



Aged Care  
Standards and Accreditation Agency Ltd

## **Ashley House Lodge**

RACS ID 2281

97 Ashley Street

Roseville NSW 2069

Approved provider: Ashley House Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 August 2015.

We made our decision on 5 July 2012.

The audit was conducted on 5 June 2012 to 6 June 2012. The assessment team's report is attached.

The team recommended the home did not meet expected outcome 1.8 information systems. Immediately following the audit, the home implemented a number of actions and we are satisfied the home now meets this expected outcome.

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

## Most recent decision concerning performance against the Accreditation Standards

### 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.

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

### 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.

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

**Standard 3: Resident lifestyle****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

**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.

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

# Audit Report

**Ashley House Lodge 2281**

**Approved provider: Ashley House Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 5 June 2012 to 6 June 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an 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 the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

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

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

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.8 Information systems

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 June 2012 to 6 June 2012.

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:	Judith Roach
Team member/s:	Atewa Ligorio

## Approved provider details

Approved provider:	Ashley House Pty Ltd
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## Details of home

Name of home:	Ashley House Lodge
RACS ID:	2281

Total number of allocated places:	29
Number of residents during audit:	28
Number of high care residents during audit:	28
Special needs catered for:	nil

Street/PO Box:	97 Ashley Street	State:	NSW
City/Town:	Roseville	Postcode:	2069
Phone number:	02 9412 2451	Facsimile:	02 9415 3360
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	13
Director of Nursing	1	Volunteers	1
Educator (registered nurse)	1	Catering staff	2
Registered nurses	2	Laundry staff	1
Care staff	8	Cleaning staff	1
Lifestyle staff	1	Maintenance staff	1

### Sampled documents

	Number		Number
Residents files (including progress notes, medical officers notes/referrals, data base records, hospital discharge notes)	6	Pharmacy generated medication charts - authorised by medical officers including scheduled drugs, and anticoagulant medications	28
Care plans and summary care plans	9	Medication identification charts; and regular packed and non-packed, and PRN (as required) signing charts for staff	28

### Other documents reviewed

The team also reviewed:

- Accident and incident forms for dents falls, medications, skin tears; hazard alert form; staff accidents and incident forms
- Annual fire safety statement
- Archive storage and secure storage of residents documents
- Audit results, reports and surveys
- Bulletins, mail faxes, newsletters and current updates from peak industry bodies and regulatory departments
- Clinical and personal care assessment records including behaviours, continence, dietary, medication, mobility, oral care, pain, sensory, skin integrity, sleep
- Clinical and personal care monitoring, observation, and treatment records including anticoagulant therapy, blood glucose levels, urinary catheters, weights, wounds
- Clinical indicator records including falls, infections, medications, skin tears, wounds
- Communication books for care staff, medical officers, other health and related service personnel
- Complaints mechanism flowchart
- Consolidated register (compulsory reporting)

- Continuous quality improvement plan and improvement logs, schedule
- Daily rosters and roster folder
- Education attendance records, education plan, calendar for registered nurses, skills assessments, orientation for new staff folder
- Employee agreements including confidentiality, job descriptions and statements of duty
- Facility assessment document
- Food safety program including NSW food authority licence, temperature records, labelling of food, four week rotational menu - seasonal, Winter menu, resident diet preferences sheet
- Health and other related services personnel - referrals, reports
- Improvement log and register
- Invoice for secure document disposal
- Lifestyle and leisure assessments and program evaluation records
- Lifestyle and leisure monitoring and observation records including resident surveys; activity evaluations
- Maintenance log and maintenance requests, services schedule
- Manuals, policies and procedures, memoranda - various
- Medication management records including dangerous drugs register
- Notices advising residents, representatives and visitors of the Re-accreditation audit
- Nurses' and physiotherapist's registration register
- Police clearance check register and staff employment visa register
- Policy and procedure manuals, and work practice manuals - various
- Priority action plan including repairs to veranda boards
- Risk assessment and management plan for residents occupying first floor of home
- Risk assessments - falls risk
- Resident authorisation and consent forms including restraints
- Residential care agreements, residents' information handbook, residents' information package and surveys, newsletters
- Staff appraisals and orientation checklist, staff competency skills folder and calendar, education attendance folder
- Stock checklist for first aid box
- Strategic plan, goals and achievements folder
- Survey results residents/representatives and staff
- Team member handbook
- Temperature checks kitchen fridge, freezer, cool room and meals being served
- Vaccination records - residents
- Various meetings - schedules, agendas, minutes
- Workplace Health and Safety Handbook

## Observations

The team observed the following:

- Archive storage and secure storage of residents documents
- Brochures - external complaints and advocacy services, food safety, various other
- Charter of Residents Rights and Responsibilities displayed
- Colour coded cleaning system, cleaning equipment, chemicals and store rooms
- Colour coded sticker system in the kitchen for dating food, and meal serving textures
- Comments and complaint brochures - internal; suggestion box
- Cordless phone
- Documentation control system
- Emergency procedure flipchart, emergency spill kits
- Equipment in use, supplies and storage areas - various
- Fire emergency procedures, flip charts, emergency evacuation kit, lighting, first aid box
- Hand washing facilities and posters
- Hospitality services, lunch, morning and afternoon tea being served
- Infection control locked clinical waste and sharps containers, spill kits, personal protective clothing and equipment, outbreak management kit
- Interactions between clinical staff and medical and other health related services personnel
- Interactions between staff, residents and relatives/representatives, visitors
- Internal and external living environment including new veranda railing
- Kitchen, cool room, fridge, dishwasher and pantry
- Landscaped courtyard and barbeque area
- Laundry bags for residents' delicates
- Lift and stairway access between floors
- Living environment - internal and external areas
- Manual handling processes, work health and safety signage
- Meal service, menu display; staff assisting residents with meals and drinks
- Medication system and processes including medication round and storage
- Mission, vision, values, on display in the foyer
- Notice boards with notices, pamphlets, forms, and other information on display for staff and residents
- Oxygen concentrator device, oxygen cylinders stored safely
- Reaccreditation audit information notices displayed
- Residents leisure and lifestyle activities in progress
- Residents leisure and lifestyle calendars and schedules displayed
- Secure storage of resident and personnel files
- Security system including nurse call system, perimeter sensor lighting

- Staff access to information systems
- Staff practices
- Staff work areas, staff room
- Vision, mission and values statements displayed
- Visitor/contractor sign in/out books

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

### 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

Interviews, observations and document review demonstrate that Ashley House Lodge has systems and processes that underpin the active pursuit of continuous improvement across the four Accreditation Standards. Information is obtained through continuous improvement feedback forms, results of audits and surveys, meetings, incident/accident reports, observation and informal feedback from staff residents and representatives. Staff and residents/representatives are aware of the program and the ways in which they can make suggestions, and commented that they receive feedback on all suggestions and improvement activities. Improvements relevant to the Accreditation Standard One include but are not limited to:

- The application of the Work Health and Safety Act 2011 to the home's human resources division and their information systems and processes. The initiative has included education of all staff on the Work Health and Safety Act 2011 and associated regulation. The initiative has aided the home's workforce in gaining knowledge and skills required for maintaining safe work practices.
- Other improvements to the home's human resources division include a dietician being recruited and employed as part of the kitchen staff. This has assisted kitchen staff in increasing their knowledge and awareness of residents' dietary needs and of safe food handling techniques. The home achieved an A grade pass for their May 2012 audit conducted by the NSW Food Authority.

#### 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

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Staff, key personnel the organisation receives information through subscriptions to a variety of government and independent information services. Changes and information are discussed and any relevant changes to policies and practice are reviewed, implemented and where appropriate education sessions are conducted to ensure staff are aware of changes.

Policy and other documentation were noted by us to have been recently reviewed and contained reference to relevant legislation, regulatory requirements and guidelines such as the Work Health and Safety Act 2011 Act. Interviews and document review that we

conducted demonstrated that staff have attended relevant educational programs concerning regulatory compliance. Residents/representatives were advised of the re-accreditation visit as per the requirements under the Aged Care Act. Information is also provided to residents/representatives through articles in the residents' newsletters and information provided at the resident meetings.

### **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 has a system to ensure that management and staff have appropriate knowledge and skills. The system includes regular performance appraisals, competency assessments, a staff orientation process, and an education program that spans the Accreditation Standards. Assessments of staff competency are conducted, as part of orientation and on an ongoing basis, in a range of general areas such as manual handling and in specific job related areas such as the management of medications, and infection control.

Our interviews with staff and our review of documentation indicate that a range of educational opportunities are available to, and accessed by, staff. The educational plan is developed based on a range of inputs including input from management and staff, audits, observation and competency assessment. Education undertaken by management and staff is documented on the training matrix and the daily education record. We noted attendance at training and education is high as is staff satisfaction with the opportunities offered.

### **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

The home's complaints management process and external mechanisms for complaints are well documented and advertised for example through the resident agreement, resident handbook, during orientation to the home, newsletters, displays, residents and their representative meetings and through regular communication with staff. Feedback forms are also used to gather feedback and are widely available and used by residents, representatives and staff. The home demonstrated its responsiveness to any complaints received and this was confirmed in all resident/representative interviews. Residents and their representatives could describe their approach to raising complaints should they have one, usually through direct contact with staff and management. Complaints and comments are logged along with the actions taken and follow up feedback, all of which is regularly reported to management and staff committees.

### **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's philosophy of care, mission, vision and values is present in a number of documents including policy and procedure manuals, team member handbook, resident handbooks, and is clearly displayed throughout the home. Staff, residents and their representatives interviewed are aware of the home's mission and values statements. The themes expressed in the home's statements are well promulgated throughout the home and we observed them to be reflected in the day to day interactions between staff, management, residents, and representatives. The leadership of the home was positively described to us by residents, representatives and staff alike.

### **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 adjusts staff numbers and skill mix according to resident need and preferences and short term staffing shortfalls are supported by a pool of part-time, casual staff as well as agency nursing. All residents and their representatives we interviewed reported that care is delivered competently in a caring and supportive atmosphere. Results of our interviews with residents support this information. Staff expressed satisfaction with their employment in the home. Notable throughout the home was a calm and positive atmosphere and a sense of teamwork.

Recruitment and training of care staff is managed and undertaken by the director of nursing and the registered nurse/educator as well as senior staff members. Performance of new and existing staff is evaluated through observation, performance appraisals and specific competencies. The home monitors the registered nurses authorities to practice and all staff have had criminal record checks prior to commencing employment. An orientation program is in place for all new staff that includes a generic program covering compulsory information which includes but is not limited to elder abuse legislation, infection control, manual handling, work health and safety as well as information about the services available to 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

Management demonstrates it has suitable goods and equipment appropriate for the delivery of services. The home has processes in place to check on the quality of goods, processes to receive and review its stocks to ensure they are appropriate and sufficient. All staff we interviewed confirmed they had ready access to all necessary goods and equipment at all times. Information we received from residents and their representatives support this

information. The kitchen, cleaning, laundry and other stores were observed to be well stocked and locked. Preventative maintenance and equipment testing schedule is in place for equipment, including for example kitchen equipment, and fire fighting equipment. Routine maintenance requirements can be and are raised by staff and representatives.

Observation of records demonstrated that repairs and replacements are generally carried out quickly. The home maintains a maintenance program to ensure that timely service and preventative maintenance on equipment is carried out in accordance with manufacturer's specifications and identified need within the home.

## **1.8 Information systems**

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

### **Team's findings**

The home does not meet this expected outcome

Results of our observations, document review and interviews with management, staff and residents demonstrate the home does not have effective information management systems in place. We identified deficiencies in relation to quality management systems, staff knowledge and practice; and residents' care needs and preferences and their safety. Management's review of the overall effectiveness of the home's information systems is not resulting in process improvements being implemented as required. Staff are not consistent in their use of available and appropriate tools, equipment and methods of facilitating effective information to meet the needs of residents. Management, staff and other stakeholders do not always have access to, or are able to retrieve appropriate, up-to-date, accurate, and timely information as necessary, to help them perform their roles. The identified deficiencies are impacting the home's ability in using specific information as needed to respond to the current and likely future needs and preferences of the residents.

## **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

The home currently has contracts and agreements in place with external service providers which include for example providers of foodstuffs, chemical services, equipment maintenance, hospital and medical equipment and supplies, and fire services. Clinical, care and advisory services are also provided by external providers for examples doctors, pharmacy services, physiotherapist and dentist. We noted that external services are managed and scheduled by the home, that the quality of incoming goods and services were monitored and that external providers were generally meeting the home's quality requirements and goals. The home has an approved list of contractors and providers and all work done is documented and inspected by management to monitor performance thereby ensuring quality. Residents are able to access external services such as hairdressing and other allied health professionals. The services provided are monitored by management through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of suppliers.

## **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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Examples of specific improvements relating to Accreditation Standard Two include, but are not limited to:

- As a result of management's pursuit of continuous improvement the home has purchased equipment to assist staff in the appropriate delivery of care to the residents and to provide the residents with increased opportunities to achieve and maintain an optimal health status. For example:
- The home has recently purchased three alternating pressure relief mattress overlays to aid and maintain optimal skin care for residents identified with impaired skin integrity. A resident recently entered the home with a previously identified pressure wound. The wound has since healed and staff interviewed said the wound healing process was aided by the availability of the pressure relief equipment.
- The director of nursing and educator said the home has recently implemented computer generated medication charts that are prepared by the home's contracted pharmacy. Staff interviewed said the initiative has been a positive step as they can now clearly identify medical officers' written medications orders. They said it is assisting them in continuing to manage residents' medications safely and correctly.

### **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

Refer to expected outcome 1.2 Regulatory compliance for details about the home's system for ensuring regulatory compliance. The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following recent examples relating to Accreditation Standard Two:

- Registered Nurses professional registrations are updated and maintained in a register to assist with tracking of registrations and prompting for renewal notification.
- The home has reviewed and updated their policies and procedures in line with the Work Health and Safety Act 2011.

### **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

The home has a system to ensure that management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development. The home demonstrates that staff have knowledge and skills required for effective performance in relation to residents' physical and mental health. Examples of education and training programs relevant to Accreditation Standard Two include:

- Training for the use of the new blood glucose level (BGL) machines acquired in March 2012 was given by the manufacturers. Training regarding the management of hearing aids was provided by the Australian Hearing Services in February 2012. The education and training has ensured that staff are competent in these areas and maximising results for residents.
- Staff are consistently educated regarding pain management. In-house and external training was provided in March 2011 and June 2011. A written questionnaire assisting in pain management knowledge was distributed to staff in April 2012 and a pain management education session is planned for July 2012.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

The home has systems and processes to ensure that residents receive appropriate clinical care. Registered nurses are responsible for directing and supervising clinical care which is delivered by qualified and trained staff within the scope of their practice. Initial and ongoing assessment, planning, delivery and evaluation of residents' care needs and preferences occur across a range of dependencies. The results are used to inform the development and review of care plans to guide staff in the delivery of clinical care to meet the individual resident's needs and preferences. We observed consultation occurring between the residents/representatives, management and staff about residents' clinical care needs and preferences. Matters were being identified for further review as indicated, including follow-up by medical and other health services personnel. Residents/representatives interviewed expressed satisfaction with the standard of clinical care provided to residents.

### **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' specialised nursing care needs are supervised and directed by registered nurses in consultation with medical practitioners and/or other health and related services personnel. Management strategies and treatment regimes are in place to address residents' specialised nursing care needs including urinary catheter care programs. Registered nurses we interviewed demonstrated a sound knowledge of specialised nursing care needs including management of complex pain and wound care programs. Staff said, and our observations

confirmed, that adequate supplies of equipment and resources are available to meet residents' identified specialised nursing care needs. Residents/representatives interviewed expressed satisfaction with the standard of specialised nursing care provided to relevant residents.

## **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

The home has systems to facilitate the referral of residents to other health and related services personnel. Other health and related referral services available to residents include mental health, palliative care, pain management, physiotherapy, podiatry, speech pathology, wound care and specialist medical physicians. Residents are reviewed as required by trained and qualified audiology, dental, and optometry services personnel. Residents/representatives we interviewed said they are informed and satisfied with the choices available to the residents.

## **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 systems and processes to ensure residents' medication is managed safely and correctly. Qualified and trained staff use an accredited pre-packed medication system to administer prescribed medications to residents. Staff we interviewed and observed demonstrated knowledge and understanding of the practices and protocols they use to ensure residents receive their medications safely, as ordered. Document review confirmed evaluation and review of residents' prescribed medication is regularly undertaken by their medical officers. The medication management system is monitored as part of the home's audit program with additional reviews carried out by an accredited pharmacist. Medication incidents are documented and reported to management and the home's medication advisory committee. Residents/representatives interviewed said they are satisfied with the way staff manage residents' medication needs.

## **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/representatives we interviewed expressed satisfaction with how residents' pain is managed and said the care staff assist residents to be as free as possible from pain. They said they regularly ask residents about their pain states and offer them pain relief options. Residents are assessed for acute and chronic pain states on entry to the home and as indicated. Assessment and review of individual residents' pain is carried out by qualified medical officers and trained and qualified staff in consultation with the residents and/or their representatives. The clinical and care staff described their role in identifying and reporting residents' pain. Residents are provided with a holistic approach to pain relief including

prescribed analgesia, pain relief programs including gentle massage and heat pack therapy, and diversion through selected leisure activities.

## **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 has a system to ensure the comfort and dignity of terminally ill residents is maintained through a palliative care approach. Residents’ terminal care wishes may be documented as indicated on entry to the home including the level of clinical intervention preferred by the resident. Care and lifestyle staff described a range of interventions they would employ when caring for a terminally ill resident to ensure the resident’s comfort and dignity is maintained. Non-medicinal care resources that can be provided to residents include skin care and pain relief programs including pressure relief and gentle massage. Emotional support is provided by care and lifestyle staff, and pastoral and spiritual support is available as desired.

## **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

The home provides residents with adequate nourishment and hydration. Residents’ initial and ongoing dietary requirements are initially and regularly assessed and kitchen staff re notified about changes to residents’ dietary needs and preferences. Assessments identify any oral or dental deficiencies, swallowing difficulties, or the need for special diets. A speech pathologist is available as needed. All residents are weighed on entry to the home and then monthly. If a resident experiences a specific weight loss their medical officer is notified and appropriate action is undertaken including weekly weight monitoring. Food supplements are administered as indicated/prescribed. A dietitian is available for consultation/referral if requested by a medical officer. Residents/representatives interviewed stated residents are encouraged to maintain hydration including at meal times, at morning and afternoon tea and at regular intervals throughout the day. Residents/representatives confirmed that residents are served food at satisfactory temperatures and that generally they are satisfied with the quantity, quality and choice of their meals.

## **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

The home is ensuring that residents’ skin integrity is consistent with their general health. Clinical and care staff recognise a close link between residents’ skin integrity and the status of their continence, nutrition and hydration, and mobility, and incidents and accidents including falls and skin tears. Registered nurses oversee the care staff in assessing, actioning and evaluating residents’ skin care needs and preferences. Staff interviewed

demonstrated a sound knowledge in identifying and reporting anomalies in residents' skin integrity. Registered nurses regularly assess, evaluate and carry out complex wound care in liaison with the residents' medical officers. Residents are referred as appropriate by their medical officers to wound care specialists for assessment and review of their wounds and treatment regimes. Residents/representatives interviewed expressed their satisfaction with the standard of skin care provided to residents.

## **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 is managed effectively. Registered nursing staff oversee the initial and ongoing assessment, planning, actioning and evaluation of residents' continence needs and preferences. Staff discussed toileting programs they use to manage individual resident's needs and preferences and said adequate continence care supplies are readily available. Residents are regularly monitored for the presence of urinary tract infections which may impact on their level of continence and preventive strategies implemented. Bowel management programs are in place and include daily monitoring, regular fluids and appropriate diets. Specialist continence advisors are consulted by the home as required, to ensure the programs and products used are effective in managing residents' continence. Residents/representatives interviewed generally said that the home manages residents' continence needs effectively.

## **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

The home has a system to ensure the needs of residents with challenging behaviours are managed effectively. Pre-entry and entry interviews that include liaison with relevant medical and/or other health and related services are conducted to ensure the home can meet the needs of prospective residents. Initial and ongoing assessments identify residents' behaviour management needs and inform the development and implementation of their care plans. Factors intensifying behaviours of concern are identified and management strategies implemented and evaluated through regular case reviews. The review process includes consultation with relevant resident representatives and medical and/or other health and/or related services. Referrals to mental health specialists occur through the residents' medical officers as required. Behaviour incidents are recorded, addressed and evaluated in a timely manner and contributing medical causes are monitored and treated appropriately. A person centred approach is used and includes a pain relief program if appropriate, and diversion through encouraged participation in lifestyle activities. Residents/representatives interviewed said they are satisfied with the way in which residents with challenging behaviours are managed at the home.

## **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

The home has an established mobility program that meets the individual resident's needs and preferences. A physiotherapist regularly assesses and reviews residents' mobility needs and evaluates their participation in individual or group exercise programs. Our observations and residents interviewed indicated the residents' pleasure and satisfaction in the gentle exercise classes being provided to them. The use of mobility aids and individual falls prevention strategies are consistent with identified needs of residents. The home undertakes assessment through consultation with residents/representatives, medical personnel, a physiotherapist and podiatrist and staff. Resident incidents such as falls are reported and responded to in a timely manner and feedback is provided to staff, residents and medical and other health and related personnel. Residents/representatives interviewed said they are satisfied with the home's approach to optimising residents' mobility.

## **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' oral and dental health is maintained. The home's approach to the maintenance of oral and dental health includes initial assessment and ongoing review of residents' oral and dental care needs. Assessments are carried out by clinical and care staff who are trained in basic oral care techniques. Referral to dentists or specialists of choice is arranged by residents' medical officers according to their needs and preferences. On site assessments are arranged with dental specialists for residents as required/desired. Staff said that residents have their daily oral care needs encouraged, supervised and/or attended by care staff. Residents/representatives interviewed confirmed that residents have access to the dentist of their choice in the local area and are assisted to make appointments as required.

## **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

The home has a system to ensure that residents' sensory losses are identified and effectively managed. The identification of sensory impairment includes an assessment of the resident's sight and hearing. Residents/representatives interviewed said that staff assist residents in the maintenance of sensory aids including cleaning and fitting of spectacles and hearing aids. Medical and other health and related personnel are involved as required. Sensory loss assessment information is incorporated into the development and planning of a residents' plan of care. Incorporated features that focus on sensory stimulation include gentle massage therapy, physiotherapy, one-on-one conversations, and reminiscence and music therapy.

## **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/representatives interviewed said that residents are able to achieve natural sleeping patterns. The home has a system of initial and ongoing identification of individual night care needs and preferences that encourage natural sleeping patterns for residents. Examples include the identification of individual routines, the implementation and review of sleep strategies, and the provision of a quiet environment. Sleep strategies include a reduced noise level at night, offering a warm drink, appropriate continence management, one-to-one time, and night sedation, and/or pain relief medication if ordered by a medical officer. Residents interviewed said they sleep at night and that staff help them.

### **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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system. Examples of specific improvements relating to Standard Three include, but are not limited to:

- A number of residents are meeting regularly to participate in a prayer meeting group that commenced in April 2012 as a result of resident feedback. The residents have an active part in leading the group and expressed their happiness with the opportunity to meet together for spiritual benefit.
- The home has introduced regular high teas for residents and/or their representatives as a result of resident and staff feedback. The initiative is providing the residents and their representatives with an increased opportunity to spend time with the staff and the Director of Nursing. Review of photographic records revealed the residents’ rooms are elaborately presented for the occasion with lavish cakes and sweets forming a table centrepiece.

#### **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

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance. The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following recent examples relating to Accreditation Standard three:

- The Charter of Residents’ Rights and Responsibilities is included in the resident admission pack and displayed in the home.
- Information is provided to residents and their representatives in the resident handbook and other materials regarding their rights and responsibilities including security of tenure and the care and services to be provided.

### **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

The home has a system to ensure that management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development. Examples of education and training programs relevant to Accreditation Standard Three include:

- Loss and grief
- Palliative care
- 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 recommendation**

The home meets this expected outcome

The home provides initial and ongoing support to residents/representatives in adjusting to a resident's new life in the home. Lifestyle assessments identify emotional support needs for individual residents and/or their representatives on a resident's entry to the home. The assessment results are used to inform the development of a plan of care that is regularly reviewed and evaluated. Support services available to residents/representatives include regular interaction with care and lifestyle staff. Residents' families and/or friends are invited to attend regular resident/relative meetings. The team observed staff providing support to residents by encouraging them to participate in life at the home whilst also respecting their right to refuse. Residents/representatives interviewed said they are very satisfied with the emotional support offered to them when residents first arrive and said the support is ongoing. They expressed their gratitude for the commitment of the care and lifestyle staff in providing them with emotional support.

### **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**

The home meets this expected outcome

A range of residents' preferences for independence is identified in consultation with residents/representatives. Initial and ongoing assessments, completed social profiles and strategies for assisting residents' independence are implemented. The home encourages the involvement of family, friends and the community and we observed visitors providing companionship to residents. Our observations and staff interviews revealed strategies used to assist residents maintain their physical independence include a regular program of physiotherapy, gentle exercise and pain management provided by qualified and trained staff. Residents/representatives interviewed expressed satisfaction with the encouragement and assistance the home provides to residents to maintain their independence, friendships, and a desired level of community participation.

### **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**

The home meets this expected outcome

Residents' privacy, dignity and confidentiality is maintained and valued at the home. Residents/representatives interviewed said that all residents are treated politely and courteously by staff. Confidential and private information including permission to publish photographs is obtained with the prior consent of the residents/representatives and is securely stored. Staff receive training and are monitored on supporting residents' privacy, dignity and confidentiality. Our observations of staff attending residents in a respectful and courteous manner demonstrated their understanding and awareness of privacy issues. Staff said they have signed a confidentiality agreement on commencing employment at the home. We observed, and residents/representatives said that residents live their life at the home with respect and dignity.

### **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**

The home meets this expected outcome

A series of lifestyle and leisure assessments are carried out when a resident first enters the home. The results are used to develop a regularly reviewed lifestyle plan that encourages and supports residents' participation in a wide range of interests and activities of interest to them. Residents' participation levels and feedback guide the plan which includes group and one-on-one activities. Group interaction activities offered include high teas, bus trips and exercise programs. We observed residents' participation and enjoyment in an afternoon game of bingo. Document review revealed one-on-one activities provided include daily room visits, gentle massage and reminiscence. Residents interviewed spoke of activities offered to them including movies and visits by entertainers. They indicated their satisfaction for the assistance provided to them by staff in this area of care. We observed, and residents/representatives interviewed said that whilst residents are encouraged and supported to participate, they are regarded as individuals and their right to refuse to participate is respected.

### **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**

The home meets this expected outcome

Requirements for residents' individual cultural and spiritual needs, and customs and beliefs are identified through gathering information on residents' life biographies and social profiles, as available and desired. Information is recorded in a resident's lifestyle and leisure care plan incorporating their spiritual and cultural needs and preferences. Holy days and cultural days such as Christmas, Easter, and ANZAC day are celebrated. Residents' personal backgrounds are respected and they are encouraged to use photographs and other visual reminders of their cultural and spiritual heritage. Residents/representatives and staff interviewed said that residents' spiritual needs are met through regular prayer group

meetings conducted by a pastoral volunteer, and regular on site denominational services. Residents/representatives said they are very satisfied with the range of individual and group cultural and spiritual services and support available to residents at or through the home.

### **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**

The home meets this expected outcome

Consultation about a resident's (or his or her representative's) right to participate in decisions about the care and services a resident receives occurs between the resident/representative and staff on a resident's entry to the home. Residents decide on a range of care and services including their preferred time for hygiene activities, a choice of meals, and when or if to participate in leisure interests and activities. Information packages and the offer of a resident agreement ensure they are aware of choices available to residents. We observed information regarding residents' rights, complaints mechanisms and advocacy services is included, and is on display. Staff said that residents/representatives are aware of the need for residents to not infringe on the rights of other residents. Consultation with residents/representatives, and the manager's 'open door' policy assist in providing timely feedback. Residents/representatives interviewed said they are satisfied with the level of encouragement and support provided in making choices and decisions about residents' lifestyles.

### **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 has established policies and procedures that ensure the residents have secure tenure within the residential care service, and understand their rights and responsibilities. New residents (and/or their representatives) are provided with comprehensive information about their rights and responsibilities on entry to the home. This information is explained both prior to and during the admission interview. A resident agreement is offered to each resident during this time to formalise occupancy arrangements. The resident handbook provided to new and prospective residents includes, but is not limited to, information for residents about their rights and responsibilities, complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement. Interviews with residents/resident representatives confirmed they are satisfied with the information the home provides regarding residents' security of tenure and 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

Refer to expected outcome 1.1 Continuous Improvement for sources of evidence and additional information including a description of the overall system of continuous improvement.

Examples of continuous improvement activities relevant to Accreditation Standard Four include:

- Improvements undertaken in the home’s safe systems include the attachment of battery operated torches to all doorways of residents’ rooms for extra emergency lighting. This is additional to the emergency lights throughout the building. The torches are available in case of an emergency and staff feel re-assured they are better equipped. Batteries are checked and replaced regularly
- The home has purchased a reverse cycle air conditioner for a shared residents’ room following staff and resident/representative feedback during the previous summer that the room was hot. This has ensured the temperature for the residents in the shared room is very comfortable.

### **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 systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. The home’s policies were noted by us to include consideration of relevant legislation, regulatory requirements and guidelines. A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is on display in the home. Interviews and document review conducted by us demonstrated that staff had attended relevant educational programs such as workplace health and safety, infection control, fire safety and manual handling. The home conducts reviews and audits relevant to the requirements of specific legislation and Accreditation Standard Four, for example workplace inspections, fire safety and food safety audits.

### **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

The home has a system to ensure that management and staff have appropriate knowledge and skills. This is described under expected outcome 1.3 Education and staff development. The home demonstrates that staff have knowledge and skills required for effective performance in relation to physical environment and safe systems. Examples of education and training programs relevant to Accreditation Standard Four include:

- Fire awareness and evacuation
- Manual handling
- Work health and safety
- Safe handling of chemicals

### **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 has a system in place to provide a safe and comfortable environment consistent with residents' care needs. The home has a preventive and corrective maintenance program and processes to identify and manage environmental risks. The home has an effective security system in place and maintained internal and external areas. Residents' rooms are mainly shared rooms with shared toilets and bathrooms. Residents are encouraged to personalise their rooms. The team observed adequate furnishings, equipment and communal as well as private areas for residents and visitors. Resident/representative interviews confirmed that the home is actively working to provide a safe and comfortable environment to meet their care 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 findings**

The home meets this expected outcome

The home has developed systems and processes which enable it to demonstrate there is a safe working environment that meets regulatory requirements. The home is supported by the director of nursing who is available for direction and guidance. Education provided at orientation and on an ongoing basis includes manual handling, fire safety awareness, infection control, and hazard and accident/incident reporting. Lifting devices, slide sheets and personal protective and other equipment are available for the protection of both staff and residents. The home regularly reviews accident/incident and infection data, and results of audits and surveys. Preventative and reactive maintenance programs are in place. Staff interviewed are aware of their responsibilities regarding work health and safety and were observed carrying them out.

#### **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

The home has systems to promote the safety and security of residents and staff including documented procedures for responding to fire and other risks. Independent inspections are carried out annually for attainment of fire safety certification. We observed the home to be fitted with fire alarms and panels, fire fighting equipment, and fire and smoke doors, all of which were tested and maintained according to pre-determined schedules. All staff are required to participate in evacuation drills, fire and other emergency training at orientation and in an ongoing manner. Staff attendance at training, and their knowledge and competency are monitored regularly. Staff that we interviewed were aware of and could describe procedures for responding to fire and other emergencies.

#### **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 an effective infection control system for preventing, identifying, managing and minimising infections. The system includes: policies and procedures; signage around the workplace; infection prevention strategies; surveillance and reporting processes; hazard risk management; waste management; and a food safety program. The home collects and conducts analyses of infection control data and the results are used to improve clinical outcomes for the residents. The kitchen, cleaning and laundry areas have effective infection control measures in place and interviews with staff demonstrated a strong commitment to and understanding of infection control principles and guidelines. All work areas provide sufficient and appropriate equipment to minimise infection risk. The home has an outbreak program in place and staff interviews confirmed that they have a sound knowledge of outbreak procedures.

#### **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 has a system in place to deliver hospitality services in a way that enhances residents' quality of life and the staff's working environment. Resident's dietary information is recorded on admission to the home and there is an effective system to ensure that any change in residents' dietary needs are updated and communicated to the catering staff. The kitchen has an effective food safety system in place and staff confirmed that they undertake training in food safety practices. The home has cleaning schedules in place to ensure cleaning and detailing is carried out on a regular systematic basis. Laundry services for all items are being provided by an external laundry service. The home has a system in place to minimise the loss of residents' personal clothing. Residents and their representatives' interviewed confirmed that they are satisfied with the laundry service. Staff interviewed confirmed that they receive education in food safety, manual handling, safe handling of chemicals, and infection control. The home has a process for receiving feedback on catering,

cleaning and laundry services and residents and their representatives confirmed that they do provide feedback to the home and management is responsive to their concerns.