



Standards and Accreditation Agency Ltd

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

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

The Agency has decided that the period of accreditation of Arcadia Aged Care Facility is three years until 22 February 2014.

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:	Arcadia Aged Care Facility				
RACS ID:	3705				
Number of beds:	103	Number of high care residents:	84		
Special needs group catered for:	<ul style="list-style-type: none"><li>Residents living with dementia</li></ul>				
Street:	120 McCracken Street				
City:	Essendon	State:	Victoria	Postcode:	3040
Phone:	03 8378 3300		Facsimile:	03 9379 7788	
Email address:	jantoni@ccare.com.au				

### Approved provider

Approved provider:	Churches of Christ Community Care
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### Assessment team

Team leader:	Nicolle Reeve
Team members:	Gerard Barry
Dates of audit:	30 November 2010 to 2 December 2010

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

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

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

**Standard 2: Health and personal care**

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

**Accreditation decision**

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

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

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Arcadia Aged Care Facility
RACS ID	3705

### **Executive summary**

This is the report of a site audit of Arcadia Aged Care Facility 3705 120 McCracken Street ESSENDON VIC from 30 November 2010 to 2 December 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

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

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 30 November 2010 to 2 December 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two assessors 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:	Nicolle Reeve
Team member:	Gerard Barry

## Approved provider details

Approved provider:	Churches of Christ Community Care
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## Details of home

Name of home:	Arcadia Aged Care Facility
RACS ID:	3705

Total number of allocated places:	103
Number of residents during site audit:	98
Number of high care residents during site audit:	84
Special needs catered for:	Residents living with dementia

Street:	120 McCracken Street	State:	Victoria
City:	Essendon	Postcode:	3040
Phone number:	03 8378 3300	Facsimile:	03 9379 7788
E-mail address:	<a href="mailto:jantoni@ccare.com.au">jantoni@ccare.com.au</a>		

### Assessment team's recommendation regarding accreditation

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

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Manager/Director of nursing	1	Residents/representatives	12
Clinical services manager	1	Registered nurses	3
Enrolled nurses	3	Director support services	1
Care staff	3	Volunteers	1
Lifestyle	3	Laundry staff	2
Catering staff	3	Cleaning staff	2
Physiotherapist	1	Maintenance staff	1

#### Sampled documents

	Number		Number
Resident files	13	Residents agreements	10
Leisure, interests and activities care plans	10	Self administration of medication assessments	4
Medication charts	34	Weight records	23
Wound records	10	Diabetic monitoring records	7
Personnel files	10		

#### Other documents reviewed

The team also reviewed:

- Activities program
- Allied health referral folders
- Audit schedule and results
- Business and strategic plans
- Catering records
- Cleaning and laundry documents
- Commencing employee pack
- Condolence sheet



- Consent forms
- Continence allocation records
- Continuing professional registration
- Continuous improvement plan
- Doctors' communication books
- Education records
- Emergency manual
- Essential service records
- External service contracts
- Handover sheets
- Incident data
- Infection control program
- Infection control register
- Key performance indicator reports
- Lifestyle records
- Lifestyle workbooks
- Material safety data sheets
- Memoranda
- Minutes of meetings
- Multicultural kits/cue cards
- Opportunity for improvement register (including complaints)
- Orientation/induction checklists/folders
- Performance appraisals register
- Pest control service register
- Police check registers
- Policies and procedures
- Preventive maintenance schedule and records
- Professional registrations
- Quality of care (vision/mission statement)
- Reactive maintenance computer records
- Refrigerator temperature records
- Resident of the day schedule
- Residents' information handbook
- Residents' information package and survey
- Rosters
- Sensory program and educational resources
- Skin integrity/wound management log
- Staff handbook
- Staff survey
- Validated rating assessment scales
- Welcome wagon records
- Work instructions

## **Observations**

The team observed the following:

- Activities in progress
- Activities resources for sensory, group and individual therapy
- Art and craft completed by residents
- Blue room in dementia wing
- Call bell system in operation
- Chapel
- Charter of residents' rights and responsibilities displayed
- Church service

- Clinical waste receptacles
- Complaints/advocacy forms available for residents
- Continence management system
- Equipment, supplies and storage areas
- Food service areas
- Funeral held for resident who passed away
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and laundry
- Lodgement boxes
- Lunch, morning and afternoon tea service
- Medication rounds, trolleys, storage, refrigerators
- Menu displayed
- Mobility aids
- Notice boards for residents, representatives and staff
- Nurses' stations
- Outbreak kit
- Personal protective equipment
- Wound trolley and dressings

## **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

Management and staff at Arcadia Aged Care Facility (Arcadia) actively pursue continuous improvement for the betterment of residents, representatives, visitors, staff and contractors. Various sources are used to identify possible improvement activities including: an internal assessment and review process, and opportunity to improve forms that include incidents, hazards, complaints, suggestions and compliments. Risk assessments, meetings, staff and resident surveys, analysis of monthly trend data and informal conversations are also used. Small items are handled through the opportunity for improvement system while larger or more costly activities are entered on the plan for continuous improvement where their progress is continually monitored. Management at the home report monthly to senior management at the corporate level of Churches of Christ Community Care. Policies, procedures and associated forms are available on the home’s shared computer drive for easy staff access. Improvements include:

- The home has reviewed its staff mix following staff requests due to the changing needs of residents. Subsequently, the home has added four hours for an enrolled nurse on the first floor, a registered nurse in charge on night shift, eight extra personal care worker hours to the first floor. The outcome has been reduced staff stress and providing more time for registered nurse/enrolled nurse to concentrate on critical issues such as falls or for monitoring residents.
- Changes have been made to the first floor nurses’ station involving the reversal of the areas for the medication room and filing room so that files are now more accessible to staff and improved space for storage of medication. The changes included re cabling of the door swipe system for security.
- Changes have occurred in the provision of external services with the appointments of new maintenance and catering/cleaning/laundry services as well as a change in the pharmacy.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home receives updates on regulatory and legislative changes through an online commercial update service as well as through Government departments, coronial communiqués and newsletters/journals from industry bodies. Management informs staff of changes through memoranda, education, noticeboards, electronic mail and staff meetings. The home complies with the requirements for police criminal record checks. The corporate body makes sure that relevant policies and procedures are revised and updated as legislation changes and directs staff to the shared computer drive where policies/procedures are uploaded at the corporate level. Management ensures ongoing compliance is monitored through internal assessments and meets the requirements of keeping staff informed through an extensive educational program.

### **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

Management acknowledges the importance of maintaining a highly skilled group of employees through a well developed staff education and professional development system based on corporate, legislative and site requirements. The corporate body issues a mandatory training program to management at Arcadia who then add their own specific training requirements to arrive at an annual education calendar. Staff are consulted with respect to their training requirements through the staff performance appraisal system and management offers assistance to staff in external professional development where possible. A variety of educational programs to meet the needs of adult education are used including: a commercial television based delivery program, reference materials, journals, on site delivery and external presenters including the Aged Care Standards and Accreditation Agency courses. Attendance records are maintained, course evaluations conducted and a database is used to monitor staff training records. Recent training includes: orientation, stress management, customer service, bullying and harassment, turning data into action and equal opportunity employment.

### **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

Information on the comments/complaint and suggestion system is contained in the resident information packs and is given to residents and their representatives upon entering the home. Spare forms and information on the complaints resolution scheme is available from various areas in the home in multilingual brochures. Residents and their representatives can use the opportunity for improvement form or they can verbally explain their concerns to the staff. All written complaints and compliments are registered in the opportunity for improvement register and if the concern cannot be fixed promptly it is entered onto the continuous improvement plan. Documentation indicated that concerns raised by residents and or their representatives had been addressed and feedback as to the action taken provided. Residents and their representatives spoken to during the assessment stated they knew of the system but that if they had any concerns they would prefer to talk directly to management.

### **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 approved provider, Churches of Christ Community Care, has published its vision, mission and commitment to quality in the staff and resident handbooks as well as displaying it in the home. The home's manager meets with senior management and managers of other homes in the group on a monthly basis to maintain information flow, share ideas and results and to advance customer service.

## **1.6 Human resource management**

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

### **Team's recommendation**

Does comply

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of residents. The home has comprehensive human resource management processes regarding recruitment, performance management, staff developmental needs and rostering systems. Staff are provided with position descriptions, work instructions, updated policies and procedures, supervision, undergo annual performance appraisals and receive appropriate educational opportunities. Casual, contract and agency staff have access to orientation information and mandatory training specific to the home. Records of qualifications, police checks and professional registrations, where required, are maintained. Staff confirm they are provided with sufficient time to perform their role and residents and their representatives are satisfied with the skills and competency with which staff attend to residents' care needs.

## **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 stocks of goods and equipment that support quality service delivery. An effective stock control system is in place; inventory is regularly checked and reordered before minimum stock levels are reached. Purchased goods/equipment are inspected and evaluated upon arrival and electrical equipment is properly tagged. Stock is stored safely in clean and secure areas. An asset register is maintained. New equipment is trialled prior to implementation with residents and allied health personnel being consulted with respect to the selection of mobility/health aids. There are reactive and preventive maintenance systems in place. Staff, residents and representatives confirm their satisfaction with the amount and quality of goods and equipment available to meet their needs.

## **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. Confidentiality and security of staff and resident information is maintained at all times and the home has a locked archive room. Computers used within the home are connected to a common server with staff having access to a common drive for policies/procedures/forms and registers. Electronic systems are password protected with limited/restricted levels of access to files; there is regular off site back up of computerised files. 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 and they can have supervised access to their files upon request. The flow of information from assessments to care plans, progress notes and notes from allied health professionals along with the reporting of incidents works efficiently. Residents and their representatives are kept informed through case conferences, newsletters, meetings, letters and verbally. The team observed notices,

memoranda, minutes of meetings and confirmed with staff and residents that they were kept informed and current with the home's operations.

### **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. Contracts exist with all major providers of goods and services specifying quality requirements as well as the need for confidentiality, respect for the residents, occupational health and safety, infection control and insurance requirements. Contractors must produce proof of criminal record checks and when on site all contractors must sign in/out and wear an identification badge. All contracts are approved, negotiated, monitored and reviewed annually at a corporate level with input from the home's manager. Regular meetings with service providers and suppliers allow for two way communication, problem solving and improvement opportunities. The home has a list of approved providers with emergency contact numbers which staff can use as required. Relatives and residents expressed their satisfaction with the services provided by the home.

## **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

Please refer to Expected outcome 1.1 Continuous improvement for more details on the home's continuous improvement system. The home maintains an annual internal assessment and review schedule that measures performance against the Accreditation Standards and together with incident reports, are the tools for providing clinical and management indicators. Staff are encouraged to complete opportunity for improvement forms concerning comments, complaints or suggestions that may have been verbalised to them by residents. Staff confirm they actively participate in the continuous improvement system. Examples of improvements include:

- The home has entered into a project with Austin Health for “respecting patient choices”. This project involves staff training, workshops and assessments in gaining accurate advanced care plans for residents.
- The home has painted skirting boards and door architraves in contrasting colours in each wing. Wing colours are matched to the colour of feature walls. The objective of painting the skirting board is to provide a contrast between the floor and wall to aid in the home's fall prevention program.
- The home has successfully introduced computerised care planning software. Staff record directly into the computerised progress notes; there are also hardcopy care plans available in case of computer or power failure. Internet connection ports have been installed to allow visiting doctors to use their own lap top computers on site.

### **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

Refer to Expected outcome 1.2 Regulatory compliance for details on the system used by the home in determining how they meet legislative requirements. The competency of staff is monitored with respect to medication management, staff have been kept informed of the legislative changes in that area and procedures relating to clinical care have been revised following changes to the classification of nursing staff. Drugs of dependence and other medications are properly stored and administered, and management reviews the registration of all nurses annually. There are systems in place regarding the reporting of missing residents to the relevant authorities. Management ensures ongoing compliance is monitored through observations of staff performance and internal audits. Staff confirm management makes sure they are informed of changes mainly through memoranda or meetings.

### **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

Refer to Expected outcome 1.3 Education and staff development for details of the overall system used at the home for determining educational programs. Management assists staff with external training and also conducts in-house training to educate staff in clinical topics. There is also a competency program in place. Staff confirmed the training program delivered by the home. Recent education includes: infection control, urinary continence, palliative care, oral health, strategies for Huntington’s and Parkinson’s diseases, pain and medication management and falls prevention.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents receive appropriate clinical care. Assessments by medical, nursing, lifestyle, physiotherapy and podiatry staff are conducted for all new residents following a settling in period and regularly thereafter. An immediate care needs and interim care plan completed on the day the resident arrives at the home guides staff practice until the long term care plan is formulated, which is reviewed every two months by the registered nurse and overseen by the clinical services manager. Care plan consultations are arranged with residents and their representatives and outcomes addressed. Written and verbal handovers, care plan amendments, communication diaries, cordless phones and one to one communication are used to inform staff of residents’ clinical needs. Residents and their representatives reported they are satisfied with the clinical care and services residents receive.

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

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

#### **Team’s recommendation**

Does comply

The home has systems in place to identify and meet residents’ specialised nursing care needs. Further assessment and/or management of specialised nursing care needs is supported by referrals to medical officers, relevant external nursing specialists such as wound consultants, palliative care services, continence nurses, hospital in-reach services and psychiatric nurses when required. Specialised care needs such as diabetes management, complex wound care, mental health disorders and catheter management are discussed with residents and their representatives. Residents and representatives interviewed by the team express satisfaction with the nursing care provided by the home.

### **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



Review of documentation and interviews with staff indicated that all residents have access to health specialists according to their needs and preferences. Residents can choose their doctor to provide ongoing medical care, and other health professionals. Documentation in residents' files and referrals in allied health and doctors' folders were observed by the team. The physiotherapist and podiatrist assess all new residents and review existing residents according to needs and review schedules. Staff advised referrals to other services such as speech pathology, dietetics, optometry, audiology, consultant pharmacists and dental services are made as necessary. Interviews with residents and representatives confirmed satisfaction with access to health specialists.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's recommendation**

Does comply

Systems are in place at the home to ensure residents' medication is managed safely and correctly. The registered nurse employed on each shift is responsible for the management and supervision of residents' medication at the home and administration may be delegated to endorsed enrolled nurses. The home has a system in place to ensure medications are ordered, received, stored, administered, documented and discarded safely. Systems exist for residents who are willing and competent to self administer their own medications. Residents have annual pharmacy reviews conducted by an independent consultant pharmacist and a multidisciplinary medication advisory committee meets to discuss all aspects regarding medication management. Night staff conduct audits to monitor signature omissions on medication charts. Residents report they are generally satisfied with their medication management.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The home has systems in place to identify, manage and evaluate pain management strategies to ensure residents are as free as possible from pain. This includes initial and ongoing pain assessments using observation, discussion, pain monitoring and assessment forms. A range of pain relieving strategies is used including massage, sensory and activity programs, anti-inflammatory creams, exercise, repositioning, analgesia and distraction. Monitoring of the effectiveness of pain medication is recorded in the progress notes and on pain charts. Staff report they are aware of verbal and non-verbal indicators of pain and of reporting requirements of any residents with indicators of pain. Residents and representatives report satisfaction with the care residents receive to minimise their pain.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Residents' end of life care wishes are discussed with the resident and representative and recorded in the resident's file. The home supports seriously ill and dying residents by consulting with palliative care specialists and develops a palliative care plan to provide staff with strategies to ensure each resident's pain, comfort, skin integrity, nutrition, oral hygiene and other physical hygiene needs are identified and addressed. Spiritual, cultural,

complimentary therapies and legal requirements are identified and respected. The home has access to pastoral care workers, chaplains and psychology services. Staff, residents and representatives are invited to write individualised comments on a condolence sheet which is forwarded to the family in the event a resident has passed. A celebration of life service is held annually for residents who have passed during that year.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Residents’ likes and dislikes, allergies, meal choices, cultural meal preferences and required meal texture and fluid thickness are assessed and documented on entry, and kitchen personnel are informed of their dietary needs. Residents are weighed monthly and more frequently if there are concerns regarding unintentional weight loss. Significant weight losses or gains trigger assessments of health status and referrals are made to the doctor, dietitian and or a speech pathologist as necessary. Additional nutrition and hydration, low or high calorie food, texture modified meals, thickened fluids, supplements, assistive devices or assistance with meals and drinks is available as required. Residents and representatives said that residents have access to meals, drinks, fresh fruit and snacks according to their preferences and residents reported satisfaction with the food provided.

## **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 assess, monitor, and implement appropriate care to maintain residents’ skin integrity. Care plans, complex health care plans and wound charts inform staff of residents’ individual needs. Staff interviewed report they monitor the condition of residents’ skin and maintain integrity through observation, the application of emollients and barrier creams, pressure area care, bed cradles, continence management, maintaining residents’ personal hygiene needs, monitoring fluid intake and use of pressure relieving equipment. Registered nurses attend to all complex wounds and review all wounds at least weekly. Treatment is delivered as directed on wound care charts and reviewed frequently by a registered nurse. Residents and representatives report they are satisfied with the skin care residents receive.

## **2.12 Contience management**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that residents’ continence is managed effectively, including assessment on entry to the home and the use of continence aids. An enrolled nurse is responsible for the continence assessments and reassessments, ordering and allocation of continence aids. The home’s external continence aid supplier can be accessed as required for advice and the provision of staff training. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. Urinary tract infections are recorded and preventative measures are implemented. Residents and representatives

report staff ensure residents' privacy and dignity is always maintained when providing assistance.

### **2.13 Behavioural management**

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

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

Does comply

There are systems in place to ensure the needs of residents with challenging behaviours are managed effectively. Behaviour management charts are completed showing descriptions of the behaviour, triggers, and the management interventions trialled. Assessments are completed to identify factors that may impact on residents' behaviour, and care plans reflect individualised assessment information and strategies to guide staff. Increased episodes or changes in behaviour will trigger a reassessment and new behaviour charting commences. Staff report they receive training on behaviour management and strategies to minimise challenging behaviours and have a supportive and effective relationship with behaviour management specialists. Residents and representatives reported satisfaction with the home's approach to managing residents with challenging behaviours.

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

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

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

Does comply

Residents' mobility and dexterity needs are assessed by the staff and physiotherapist to identify abilities, risks and rehabilitation needs. Risk scores are documented and individual and group exercise plans are developed and documented for staff and residents to follow to maintain abilities and provide rehabilitation. Falls prevention interventions and exercise programs, regular walks, reducing clutter in rooms, mobility aids, appropriate footwear and rapid identification and management of infections and movement alarms assist in managing falls. Any resident at high risk of falls is encouraged to wear protective devices to minimise injury, residents who fall are reviewed by a registered nurse and their doctor to identify health conditions contributing to falls. Data is analysed and trends are monitored to determine causes of falls and incidents and strategies actioned to minimise reoccurrence. Residents confirmed they are supported to be as independent as possible.

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

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

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

Does comply

Residents' oral and dental health is assessed on entry to the home and an individualised care plan for mouth care is developed, with identification of poor oral and dental health results and referrals to the resident's doctor and/or dentist. The assessment identifies residents' capability to care for their own oral and dental hygiene and the level of assistance required by the resident to maintain oral and dental health and whether referrals to dental services are required. This is monitored by care staff and care plans are updated every two months or as needs are identified. Residents and representatives said they are satisfied with the assistance provided to residents in relation to oral and dental health.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents’ sensory losses are identified and managed effectively. Nursing and lifestyle staff collaboratively assess all residents’ five senses, communication and speech needs and impairments. Audiologist, speech pathology and optometry services are consulted with and/or provided to residents in response to identified needs. The lifestyle staff considers residents’ sensory needs and provide a sensory program targeted to stimulate residents’ senses through the use of cooking, gardening, aromatherapy and tactile equipment. Care plans are developed and resources provided to guide staff practice and are reviewed regularly or as needs change. Staff report knowledge in the correct use of and care of sensory aids. Residents are satisfied with the support they receive to manage their sensory loss and aids.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home assists residents to achieve natural sleep patterns. Sleep charting is completed for designated periods to identify sleep patterns and preferred settling and rising times. This information along with the sleep assessment data is used to formulate an individualised sleep management care plan. Staff interviewed demonstrated knowledge of residents’ sleep management requirements and non pharmacological interventions to assist sleep such as offering a warm drink, ensuring comfort, toileting and pain management. Residents interviewed said they sleep well and they are satisfied with the assistance they receive from staff overnight.

### **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

Please refer to Expected outcome 1.1 Continuous improvement for more details on the home’s continuous improvement system. The home conducts continuous improvement activities in relation to residents’ lifestyle through internal assessments and resident satisfaction surveys. Comments, complaints and feedback from the resident/representative meetings are also fed into the continuous improvement register. Evaluation of the success of improvements is formally conducted with results being documented and feedback provided to the originator. Residents and their representatives stated that management of the home informs them of changes through meetings, newsletters and informal discussions. Examples of improvement activities include:

- The home has introduced an Italian club for residents originating from Italy. The activities include singing, discussions and reading all in Italian, along with coffee, card games and special Italian treats. Residents who attend this club told the team that they love the association with their old home land.
- The home has introduced a computerised game/exercise console but residents are being slow to respond to it. Lifestyle staff are taking it slowly in its introduction.
- The large flat screen television in the library has been connected to cable television for the residents’ enjoyment.

#### **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

Refer to Expected outcome 1.2 Regulatory compliance for details on the system used by the home in determining how they meet legislative requirements. Information relating to security of tenure, residents’ rights and responsibilities, privacy, confidentiality and services offered is contained in the resident handbook given to residents when entering the home. There are systems in place regarding the mandatory reporting of elder abuse. Documents detailing powers of attorney or guardianship on behalf of residents, along with signed resident agreements are securely filed to maintain privacy and confidentiality. Residents and their representatives confirm they receive sufficient initial information and are kept informed of changes once they have entered the home.

### **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

Refer to Expected outcome 1.3 Education and staff development for details on the overall system used at the home for determining educational programs. The education schedule ensures that outcomes associated with resident care and lifestyle has been included. Staff are skilled in diversional therapy and lifestyle activities when employed. Education recently delivered includes: falls prevention and mandatory reporting,

### **3.4 Emotional support**

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

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

Does comply

Residents and representatives report staff are supportive of their emotional needs when they first arrive at the home and on an ongoing basis. Residents' emotional needs are assessed by nursing and activities staff and if identified, psychology, pastoral care and counseling provided by chaplaincy staff can be accessed. Residents are visited and supported by lifestyle staff and introduced to the home via a system referred to as the 'Welcome Wagon'. Residents are introduced to other residents and the activities program. Staff maintain records of the resident's progress transitioning to the home environment and make referrals if required. Residents and representatives are provided with admission information containing brochures and a resident handbook to assist with their orientation to the home. Residents are assessed for ongoing emotional support needs and key information is provided to staff regarding the resident's lifestyle and past and current interests to develop care plans to guide staff practice. Residents' emotional needs are reviewed by lifestyle staff formally and as needs change.

### **3.5 Independence**

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

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

Does comply

Residents are encouraged to develop friendships and interests within the home and reported they are satisfied with the assistance they are provided with to maintain their level of independence and attend activities as they choose. Information regarding residents' capabilities and levels of assistance required are assessed as part of the entry process and care plans developed to reflect residents' individualised needs. Independence is promoted through offering flexible care routines, provision of assistive technologies and physiotherapy assessments and exercise programs. The home maintains relationships with community agencies fostering a number of activities between the residents and schools, social groups and volunteer programs. Residents and representatives are very satisfied with the range of interests and activities provided.

### **3.6 Privacy and dignity**

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

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

Does comply

Residents' privacy, dignity and confidentiality are maintained with practices such as knocking on doors, ensuring that doors are closed when needed and sensitive discussions with or about residents are held in private and residents' information is stored securely. All residents are accommodated in single rooms, have private en-suites and are provided with lockable drawers. There are quiet indoor and outdoor areas throughout the home available for residents to have privacy with family and visitors. Staff practices are monitored by way of observation, feedback from key personnel and satisfaction surveys. Residents and their representatives interviewed reported they are satisfied residents' privacy, dignity and confidentiality is recognised and respected by staff.

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

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

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

Does comply

The lifestyle coordinator collects information about each resident's past and current lifestyle and leisure interest history on entry and on an ongoing basis. Residents and their representatives are interviewed to assist with the formulation of an individualised lifestyle care plan. The effectiveness of the activities program in meeting individual resident's needs is evaluated by analysis of participation records, data, observation, direct feedback through resident/representative forums and surveys. Activities staff use resident attendance data, activities evaluations and feedback to develop future timetables. Residents are aware of planned activities through noticeboards and the provision of individual copies of lifestyle programs. Resident and representative feedback indicates satisfaction with the lifestyle program and the way residents are encouraged and supported to participate in a wide range of interests and activities of interest to them.

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

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

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

Does comply

Residents are encouraged and supported to participate in community, spiritual and cultural events and customs. Residents' social, religious, cultural and preferred lifestyle and advanced health care wishes are identified on entry to the home in consultation with the residents and/or their representative. Religious and days of cultural and spiritual significance are celebrated and/or commemorated and residents and their representatives are encouraged to participate. Visiting clergy of different denominations are organised for residents and attend the home on a regular basis to provide the sacraments and religious services. The home has access to culturally specific services and resources to assist in providing individual cultural needs if required. Residents and representatives interviewed reported they are satisfied with the home's response to meeting their cultural and spiritual needs.

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

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

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

Does comply

Residents and/or their representatives are satisfied they are able to exercise choice in relation to deciding aspects of their daily care, doctor, lifestyle and advanced health directives. Resident's individual choices and decisions are encouraged and supported by management and staff. One to one discussions, consent, comments and complaints processes, resident and representative meetings and resident of the day care plan reviews are in place to ensure the home provides residents and/or their representatives with information to make decisions and have input into their care and treatment. Residents have access to forums and satisfaction surveys to discuss care and lifestyle activities. Suggestion boxes and opportunity to improve forms are made available for residents and representatives to make suggestions or raise issues with management.

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

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

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

Does comply

Prospective residents are given a guided tour of the home and an information package. When entering the home, the new resident is given an introduction brochure, a residential agreement and a handbook explaining the home's features and their responsibilities. The home ensures that its new residents understand their security of tenure, rights and responsibilities, fee structures and services offered by the home. Residential care agreements clearly display the home's fees and charges, with agreements observed to be appropriately signed. Additionally, the new resident is orientated to the home's facilities and staff and introduced to fellow residents. There are resident and representatives meetings held regularly, the charter of resident rights and responsibilities is clearly displayed and residents are kept informed of their financial situation with respect to bonds. Residents and relatives express their appreciation with how well the initial entry into the home was handled and for the continuing care they receive.



## **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

Please refer to Expected outcome 1.1 Continuous improvement for more details on the home’s continuous improvement system. The physical environment and safety systems are monitored through regular internal and external auditing, analysis of incident reports and resident/staff surveys, comments and complaints. Resident surveys are used to assess the level of satisfaction and also to highlight equipment or environmental needs. Actions identified for attention are included on the home’s improvement register. Recent improvement activities include:

- The home has introduced a bain marie to be used in the first floor kitchen. Previously meals were plated downstairs and delivered in a hot box. The change means that meals are now plated upstairs providing better temperature control and improved ambience for residents through the associated aromas of the food. Residents told the team that this was a significant improvement.
- The home is installing ceiling mounted mirrors in corridor blind spots to eliminate the possibility of stakeholders accidentally bumping into each other. This is part of the home’s proactive hazard identification program.
- Activities staff are being trained in food safety to assist in their leisure and lifestyle program that includes cooking activities for residents.
- The home has improved the nurse call system which now allows the dect phones to be zoned individually for the three wings of the home. New cabling was required and a security camera was also installed in the underground car park. Residents and staff state that response times have improved. Management can now through the installation of new software monitor response times and send messages to the nursing staff via the dect phones.

### **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

Refer to Expected outcome 1.2 Regulatory compliance for details on the system used by the home in determining how they meet legislative requirements. Chemicals are securely stored with material safety data sheets available at point of use/storage. Appropriate building certification has been obtained. Fire and emergency equipment is serviced as per mandated requirements and records maintained. The emergency manual includes details on the home’s preparedness for emergencies other than fire. There is a registered food safety plan in place for catering and an active occupational health and safety committee representing all staff.

### **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

Refer to Expected outcome 1.3 Education and staff development for details on the overall system used at the home for determining educational programs. Management has a comprehensive schedule for education that includes in-service, external courses, consultants and a televised training program. All staff must attend mandatory training sessions that include: fire and emergency, manual handling, food safety, infection control. Staff have also been trained in the use of the newly purchased electronic shower chair.

### **4.4 Living environment**

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

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

Does comply

The home occupies the ground and first floor of a four storey building that also includes independent living apartments. Residents are accommodated in single bedrooms with en-suite bathroom and individually controlled air conditioning. Residents are encouraged to personalise their rooms with some furnishings or memorabilia from their previous residence. The home is a secure environment with key pad locks and/or card swipes on external doors and elevators. There are a number of secure courtyards with pot plant gardens that are accessible to residents. The safety of the building and environment is maintained through preventive and reactive maintenance programs. Storage and service areas are secured to protect residents from possible harm. Residents and relatives are satisfied that the home is safe, well maintained and meets their needs.

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

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

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

Does comply

Occupational health and safety manuals and information is available to all staff and residents. There is a committee in place that meets to discuss hazards, incidents, training needs regarding safety, workplace inspections and trend data. Occupational health and safety is a standing agenda item in meetings; all staff and residents/representatives are actively encouraged to report any hazards or to offer improvement suggestions. Staff demonstrate an understanding of occupational health and safety responsibilities and the home's incident and hazard reporting mechanisms and processes. There is also a corporate safety committee that meets with all site safety committees on a regular basis throughout the year. A risk management approach is used to prioritise action on identified hazards. Personal protective clothing, infectious disease and spill kits are available for staff protection. Staff and documentation confirm training in safety related mandatory subjects occurs annually and at orientation for new staff.

#### **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 ensures that legislative requirements regarding essential services is being met by using an external contractor to maintain and perform system checks on the home's fire safety system. There is a preventive maintenance program that includes the testing and tagging of all electrical equipment and the maintenance of plant and equipment. Contingency plans are included in the crisis management planning process to allow for rapid response and recovery in the event of an emergency. Evacuation plans are displayed throughout the building. All main points of entry are protected by keypad locks that automatically release in the event of an emergency. Fire safety and awareness training takes place regularly for all staff and on site contractors. Emergency exits are clearly marked and free from obstruction.

#### **4.7 Infection control**

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

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

Does comply

The home has an infection control program in place that is underpinned by policies and procedures for preventing and monitoring infections. Staff orientation includes an infection control and hand washing competencies and staff training programs are conducted. Colour coded cleaning and kitchen equipment is used to reduce the risk of cross contamination, and processes for safe food handling are implemented in the kitchen including the monitoring of temperatures for food deliveries and storage. There are policies and guidelines available for outbreak management, and a vaccination program is in place for residents and staff. Review of the surveillance program shows residents' infections are monitored and a monthly register is maintained. Staff interviewed confirmed that personal protective equipment is readily available, and said they receive ongoing education relevant to infection control practices; for example hand washing and food handling.

#### **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

All hospitality services at the home are contracted out to external providers who have designated staff assigned to the home. Residents are offered alternative meals if not wanting the set meal from a rotating menu system. Meals are cooked fresh each day in the main kitchen, served directly to high care residents on the ground floor and delivered to a bain-marie in the low care kitchen on the first floor where it is plated and served. A food safety plan is in place with staff monitoring the quality and temperature of meals as delivered. Designated cleaning staff adhere to cleaning schedules and infection control guidelines when cleaning their assigned areas of the home. Audits are conducted to monitor practice and any issues are appropriately actioned. Residents' personal clothes are collected, washed and returned by the laundry staff that are also responsible for the labelling of residents' clothes. The home's laundry also washes all linen. There are procedures in place for all hospitality functions. Feedback from residents and their representatives was highly positive regarding these services.