plans are clear and include the designations of staff responsible for attending to complex needs. Specialised care plan evaluations occur on a regular basis as part of the care plan evaluation process. Review of documentation indicates that staff monitor the complex nursing care needs of residents and refer to appropriate health professionals for review and management of specialised needs. Residents confirm that their specialised nursing care needs are met.

## **2.6 Other health and related services**

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

### **Team’s recommendation**

Does comply

The home is able to refer residents to appropriate health care professionals for review and management of residents’ health care needs. Assessments are performed of residents’ needs and preferences and referrals are made in a timely manner when required. Care plans are reflective of the reviews of these health professionals. Review of documentation indicates that these health professionals are accessed in a timely manner, and that routine care provided to the residents includes instruction from these health professionals. Staff confirm that they have systems in place to refer residents at risk of poor health to health professionals, and residents confirm that they have access to the appropriate specialists as required.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that residents’ medication is managed safely and effectively. The home has policies and procedures available to guide care staff in the administration of medication, and staff responsible for medication administration undergo competency testing. The home has processes in place to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Medication charts contain clear instruction of residents’ individual medication requirements to guide care staff, and residents’ who manage their own medication are assessed as safe to perform this task. The home has instituted regular auditing processes to monitor staff practices in medication administration and these have resulted in identifying areas for improvement. Staff confirmed their participation in medication education, and residents indicated their satisfaction with the home’s approach to managing their medication requirements.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The home is able to provide care to residents to ensure they are as free as possible from pain. Assessments of residents' pain levels are performed and information regarding the type of pain and factors that may exacerbate pain conditions are investigated. The home uses assessment tools to ascertain the pain levels of residents who may not be able to express pain verbally. Care plans detail strategies to provide pain relief and the home uses both pharmacological and non pharmacological methods to provide pain relief. Residents at increased risk of pain undergo additional monitoring and referral to health professionals to ensure pain relief methods employed are effective. Residents are satisfied with the home's approach to managing their pain, and that staff are attentive to their pain management requirements.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

The home has processes in place to provide care to residents who are terminally ill that promotes their comfort and dignity needs. Residents are assessed for their preferences in regard to end of life care, and care plans are formulated to provide instruction to care staff that is reflective of these end of life wishes. The home has access to external palliative care providers that are available to provide expert assessment and management of residents' complex needs during palliative care. The home also accesses medical care for residents as necessary, and this occurs in a timely manner. Additional nursing care provided to residents during palliative care includes additional pain assessment and management, oral care skin care or nutritional support. Review of documentation indicates the home considers cultural and emotional support at this time, and family involvement is facilitated and encouraged.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

The home has processes in place to ensure residents are provided with adequate nutrition and hydration. Residents are assessed for their nutritional and hydration needs and preferences and this information is provided to hospitality staff to assist in the provision of food and drink choices. Residents are monitored for their nutritional status on a regular basis, and there are clear protocols for staff to follow in the event of residents' unplanned weight alteration. The home has access to dieticians who are available to review residents at risk of altered nutrition or hydration. Staff were seen to be assisting residents with their meals, however residents' satisfaction with the food provided in the home was not consistent.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

The home has systems in place to promote residents skin integrity consistent with their overall health. The home uses skin assessment tools to identify residents at risk of skin breakdown and care plans identify strategies to reduce this risk. Strategies used to promote skin integrity include the use of emollient creams, or repositioning. Residents at particular risk for skin breakdown are assessed and additional strategies employed. The home has clear protocols for wound assessment and management with wound dressings being managed by registered nurses. Residents are satisfied with the home’s approach to maintaining their skin integrity.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

The home has processes in place to ensure residents continence and toileting requirements are managed effectively. The home assesses residents continence needs and assistance residents’ require when attending the toilet. Care plans outline strategies to promote continence levels as well as those to promote independence when going to the toilet. The home refers residents when required for additional assessment for their continence management. Staff confirm they have access to sufficient continence aids for residents assessed needs, and residents indicated the home assists them in managing their continence requirements.

## **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 is able to provide care for residents with challenging behaviours. Residents’ behaviours are assessed on entry to the home and again on a regular basis thereafter as necessary. Residents who may display challenging behaviours undergo additional monitoring and review. Care plans contain strategies to manage behaviour that are individual to residents’ particular requirements. The home is able to access health professionals in a timely manner for residents who require additional review and management of challenging behaviours. The home’s activity programs are also designed to provide additional strategies for managing the challenging behaviours of residents. Staff have received education in managing challenging behaviours and were seen to be providing assistance to residents in a respectful manner.

## **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 provides care that promotes residents' mobility and dexterity. The home assesses residents' mobility capacity in consultation with a physiotherapist and exercises are devised to promote optimum mobility and dexterity. These exercises are included in care planning documentation as a guide for care staff, with some residents having access to exercise equipment to use as preferred. Residents at risk of falling undergo additional assessments and strategies to prevent the occurrence of falling are employed. Incidences where residents have falls are managed according to the home's protocols and a review of residents' mobility levels occurs afterwards. Staff were seen to be assisting residents to mobilise using their mobility aids, residents confirm their mobility and dexterity is encouraged.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

The home has processes in place to promote residents oral and dental health. Assessments of residents' oral and dental health are performed on entry to the home and again thereafter and care planning documentation indicates residents' preferences for oral hygiene and dental review. Residents are referred to oral and dental health professionals for assessment and management of oral health problems and care plans are reflective of these reviews. Staff assist residents to maintain their oral health and residents confirm their oral and dental health is attended to as part of the care provided.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

The home has systems in place to ensure residents' sensory loss needs are identified and managed. Assessments of residents' sensory losses are performed, and care plans outline the sensory deficits that residents may experience. Care plans also detail any aids residents may require and the care required for these aids. Residents are referred to health professionals for additional review and management of sensory losses or adjustment of any aids. Strategies to promote adequate communication for residents with sensory loss are also included in care documentation for staff to access as necessary. Residents are satisfied with the home's management of residents' sensory losses.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

The home provides care to residents to assist them in achieving natural sleep. Assessments of residents' typical sleep patterns occur, and these are used in care planning documentation to indicate residents sleep needs and preferences. Strategies included in care plans include settling and waking times, nap times, or bedding and environmental preferences for sleep.

Both pharmacological and non pharmacological methods are used to promote sleep. Review of documentation indicates that staff are available to assist residents if they are unable to settle overnight and residents indicate that staff assist them in meeting their need for sleep.

## **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 actively pursues continuous improvement in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of continuous improvements relating to Standard three include:

- The implementation of a lifestyle program for residents with ‘sundowning syndrome’ conducted 4.00pm to 7.00pm three days a week and has assisted in settling residents.
- The introduction of ‘armchair travel’.
- A new veterinary surgeon has been sourced for the home’s greyhound and budgerigar including the introduction of care plans for both animals and documentation of veterinary visits and vaccinations.
- The implementation of a new lifestyle office has resulted in improved access for residents to the lifestyle staff.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to ensure compliance with regulatory obligations in relation to resident lifestyle. Policies, procedures and information available for staff and residents reflect mandatory requirements in relation to elder abuse, missing residents and privacy principles. The Charter of residents’ rights and responsibilities is included in admission information and is on display. Residents authorise consent for the use of personal information, activities, photographs and names displayed. Documentation confirms that the home complies with legislative and regulatory requirements. Refer to expected outcome 1.2 Regulatory compliance for further information.

### **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 shows that management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the home’s staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education and practice change information relating to Standard three include:



- Lifestyle towards better practice.
- Dementia and change in sexual behaviour.
- Depression and older people.
- “PEPA’ program of experience in the palliative care approach.
- ‘Brain gym’ workshop.
- Security of tenure practice change information.
- Assault – identifying and reporting in residential aged services – practice change information.

### **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 care needs are effectively managed by staff. The home has a system in place to support residents’ adjustment to life in the home’s environment. The resident handbook provides prospective and new residents and their representatives with information regarding the services available and new residents are orientated to their physical surroundings and introduced to other residents. Residents’ files confirm that the social, cultural and spiritual history details and support needs are documented and are used to formulate individualised care plans that are regularly reviewed and evaluated. The home recognises individual needs and emotionally supports each resident to feel safe and settled in their environment. Residents and representatives interviewed said they are well supported by staff in adjusting to their life within the home.

### **3.5 Independence**

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

#### **Team’s recommendation**

Does comply

The home has effective systems in place to assist and encourage residents to achieve maximum independence, maintain friendships and participate in community life as appropriate. Residents are assessed and individual strategies are implemented to promote independence and provide assistance with shopping and visits to family and friends, clubs, church, and restaurants. Staff support residents within the centre by facilitating community groups and volunteers to attend the home to provide support and friendship and by encouraging resident use of the café, the gift and opportunity shops and enjoyment of the extensive centre grounds. There are aids and equipment to promote independence in the areas of mobility and transfer, meals and drinks, and leisure activities including a resident who volunteers at the centre opportunity shop and another resident who has responsibility for the care of a dog kept at the home. Residents confirm they are satisfied with the assistance the home provides in promoting their independence and continuing participation in community lifestyle.

### **3.6 Privacy and dignity**

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

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

Does comply

Respect for residents' rights are demonstrated by the organisation value statement, policies, procedures and staff practices with residents' privacy, dignity and confidentiality valued and considered. Each resident has their own lockable room with a shared bathroom. Residents authorise consent on entry for the use of personal information, photographs and displaying of names and photographs in the home. Confidential documentation is securely stored and there is a process for destruction of documentation. Electronic information is password protected with restricted levels of access. Small lounges, outdoor courtyards, garden areas, recreation room, the chapel and the extensive centre grounds provide areas for private social gatherings and quiet reflection. Interviews with staff and the team's observations of staff practices and interactions with residents demonstrated affection and respect towards the residents. Residents report that their privacy and dignity is respected by staff and volunteers at the home.

### **3.7 Leisure interests and activities**

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

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

Does comply

The home has effective processes to support and encourage residents to participate in a wide range of activities and interests with a varied activity program to cater for residents' psychosocial, emotional and physical needs. Residents' personal profile including leisure and lifestyle preferences are assessed following entry to the home and individual lifestyle care plans are formulated, participation is monitored and plans regularly reviewed. The lifestyle program is provided seven days a week, with a wide range of individual and group sessions and caters for social interaction and physical activities, is supported by volunteers and includes a newly commenced program for residents with sundowners issues. The monthly activity calendar is displayed on noticeboards and the daily program is written each day on the whiteboard. Residents and representatives are able to have input into the program through meetings, and directly to the activity staff. Staff demonstrated a comprehensive understanding of residents' individual preferences and residents confirmed their ability to actively participate in decisions relative to their needs, and that staff continually respect their right to take part in activities as they choose.

### **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 has systems in place that support and value residents' individual interests, customs, beliefs and cultural backgrounds. Residents' individual cultural / spiritual and leisure needs are discussed with the resident and representatives when they enter the home, are documented and provision is made for the celebration of special national, cultural and religious days or spiritually significant events. Regular religious services are provided for residents who wish to participate and some residents choose to visit church services in the local community. There are links with community and cultural groups and the organisation values are maintained. Staff demonstrates an understanding and respect for residents'

cultural and spiritual needs. Residents are satisfied with the homes level of support for the interests, customs and beliefs of individual residents.

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

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

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

Does comply

The rights of residents to make decisions and exercise choice and control over their lifestyle is recognised and respected. Residents' individual preferences are identified through assessments, ongoing consultation, comments and complaints process, meetings, surveys and individualised care plans are formulated and reviewed on a regular basis. Appropriate information is provided about the kinds of services residents can receive, through the resident handbook, at resident meetings, noticeboards and memoranda displayed in the home which includes advocacy and interpreter services and the internal and external complaints mechanism. Residents are able to exercise choice with personal care, meals, sleep, lifestyle activities and are encouraged to personalise their rooms with their own individual items.

### **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

Management demonstrates that residents and representatives are provided with information about security of tenure and information about residents' rights and responsibilities. Residents are offered a residency agreement, which includes information for residents regarding fees and charges, their security of tenure and is supported by the organisation admission/placement officer. Information about the internal and external complaints mechanisms, resident rights and responsibilities are provided in a resident's handbook and are on displayed in the home. All residents' financial files and agreements are securely stored to maintain privacy and confidentiality. Residents interviewed said they are satisfied with the information the home provides regarding security of tenure, and they feel secure with regards to their tenure at the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has a system that demonstrates ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of continuous improvements relating to Standard four include:

- As a result of a project with the dietetics department at the Kingston Centre reviewing the nutritional status of residents’ dietary information recommended by the dietitian and speech pathologist is now displayed in the kitchen and dining room to ensure residents receive the correct food consistency.
- As a result of an audit storage areas were reviewed and a secure chemical storage and an additional treatment room have been introduced.
- As a result of resident feedback the installation of a digital aerial to enable residents access to digital television.
- As a result of a donation a flat screen television will be purchased for the enjoyment of residents.
- The purchase of outdoor furniture and a barbeque to enhance the menu choices offered to residents.
- The establishment of a project group to oversee the refurbishment and repairs to resident rooms.
- The development of cleaning schedules as a result of an audit has resulted in better cleaning outcomes for the home.
- As a result of a resident survey labelling of residents clothes has commenced to decrease the number of lost articles. This was introduced in September 2009 and has not yet been evaluated.
- The decommissioning of the hairdressing salon as a result of infection control issues and resident safety. Residents are able to access the hairdresser at the main centre and are provided with transport if required.
- The introduction of welcome signs in different languages at the front door.
- The introduction of guidelines for extreme weather.

### **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 systems in place related to compliance with legislative and regulatory requirements in relation to the physical environment and safe systems. Essential services contractors and the organisation engineering department monitor and maintain safety and security systems. The home complies with building codes and standards. A food safety plan is in place and includes audits and external and internal inspections which demonstrates compliance with current food safety requirements. Staff report and documentation and observation confirm that the home complies with regulatory requirements in relation to the

physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for further information.

#### **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 ensures management and staff have the appropriate knowledge and skills to effectively perform their roles in the area of physical environment and safe systems. For a description of the home's education and staff development processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education and practice change information relating to Standard four includes:

- Sharps and linen handling.
- Evacuation exercise.
- Smoke free exemption protocol.
- Smoke free staff support practice change information.
- Emergency equipment and its application.

#### **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

Situated in the Kingston centre complex, AG Eastwood home provides accommodation for residents in single rooms with ensuites shared with one other resident. The internal and external environments provide residents with a choice of outdoor living areas and communal areas to enjoy or entertain their visitors or spend quiet private time. The home's preventive maintenance is conducted according to annual schedules, systems are in place for reactive maintenance issues and audits are regularly conducted to ensure the home is safe for residents and staff. The home maintains a comfortable environment with effective heating and cooling systems. The outside courtyards and garden areas and extensive grounds are well maintained. Residents and staff confirm a high level of satisfaction with the living environment provided at the home.

#### **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

Occupational health and safety policies and procedures are in place to support the provision and maintenance of a safe working environment. Occupational health and safety is managed utilising a new occupational health and safety improvement system which is referenced to Australian standards and is currently being introduced across the organisation. The occupational health and safety representative conducts inspections, audits, addresses issues of concern and reports to committee meetings and reports back to staff through the staff meeting process. Review of documentation demonstrates the home monitors the safety of

the environment and takes corrective action where deficiencies are identified. Incident data is tracked, analysed for trends and interventions put in place as appropriate. Staff report and observation confirms that the home supports staff effectively and provides 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 policies and procedures to guide staff and residents in the event of a fire, security breach and other emergencies. An emergency procedure manual is available for staff; a standardised colour coding system is used for emergencies. The home is fitted with appropriate fire detection and safety equipment. Evacuation plans and emergency exits are located throughout the building; all fire exits have clear egress and ingress. There are emergency kits available which contain a current resident list with mobility needs identified. The home has specialist contractors to conduct scheduled essential service equipment maintenance. There are security services on site who conduct regular patrols of the home. Staff are provided with education at orientation and ongoing in all aspects of managing fire and other emergencies including natural disasters. Residents said they are confident that staff are aware of what to do in the event of a fire or other emergency.

#### **4.7 Infection control**

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

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

Does comply

Policies and procedures are in place to guide staff at minimising risk of infections within the home including outbreak management. The home has recently undergone an extensive evaluation of the infection control program with a comprehensive action plan developed. Infection control portfolio holders are responsible for infection control locally overseen by corporate infection control personnel. Staff are informed of current practices appropriate to their area of practice at orientation and at other times however, the home has identified gaps in the education program which are currently being addressed. Staff are provided with personal protective equipment. Residents at risk of recurrent infection have interventions documented on care plans. Infections are identified, treated and documented. However, resolution of infections is inconsistently documented. Residents and staff are offered immunisations and records are maintained. Audits are used to monitor infection control practices. Catering, cleaning and laundry services are provided according to the policies and procedures of the home and legislation. The team observed care staff using correct hand washing techniques and hospitality staff demonstrated infection control principles in their related work areas.

#### **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

Cook chill food is provided by the central production unit to each unit at the home and completed in the finishing kitchens. Processes are in place to maintain food hygiene, to ensure safe work practices and compliance with food handling requirements and storage. Catering staff have access to relevant resident information identifying specific food and

nutrition requirements. The menu is reviewed by the dietitian. A recent resident satisfaction survey and minutes of resident meetings note residents concerns relating to choices of food available to them. Residents said they are generally not satisfied with the food provided by the home however, alternatives are available to them for every meal and staff generally assist them to provide suitable food choices.

Southern Health Support Services manages the cleaning and laundry services at the home. The cleaning schedule takes into account the current needs of residents including the frequency of cleaning rooms, the general living environment and staff areas. Flat linen is sent to an external provider and personal laundry is provided on site. Residents said they are generally happy with the cleaning and laundry services provided by the home.