



Aged Care  
Standards and Accreditation Agency Ltd

## **Andrews House**

### **Approved provider: West Gippsland Healthcare Group**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 13 December 2014. We made the decision on 14 October 2011.

The audit was conducted on 20 September 2011 to 21 September 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

Home's name:	Andrews House				
RACS ID:	3387				
Number of beds:	50	Number of high care residents:	48		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Dementia secure unit</li> </ul>				
Street:	42 School Road				
City:	Trafalgar	State:	Victoria	Postcode:	3824
Phone:	03 5637 4100		Facsimile:	03 5633 1018	
Email address:	Nil				

### Approved provider

Approved provider:	West Gippsland Healthcare Group
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### Assessment team

Team leader:	Susan Hayden
Team member:	Deanne Maskiell
Dates of audit:	20 September 2011 to 21 September 2011

**Principle:**

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

**Principle:**

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

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

**Principle:**

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

**Principle:**

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Site Audit Report

Andrews House 3387

42 School Road

TRAFALGAR VIC

Approved provider: West Gippsland Healthcare Group

## Executive summary

This is the report of a site audit of Andrews House 3387 from 20 September 2011 to 21 September 2011 submitted to the Accreditation Agency.

## Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 Expected outcomes

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 20 September 2011 to 21 September 2011.

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

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

## Assessment team

Team leader:	Susan Hayden
Team member:	Deanne Maskiell

## Approved provider details

Approved provider:	West Gippsland Healthcare Group
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## Details of home

Name of home:	Andrews House
RACS ID:	3387

Total number of allocated places:	50
Number of residents during site audit:	48
Number of high care residents during site audit:	37
Special needs catered for:	Dementia specific

Street:	42 School Road	State:	Victoria
City:	Trafalgar	Postcode:	3824
Phone number:	03 5637 4100	Facsimile:	03 5633 1018
E-mail address:	ormond.pearson@wghg.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management, administration, and other organisational staff	7	Residents/representatives	15
Nurses, care, lifestyle staff and occupational health and safety staff	15	Hospitality and allied health	7

### Sampled documents

	Number		Number
Residents' files	12	Medication charts	10
Summary/quick reference care plans	7	Staff records	8
Resident agreements	5	External services agreements	4

### Other documents reviewed

The team also reviewed:

- Andrews House newsletter
- Audits, schedule and reports
- Catering and cleaning documentation
- Change of classification status letter
- Clinical and care records
- Comments and complaints/compliment forms and monthly data
- Communication books
- Continuous improvement records
- Diet and nutrition records/lists/allergies
- Education records, calendars
- Environmental surveillance data
- Essential services measures report May 2011
- Fire and emergency records
- Incident management system
- Infection control records
- Job descriptions/duty lists
- Jobs risk analysis forms
- Key performance indicator data
- Laundry documentation
- Legislative update information
- Lifestyle documentation
- Maintenance records
- Medication competencies
- Meeting minutes
- Memoranda
- Occupational health and safety report
- Orientation and recruitment records
- Police check and statutory declaration records/register
- Policies and procedures
- Privacy and photograph consent forms

- Resident and staff information packs
- Smoking risk assessments
- Specialised nursing care records
- Specialist/allied health referrals and reports
- Staff rosters and staff appraisals
- Surveys, audits and reports
- Workplace exercises

## **Observations**

The team observed the following:

- Accreditation audit notice
- Activities in progress
- Activity noticeboards and planner
- Aged care brochures
- Archived documents
- Chemical storage
- Cleaning in progress
- Clinical equipment and stock
- Comments and complaint forms
- Compliment and complaint box
- Confidential destruction bin
- Consulting room
- Emergency evacuation maps
- Equipment and supply storage areas
- Evacuation packs
- Fire fighting and fire detection equipment
- Hazard signage in use
- Interactions between staff and residents
- Keypad secure doors
- Kitchens and meal service
- Laundry
- Living environment – internal and external
- Magazines and books
- Material safety data sheets
- Menu boards
- Outbreak starter kits
- Oxygen signage
- Palliative care equipment
- Part erection of boundary fence
- Personal protective equipment
- Pressure relief and mobility aids
- Serenity room
- Storage and administration of medications
- Tagged electrical equipment
- The charter of residents' rights and responsibilities
- Vision, mission, values and philosophy of care

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

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

### **1.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Management drives the active pursuit of continuous improvement through well established quality systems and processes that ensure the involvement of key personnel, staff and residents. Supported by the West Gippsland Healthcare Group and operating within its overarching quality framework, an annual business plan is developed reflecting identified needs and objectives. Action plans are developed to guide the implementation and monitor the progress of continuous improvement initiatives and the results are evaluated and documented. Opportunities for improvement arise from quality monitoring processes including resident and staff suggestions/feedback, complaints, compliments, scheduled audits, incidents, surveys and meetings. Continuous improvement is a standing agenda item at stakeholder meetings. Documentation shows and staff, residents and representatives confirm their opinions and suggestions are actively sought and that management is responsive.

Recent improvements in relation to Accreditation Standard One include:

- As part of the West Gippsland Healthcare Group the home has embraced the concept of lean thinking to streamline management processes. The re-design of the treatment room has saved time and enhanced the management of stock. Cupboard doors have been removed, areas have been zoned and coloured, photographs taken and displayed. Staff can immediately see and identify the location of equipment, monitor stock levels and re-order in a timely manner to ensure sufficiency of stock.
- The introduction of an electronic police check management system has enhanced efficiency of managing police check records.
- Following the difficulty of filling vacancies in the dementia secure area five of the 15 beds in this wing have been re-allocated to general beds ensuring full occupancy.
- Following a review of study leave management identified there was no formal process for staff to provide feedback after attending courses or conferences. A concise study day summary sheet has been developed to guide staff in providing relevant feedback. Staff have enhanced their ability to present at meetings and have provided their colleagues with interesting feedback.
- The education of staff who are ‘in charge’ of the home after hours to assist their ability to manage concerns or issues effectively. These staff report increased confidence in their ‘in charge’ role and in using appropriate pathway resource information to guide them.
- In response to a resident request staff wear visible name badges; resident/representative feedback is positive.

## **1.2 Regulatory compliance**

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

### **Team's findings**

The home meets this expected outcome

Systems are in place for identifying and assessing the impact of legislative changes and for implementing relevant and updated legislative requirements, regulations and guidelines. Management receives information on legislative and regulatory updates and guidelines from the government and aged care industry and professional associations. Policies and procedures are reviewed and updated by the West Gippsland Healthcare Group as required; documentation and staff confirm that the information is communicated. Systems in place ensure that probity checks and renewals are current and valid for staff, contractors and others as required. Management ensures there is access to internal and external complaint processes and residents and representatives confirm that they were informed about the accreditation audit.

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

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

### **Team's findings**

The home meets this expected outcome

The home identifies education needs for management and staff through a variety of means including performance appraisals, requests by staff, analysis of audit results, incident reviews, clinical data reviews, changes in legislation and changes to policies and procedures. Management ensure staff have appropriate skills and knowledge through observations, competency testing, audits and performance appraisal reviews. Education calendars are developed in response to the needs of the home, staff and residents. Mandatory training sessions are monitored for attendance. Management amends the education calendar throughout the year to include additional education opportunities as necessary. Education attendance records and evaluations are completed. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Recent education relating to Standard One includes:

- Reception and administration processes
- Professional conduct
- Incident reporting
- Resident petty cash administration.

## **1.4 Comments and complaints**

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

### **Team's findings**

The home meets this expected outcome

Residents and their representatives are informed about the internal and external complaints processes prior to and when they move into the home. Information about both complaint mechanisms is available in resident handbooks and discussed at staff and resident meetings. Relevant brochures and forms for completion are displayed in the home; there is a process for protecting confidentiality if preferred and staff assist less able residents where

required. A review of relevant documentation confirms that complaints are actioned appropriately with feedback provided. Residents and representatives report that staff are very friendly and supportive and they are comfortable making comments or raising issues directly with them. Residents and representatives and staff confirm their knowledge of the complaints processes and satisfaction with management response to issues if raised.

### **1.5 Planning and leadership**

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

#### **Team's findings**

The home meets this expected outcome

The home has documented and displayed within the home the organisation's vision, mission, value statements and commitment to quality of care and service for residents. The organisational structure ensures overall leadership, strategic direction and resources to support the home in meeting the commitment to quality outcomes. Residents confirm satisfaction with the quality of care and services.

### **1.6 Human resource management**

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

#### **Team's findings**

The home meets this expected outcome

The home ensures staffing levels and mix is appropriate to the needs of the residents. Recruitment and orientation policies and procedures are in place to ensure appropriately skilled staff are employed at the home. Regular staff appraisals are conducted and staff educational needs are identified. Staff confirmed they are required to complete mandatory training in addition to other topics and have received orientation to the home applicable to their roles. Residents and representatives were complimentary about the level of care provided and knowledge 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 findings**

The home meets this expected outcome

Systems are in place ensure there are sufficient stocks of appropriate goods and equipment available for quality service delivery. An organisational product evaluation committee trials and evaluates new equipment as applicable and there are processes for identifying preferred equipment and suppliers. The sufficiency of clinical and other stock levels is monitored, expiry dates are checked and supplies are re-ordered through the organisational supply department or approved external suppliers. An organisational maintenance officer attends to responsive maintenance in a timely manner and an electronic preventative maintenance schedule ensures that equipment is well maintained; contractors' attendance for periodic servicing of equipment is monitored. Electrical equipment is tested and tagged as required. Stock and equipment storage areas were observed to be sufficiently stocked and secure where required. Staff and residents confirm sufficient supplies of quality stock and that equipment is in good working order.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

Information systems demonstrate effective recording, reporting, analysis and storage of relevant and required information and confidential information is secured where required. Shift handovers provide updated information relative to residents' current needs; care staff carry hand held computers for ready access to residents' care needs. There is regular communication between management, staff and key organisational personnel through emails, meetings, memoranda and formal and informal interaction. Policies and procedures and other information to guide care and work practices are accessible; computer systems are password protected and backed up. Stakeholders have access to minutes, intranet, noticeboards, flyers, activity planners, newsletters and staff and resident information books. Residents confirm they are consulted about their needs and preferences and their satisfaction with provision of information.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

There are systems in place to ensure the quality and suitability of externally sourced services. As part of a larger health organisation, the engineering department coordinates and manages most contracts. Signed agreements are in place which set out the service, standard and terms and conditions of the services to be provided. Processes in place ensure probity checks are undertaken and that work safety requirements are followed; contractors are inducted and sign in when attending the home. The quality of services and goods is evaluated and reviewed in accordance with agreed standards and service needs. There are systems in place to manage any performance issues as necessary. Staff and residents confirm satisfaction with the services provided by the home's external service providers.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's findings**

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident health and personal care are effective and ongoing. For a description of the home's system of continuous improvement refer to Expected outcome 1.1 Continuous improvement. Residents and their representatives report they are consulted about their care and confirm satisfaction with the care provided. Key performance indicators relative to falls, pressure areas, polypharmacy, weight and restraint are collated quarterly and benchmarked with like homes.

Some recent continuous improvements relating to Accreditation Standard Two include:

- The purchase of notebook computers for the different wings so staff do not need to leave the wing to document care notes. Documentation is more accurate and attended at an appropriate time; staff remain in the wing to supervise residents and can access the intranet and online resources.
- Purchase of a special automated pressure relieving bed to enhance the management of palliative residents. The bed is programmed to turn and tilt at set intervals to relieve pressure and enhance a resident's comfort. These features also make it easier to change linen, reduce the risk of staff injury and enhance time management by reducing physical care time. Management continues to liaise with the company to improve the outcomes for residents.
- Review and re-design of the schedule eight patch application document. Excess columns which were confusing for staff have been removed to streamline the process. Staff feedback is positive and compliance with documentation requirements has improved.
- The administration of medication competency has been updated to include non packaged medications to ensure staff are assessed for safe and correct administration of these medications.
- The purchase of a tilt shower chair has improved the ease of showering and managing the personal hygiene of a resident with minimal physical movement.
- Verification of death training for registered nurses has enhanced their confidence in this process particularly for those who are 'in charge' at the home after hours.
- The purchase of two floor line beds which has enhanced residents' safety.

### **2.2 Regulatory compliance**

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

#### **Team's findings**

The home meets this expected outcome

Management has systems in place to identify and ensure the home meets regulatory requirements relative to health and personal care. Refer to Expected outcome 1.2 Regulatory compliance for a description of the home's regulatory compliance systems. The home's policy and procedure for missing residents reflects legislative requirements. There is a system for checking the currency of nurse registrations and registered nurses monitor and

oversee residents' high care clinical and complex nursing needs. Staff confirm they are informed about regulatory requirements and guidelines.

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

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

#### **Team's findings**

The home meets this expected outcome

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents' health and personal care. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard Two include:

- Behaviour management
- Continence management
- Wound management
- Medication administration and competencies
- Syringe drivers/palliation
- Comprehensive health assessments – skills.

### **2.4 Clinical care**

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

#### **Team's findings**

The home meets this expected outcome

When they move into the home all residents have an initial assessment and an interim care plan developed to ensure all immediate needs and preferences are identified. Comprehensive assessments are then undertaken. Individualised care plans are developed by a registered nurse in consultation with the resident's general practitioner, care team and the resident to ensure needs and preferences for care are met. Clinical care is reviewed according to a schedule and in response to changes in health status. Care is provided by personal care staff, enrolled nurses and registered nurses. Staff state they are informed of resident needs through handover and care documentation, provide care appropriately, refer residents to the registered nurse for review when changes occur and routinely document changes to residents' health in progress notes. Residents and representatives expressed satisfaction with how clinical care is provided and confirm qualified staff provide care when necessary.

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

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

#### **Team's findings**

The home meets this expected outcome

Residents are assessed for their needs and preferences relating to specialised care. A care review by registered nurses occurs regularly and in response to changes in the residents' health status. Registered nurses or enrolled nurses are available at all times to attend to specialised nursing care. Specialised nursing care needs reviewed include management of catheters, pain management, wounds, oxygen dependency and diabetic management. Referrals to specialists occur as necessary. Care plans and progress note entries confirm specialised care is provided by appropriately qualified staff. Registered nurses confirm their

involvement in managing and providing care to residents with specialised nursing care needs. Residents and their representatives confirm qualified staff provided or manage specialised nursing needs when required and are satisfied with how this care is provided.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents are provided with information regarding the allied health professionals they may wish to access. Each resident is assessed for their needs and preferences regarding allied health and specialists they may require referral to. A variety of specialist services are available through the home, where appropriate referrals to external specialist services are arranged and residents are assisted to attend. Recent referrals to specialists/services include: ophthalmology, audiology, dietitians and speech pathologists, physiotherapists, occupational therapists and mental health teams. Recommendations by specialists are transferred to residents’ care plans and communicated to appropriate staff. Residents’ progress notes and care plans confirm appropriate referral and follow up occurs. Residents and representatives state they are satisfied with the availability and assistance to see allied health and specialist practitioners.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home has effective medication management systems in place to ensure safe and correct administration of medication occurs. Staff responsible for medication administration complete annual competencies and attend education sessions on medication. All medication is stored appropriately with access restricted. Residents wishing to self medicate are assessed and supported to do so. Medication policies are in place to ensure safe administration occurs. Monitoring of medication management occurs through audits, incident reviews and observation by registered nurses. Staff administering medication were observed to be providing assistance to residents according to their needs and in a respectful manner. Residents and representatives confirm medication administration occurs in a timely manner.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Residents are assessed for a history of pain, and pain relief preferences on entry and throughout their stay at the home. Care plans are developed by registered nurses to minimise episodes of discomfort and include recommendations from the home’s physiotherapist, occupational therapist and the resident’s general practitioner. Care plans include non analgesic treatments such as hot packs, position changes and physiotherapy. Use of ‘as required’ analgesics are monitored to ensure effectiveness of treatment. Referrals to general practitioners occur in response to identification of pain. Care staff are able to describe individual resident needs and explained signs of discomfort that they observe for. Residents and representatives indicated residents receive regular and ‘as required’ analgesics and staff come back to check effects of treatments.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home encourages each resident to document their individual end of life wishes and complete advanced care directives on entry to the home and staff are provided with education to ensure residents’ wishes are respected and appropriate care is provided. Residents who prefer not to discuss palliative care and end of life wishes in advance have this right respected with appropriate documentation recorded. The home liaises with specialists, palliative care and counselling/pastoral care services to ensure the residents and their representatives are supported during palliation. The home’s management and staff confirm access to appropriate equipment, specialists and support is available. Documentation review confirms resident wishes are followed.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents are assessed to identify their nutrition and hydration needs and preferences. Care plans are developed in consultation with the resident or their representatives. Individual dietary preferences and allergies are identified and appropriate staff are informed through handovers, care plans, dietary preference lists and progress notes. Residents identified as having weight loss or requiring special diets are provided with additional nutritional supplements and referred to a visiting dietitian. Texture modified diets are provided for residents with swallowing difficulties and referred to the visiting speech pathologist. Document review confirms residents are monitored for changes in nutritional needs, weight fluctuations are reviewed and referrals to specialists occur. Residents and representatives stated they are satisfied with meals and would raise concerns at resident meetings if necessary.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

When residents move into the home and on a regular basis they have their skin integrity determined using assessment tools. Care plans detail residents at risk and identify interventions and preventative measures to be implemented. Complex wound care is provided by enrolled nurses in consultation with a registered nurse and general practitioner. Document review confirms registered nurses are involved in assessing and managing wounds as necessary and referrals occur in a timely manner. Continence aids, pressure relieving equipment and nutritional supplements are used to maintain and improve skin integrity. Skin tears and wound infections are monitored monthly. The podiatrist visits the home regularly. Annual manual handling education is mandatory for all staff and lifting equipment and wound care products are provided according to assessed needs. Residents and representatives state they are satisfied with how wound care is provided when a wound occurs.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ continence needs are identified and assessed when they move into the home and reviewed regularly. Reassessments occur as changes in resident health status and continence levels are identified. Appropriate aids and equipment including rails, commodes and over toilet chairs are available and provided according to assessed needs to maintain dignity, manage incontinence and promote independence. Care plans are individualised and include type and level of assistance required, interventions to minimise urinary infections and regimes including bowel management. Residents and representatives confirm continence equipment is provided and staff assist residents in a timely manner.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Residents with challenging behaviours are identified and care plans developed in consultation with the resident or their representative. Interventions and triggers are clearly documented and communicated to all appropriate staff through handover, progress notes and care plans. Residents with complex behaviours are referred to aged person mental health teams, specialists and allied health practitioners as appropriate. Staff confirm attendance at relevant education sessions including compulsory/mandatory reporting requirements. Residents and their representatives confirm they are rarely disturbed by co residents’ behaviours.

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

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

### **Team’s findings**

The home meets this expected outcome

All residents are assessed for their individual mobility, dexterity and rehabilitation needs. Residents are referred to the physiotherapist and occupational therapist who develop care plans which include individual and group exercises. Reassessment occurs regularly and in response to falls and changes in health status. Residents are assessed for risk in mobilising and are provided with appropriate mobility aids as necessary. Staff check the condition of equipment including mobility aids to ensure they are in safe working order. Residents were observed to be mobilising with assistance where appropriate. Residents and representatives confirm that staff check mobility aids regularly and check for clutter in the residents’ rooms.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Residents are assessed for their oral and dental needs and preferences when they move into the home and are reviewed regularly. Preferences for preferred providers of dental care are identified when residents move into the home and they are assisted to attend the practitioner

of their choice. Care plans include personal preferences and care needs. Residents confirm they are assisted by staff to maintain their preferred dental care regimes, to attend the dentist of their choice and are provided with dental care products based on their assessed needs.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

All residents are assessed for sensory loss with care plans developed and include the level of assistance residents require. Referrals to specialists occur as needed. Resident aids are labelled to minimise loss. Staff are aware of individual needs and assist residents who require help with fitting and cleaning of aids. Residents discussed how staff assist with cleaning and fitting of sensory aids and confirm referrals to visiting and external specialists occur.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ sleep and settling patterns are identified through assessment and care plans developed. Care plans detail individual preferences and needs including preferred settling and rising times and assistance required. Documentation review confirms reassessment of sleep patterns and needs occurs in response to changes in health status and sleep patterns. Sedative use is monitored by registered nurses and the resident’s general practitioner. Staff confirm they are aware of settling requirements of residents including those who like supper or to sit up late. Residents confirm staff assist them to settle at night and are responsive to their 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 findings**

The home meets this expected outcome

The home demonstrates that it actively pursues continuous improvement and seeks input from and provides feedback to residents in relation to resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement. Review of documentation and interviews with residents and representatives confirm that lifestyle activities are discussed with them, that they have opportunities to contribute to the program and that their suggestions are welcomed.

Some recent continuous improvements relating to Accreditation Standard Three include:

- The introduction of a shopping trolley has enhanced residents’ independence by providing them with the opportunity to purchase small personal items at the home. Residents are consulted about the type of goods they would like to purchase and a resident manages the trolley with support from the lifestyle coordinator who purchases the goods.
- The introduction of a market day to enable residents to buy various goods and/or experience the past-time of browsing in a shop-like environment. A range of goods from a variety shop are brought to the home for residents to peruse and buy.
- A resident with an interesting career background has been very pleased to have the support of staff to record and publish their stories in the home’s newsletter. The project is ongoing with further stories to be recorded.
- Following residents’ suggestions a ‘chook’ house has been built at the home. Residents enjoy watching and hearing the hens and a resident collects the eggs laid each day.
- The engagement of school students and residents in a project to enhance community interaction and involvement in creating mosaic murals to enhance the outdoor environment for residents’ enjoyment.
- The introduction of take away meals such as fish and chips which has proved very popular with residents.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Systems are in place for identifying and monitoring relevant legislation, regulations and guidelines in relation to resident lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems. Residents and representatives are informed about their right to privacy and confidentiality. Staff confirm education on privacy and mandatory reporting of elder abuse and the relevant policies are current. All residents are offered residential agreements with the appropriate information detailed including their rights and responsibilities.

### **3.3 Education and staff development**

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

#### **Team's findings**

The home meets this expected outcome

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard Three include:

- Elder abuse
- Compulsory reporting
- Resident rights.

### **3.4 Emotional support**

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

#### **Team's findings**

The home meets this expected outcome

Residents and representatives are supported to adjust to their new home initially and ongoing with the support of staff and family. Prospective residents and representatives are invited to tour the home, discuss their needs with management and receive a resident information pack. New residents are encouraged to decorate their room with personal mementos, are supported in the settling in process and can be visited by a volunteer who provides additional and ongoing emotion support as desired. Residents and representatives are supported in times of loss and grief and an annual memorial service is arranged for residents and families who have lost a loved one. Residents and representatives confirm satisfaction with initial and ongoing emotional support reporting that staff are kind and helpful.

### **3.5 Independence**

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

#### **Team's findings**

The home meets this expected outcome

The home encourages residents to achieve maximum independence and maintain friendships within and outside the home including through visits from school students. Residents' individual abilities and capacity to conduct daily living tasks are assessed with strategies developed to support and maintain their independence. Residents are assessed for suitable mobility and adaptive aids to support their independence and were observed walking around the home and using an electric mobility aid to access community services. Community links and family outings are encouraged, residents attend service organisations, and residents and relatives were observed enjoying a regular tea/coffee/fresh scones café experience. Staff organise library books on a fortnightly basis from the mobile library service; residents can access petty cash and participate in in-house shopping activities. Residents and representatives confirm that they are assisted to maintain their independence relative to their medical status, needs and preferences.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

The home demonstrates that each resident's privacy, dignity and confidentiality is recognised and respected. Residents reside in single rooms with ensuite bathrooms; staff were observed to knock on residents' doors before entering and closing doors when providing care. Staff were noted to communicate and interact appropriately with residents and use their preferred name. Residents' files are stored securely and include signed consent statements for the use of information and images. Staff are informed of privacy and confidentiality requirements, appropriate policies and procedures are in place and compliance is monitored. Residents were observed to be appropriately groomed and said that staff protect and respect their privacy.

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

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

#### **Team's findings**

The home meets this expected outcome

Residents are encouraged and supported to participate in a variety of activities of interest to them. Lifestyle staff invite new residents or their representative to complete a life story record and consult with them to identify their social and leisure interests. Care plans are generated and updated as required; monthly activity planners are developed to reflect residents' interests; the programs, resident participation and level of interest are evaluated. Activities include exercises, gardening, word games, discussions, entertainers and music, social events, reminiscing, shopping, electronic games, carpet bowls and intergenerational projects. Residents enjoy giving back to the community and have been formally recognised for their fund raising activities. Residents confirm that staff and volunteers provide ongoing one on one time and express satisfaction with the range of activities available.

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

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

#### **Team's findings**

The home meets this expected outcome

Residents' individual interests, customs, cultural and spiritual beliefs are valued and fostered. Their cultural and spiritual needs are identified through their overall lifestyle assessment when they move into the home and are documented. Days of individual or cultural significance are recognised and celebrated. Cultural resources are used to assist communication with residents from cultural and linguistically diverse backgrounds. Church services are held weekly and there is a weekly communion service. Residents are satisfied with the support provided to maintain their cultural and spiritual beliefs and customs.

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

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

#### **Team's findings**

The home meets this expected outcome

Residents and representatives confirm satisfaction with how they are supported and encouraged to make decisions within the home. Residents and representatives confirmed an understanding of resident rights and responsibilities. Residents' individual choices are assessed when they move into the home including rising and settling times, care options, advanced care preferences and how they wish to participate in daily activities. Regular resident/family meetings and care consultations are conducted. Staff confirmed residents are supported to make choices and to have control over their lifestyle. Residents and representatives confirm satisfaction with choice and decision making.

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

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

#### **Team's findings**

The home meets this expected outcome

The home's manager interviews prospective residents and representatives to discuss their needs and provide information about the home and the care and services provided. All residents are offered the opportunity to sign a residential agreement and the agreement format demonstrates the commitment to the provision of appropriate information. The resident agreements reflect legal requirements and include information on occupancy, the complaint processes, fees, bonds and care and services. This information is explained to residents and representatives prior to moving into the home and residents are informed in writing when their care classification status changes. The charter of residents' rights and responsibilities is prominently displayed throughout the home. Residents and representatives report they feel secure at the home and confirm their understanding of their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

Some recent continuous improvements relating to Accreditation Standard Four include:

- The dementia secure unit has been refurbished with new blinds and floorings in the kitchen and lounge enhancing safety.
- The building of a serenity room to provide a pleasant ambience for residents to sit and enjoy quiet times or privacy with friends or family.
- The home identified through an emergency evacuation drill that residents would have direct access to a road if they were evacuated to an external assembly area. As a result the erection of a boundary fence all around the home has commenced to enhance security and safety for residents.
- Following a review of poor staff attendance at fire safety and evacuation training, the training format and resources have been re-developed to ensure it is more meaningful. As well the training is delivered in a manner to ensure that staff have time to absorb the information, enhance their confidence and consolidate their knowledge. As a result nearly 100 per cent of staff have attended the training and within a few weeks it is expected that all staff will have attended the training.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system for identifying and monitoring relevant legislation, regulations and guidelines in relation to physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance for a description of the home’s regulatory compliance systems. Staff attend training in safe work practices and essential service safety measures are implemented in accordance with requirements. The kitchen adheres to food safety standards and has a current local government food premise registration.

### **4.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and

safe systems. For details regarding the home's systems and processes, refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard Four include:

- Occupational health and safety
- Manual handling
- Fire and emergencies
- Evacuation and codes
- Gastroenteritis/infection control management
- 'Smart care' bed use.

#### **4.4 Living environment**

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

##### **Team's findings**

The home meets this expected outcome

The home provides a safe and comfortable environment for residents who live in single ensuite rooms in one of four wings, each having its own dining room, lounge and kitchenette. Residents' rooms have appropriate safety features and are decorated with their preferences, personal furniture and mementos. There is a large communal room for activities; residents can entertain family or friends in small private sitting areas or secure and well maintained courtyard areas. Environmental audits are regularly conducted and issues are actioned promptly. Residents and representatives said they feel safe and are satisfied with the home's living environment. The home maintains a comfortable temperature, residents' call bells were noted to be in reach and residents confirm satisfaction with their living environment.

#### **4.5 Occupational health and safety**

*This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".*

##### **Team's findings**

The home meets this expected outcome

Policies and procedures guide safe work practices to ensure a safe working environment and staff are informed through orientation, the staff handbook and occupational safety training. The home has a trained occupational health and safety representative and occupational safety matters are discussed at monthly team meetings. Staff complete annual manual handling competencies and a trained coordinator attends the home weekly to support the manual handling assessors at the home. Processes are in place for hazard identification and personal protective equipment and material safety data sheets are available; chemicals are securely stored. Issues are identified through audits, incidents, observation and hazards and are actioned as appropriate. Staff confirm relevant occupational health and safety training and demonstrate an understanding of safe work practices.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

##### **Team's findings**

The home meets this expected outcome

Systems are in place to minimise emergency risks including fire detection and fire fighting equipment, clear exit signs, evacuation maps and accessible emergency procedure plans.

All the fire alarm systems and fire fighting equipment are tested as per schedule and compliance is monitored; evacuation packs are available throughout the home. Fire and evacuation drills and training are annual and compulsory and procedures are discussed at orientation. Emergency procedures cover various emergency situations and the evacuation kits include the resident list with mobility status. Emergency exit paths are clear and the building is secured in the evening. Staff confirm compulsory training in fire and emergency drills and knowledge of emergency procedures; residents and their representatives express confidence in staff skills and knowledge in the event of an emergency.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home has infection control policies and procedures in place to minimise risk of infections and to manage/prevent outbreaks. Infection data is collected and reviewed for trends. Actions are recommended and implemented in response to analysis of infection data and include provision of additional education, equipment and review of individual residents to ensure their needs have been met. There is adequate stock of personal protective equipment available and staff are able to discuss the actions to take in the event of a suspected outbreak. Pest control services visit regularly and general/hazardous waste is disposed of appropriately. Staff and documentation confirm attendance by staff at infection control education sessions. Residents and representatives express satisfaction with how infections are managed.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's findings**

The home meets this expected outcome

The home provides hospitality services consistent with residents' individual needs and preferences. The home has a food safety program in place and provides catering according to resident needs and preferences. Cleaning staff perform their duties guided by documented guides. All personal clothing is laundered on site and labelling services are available. Residents and/or their representatives expressed satisfaction in relation to the hospitality services provided at the home.