



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Craigcare Pascoe Vale**

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

The Agency has decided that the period of accreditation of Craigcare Pascoe Vale is three years until 13 November 2013.

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.

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		Craigcare Pascoe Vale			
RACS ID:		4175			
Number of beds:		140	Number of high care residents:		85
Special needs group catered for:			<ul style="list-style-type: none"> <li>Dementia specific wing</li> </ul>		
Street:		1 Virginia Street			
City:	Pascoe Vale	State:	Victoria	Postcode:	3044
Phone:		03 8311 0700		Facsimile:	03 8311 0711
Email address:		<a href="mailto:johngillett@craigcare.com.au">johngillett@craigcare.com.au</a>			
<b>Approved provider</b>					
Approved provider:		Glenn-Craig Villages Pty Ltd			
<b>Assessment team</b>					
Team leader:		Gerard Barry			
Team members:		Elaine O'Connor			
Dates of audit:		23 August 2010 to 24 August 2010			

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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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
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<b>Agency findings</b>
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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	Craigcare Pascoe Vale
RACS ID	4175

### **Executive summary**

This is the report of a site audit of Craigcare Pascoe Vale 4175 1 Virginia Street PASCOE VALE VIC from 23 August 2010 to 24 August 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd. 30 August 2010.

### **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 Craigcare Pascoe Vale.

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 23 August 2010 to 24 August 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two 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:	Gerard Barry
Team member:	Elaine O'Connor

## Approved provider details

Approved provider:	Glenn-Craig Villages Pty Ltd
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## Details of home

Name of home:	Craigcare Pascoe Vale
RACS ID:	4175

Total number of allocated places:	140
Number of residents during site audit:	99
Number of high care residents during site audit:	85
Special needs catered for:	Dementia specific wing

Street:	1 Virginia Street	State:	Victoria
City:	Pascoe Vale	Postcode:	3044
Phone number:	03 8311 0700	Facsimile:	03 8311 0711
E-mail address:	<a href="mailto:johngillett@craigcare.com.au">johngillett@craigcare.com.au</a>		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Craigcare Pascoe Vale.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Facility Manager	1	Residents/representatives	13
Registered nurses	2	Volunteers	1
Endorsed enrolled nurses	2	Enrolled nurse	1
Regional Manager	1	Educator	1
Clinical care coordinator	1	Quality Manager	1
Activity staff	2	Activity coordinator	1
Admissions officer	1	Regional admissions officer	1
Chef	1	Cooks	2
Care staff	5	Receptionist	1
Laundry staff	1	Cleaning staff	2
Catering staff	2	Maintenance staff	1
Wound specialist enrolled nurse	1	Wound specialist registered nurse	1

#### Sampled documents

	Number		Number
Residents' files	10	Medication charts	20
Summary/quick reference care plans	10	Personnel files	10
Lifestyle plans	10	Observation charts	10
Wound charts	2	Resident agreements	10

## **Other documents reviewed**

The team also reviewed:

- Action plan process form
- Analysis of system improvement/changes advice forms
- Audit schedule January to August 2010
- Behaviour management charting and plans
- Blood glucose monitoring documentation
- Certificate of registration of a food premises
- Cleaning inspection reports
- Clinical audits
- Clinical indicators staff information lists
- Clinical resource folder
- Clinical transfer forms
- Comments, compliments, suggestions and complaints
- Continuous improvement plan
- Continuous improvement program
- Contractors' sign in book
- Craiggcare aged care brochure
- Doctors' folder
- Duty lists
- Education calendars
- Emergency manual
- External contractor agreements
- Fluid balance charts
- Food brought in by visitors book
- Food safety manual
- Hazard substances and dangerous goods risk assessment
- Infection control worksheets
- Job descriptions
- Laundry cleaning schedule and sign off sheets
- Leisure interest survey
- Lifestyle activity care plans and evaluation forms
- Lifestyle activity evaluations
- Maintenance repairs book
- Maintenance reports
- Medication competency forms
- Memorandum - medication
- Memorandum folder
- Minutes of meetings
- Monthly infections collated data
- Newsletters monthly
- Nutritional assessments and meal preferences
- Nutritional three day assessment
- Oral and dental assessments
- Oral hygiene management plans
- Pain charting and management plans
- Palliative care documentation
- Physiotherapy assessments and exercise plans
- Podiatry summaries
- Police check register
- Policy and procedure manual
- Position descriptions
- Preventive maintenance schedule and records

- Recruitment policies and procedures
- Resident clinical work books
- Resident lifestyle program
- Resident of the day review schedule
- Residents' information handbook
- Residents' sign in book
- Service provider details
- Specialised care folder
- Temperature recording log and daily cleaning log –kitchen
- Training calendar
- Use of email and internet
- Vital signs observation charts
- Weight assessment charts
- Wound charts and related documentation

### **Observations**

The team observed the following:

- Activities in progress
- Aged care advocacy brochure
- Archive room
- Call bell system in operation
- Charter of residents rights and responsibilities
- Cleaners' rooms
- Cleaning in progress
- Coffee areas
- Emergency procedures on walls
- Equipment and supply storage areas
- Hand washing stations
- Interactions between staff and residents
- Kitchen
- Laundry
- Living environment
- Meal service in progress
- Medication administration
- Newsletter July 2010
- Noticeboards
- Public address system in operation
- Resident rooms
- Secure garden areas
- Staff notice boards
- Staff practices
- Staff work areas
- Storage of medications
- Utility rooms

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Management and staff at Craiggare Pascoe Vale actively pursue continuous improvement for the betterment of residents, representatives, visitors, staff and contractors. Various sources are used to identify possible improvement opportunities including: an internal audit process, incident/hazard reporting system, complaints system, risk assessments, minutes of meetings, surveys, analysis of monthly trend data and informal conversations. Items are entered on the plan for continuous improvement where their progress is continually monitored. Policies/procedures and associated forms are available on the home’s intranet for easy staff access. Recent improvements include:

- Following a roster review management at the home increased care staff hours on all shifts, added an additional shift in the kitchen and staffed the laundry over seven days.
- The home has been equipped with a printer to connect to the call bell system to measure the level of response times.
- Established a global text message system to notify residents’ representatives via their mobile phones of important events or facility restrictions due to an infectious disease outbreak.
- Reviewed the comments/complaints system resulting in a revised form that will provide additional information regarding the type of concern, the action(s) taken and the final evaluation.

### **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 a corporate newsletter. Corporately there is an agreement with a commercial legal updating service; information is also received from Government departments, coronial communiqués and newsletters/journals from industry bodies. Review of policies and procedures is at an organisational level in accordance with regulatory changes to reflect current legislation and are made available to stakeholders via the organisation. Management informs staff of changes through memoranda, education sessions, noticeboards and staff meetings. Police checks are conducted on all staff and contracted service providers. Management ensures ongoing compliance is monitored through internal audits.

### **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 employ staff according to the prerequisites for each position as specified in job descriptions. Management supports staff with a well developed education and professional development system based on corporate, legislative and site requirements ensuring that staff have appropriate knowledge and skills to perform their roles effectively. The education program is structured from the evaluation results of staff training, staff appraisals, audit results, staff suggestions, and management's input to improving staff skills. Staff are surveyed for their personal or preferred training requirements while management offers assistance to staff in accessing external professional development where possible. Attendance records are maintained, course evaluations conducted and a database is used to monitor staff training records. Some recent training includes: documentation, the Commonwealth funding tool, introduction to Craigcare, audits, bullying and harassment, regulatory compliance.

### **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

The home has a complaints system in place that utilises the continuous improvement form that can be accessed by all stakeholders. There is a secured suggestion box where these forms can be lodged. Staff are encouraged to assist residents to complete these forms or to complete them on behalf of a resident that has verbalised a concern. Residents and their representatives are made aware of the system through the entry package information, resident relative meetings, resident agreements and the home's newsletter. Brochures on the external complaints system and resident advocacy are available in the home. Residents confirmed their knowledge and at times use of the system.

### **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

Craigcare 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 management state staff, residents and their representative's have access to them through an 'open door' policy. The facility manager meets with senior management and other facility managers 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

Rostering is overseen by the facility manager who ensures that staff are appropriately skilled and of sufficient numbers necessary to deliver quality care and services. The home's recruitment system is supported at an organisational level and actively supports promotion and development from within, encouraging staff to further their qualifications. Staff appraisals are held on an annual basis with ongoing competencies regularly conducted. Absentee shifts are covered from a casual staff bank or rostered off staff, with agency staff being employed only if necessary. Staff confirmed that; both mandatory and performance based education topics are provided by management; that there is sufficient time within allocated shifts to attend to their duties; and that they maintain current police checks. Complimentary feedback regarding the level of care received from staff was noted from residents and relatives who stated that response times to calls for assistance are prompt and that they are satisfied with the level of care delivered.

## **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. Stock is stored safely in clean and secure areas. An asset register is maintained. New equipment is trialled prior to implementation. There are corrective 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. 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. Confidentiality and security of staff and resident information is maintained at all times. Staff sign a confidentiality agreement when commencing work at the home and there is a privacy policy in place. Computer systems are networked with regular back-up; files are password protected with access restrictions. Hard copy files are securely stored, archived or destroyed according to document control requirements. Residents and staff reported that they are provided with information that is appropriate to their needs.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

The home has systems in place to ensure the quality and suitability of externally sourced services. External contractors have signed service agreements specifying standards of service delivery, ongoing certification or registration and insurance requirements. Contractors who may have unsupervised access to residents must produce proof of criminal record checks. When on site all contractors must sign in/out and wear an identification badge. Staff have access to a list of approved suppliers and emergency contacts. All contracts are approved, negotiated, monitored and reviewed annually at a corporate level with input from the facility manager. Residents and their representatives are satisfied with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

Please refer to Expected outcome 1.1 for more details on the home's continuous improvement system. The home maintains an annual audit schedule that measures performance against the Accreditation Standards and together with incident reports, are the tools for providing clinical and management indicators. These are analysed and evaluated informally by the facility manager with the results reported at relevant meetings. Data analysis also prompts education opportunities and improvement activities that are monitored by the quality team. Stakeholders are informed through informal discussions and at appropriate meetings. Staff confirm they actively participate in the continuous improvement system with residents and relatives stating they are aware of the home's continuous improvement system. Examples of recent improvements include:

- Handover process daily sheets developed and hand over to all shifts is attended
- Resident of the day introduced to ensure care plans are reviewed and updated
- Wound management education has been provided to care staff, encouraging staff ownership of a treatment regime overseeing the healing process of individual resident wounds with the assistance of the wound specialist
- Dangerous drugs delivery process altered, pharmacist must now sign in receiving drugs into a receipt book which is maintained by the pharmacist
- Area status reports introduced to outline what has happened over a twenty-four hour period in all units.

### **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 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 and staff have been kept informed of the legislative changes in that area. Drugs of dependence and other medications are properly stored and administered, and management reviews the registration of all nurses annually. 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 for details of the overall system used at the home for determining educational programs. Staff have the opportunity to apply for external study and are actively encouraged to further their knowledge and skills. Staff stated they are pleased with the amount and type of training that management provides and the support that is offered for self development. Recent education includes: infection control, gastroenteritis management, continence, behaviour management, medication administration and signing drug charts.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The clinical care coordinator supervises and oversees clinical care, supported by registered nurses, enrolled nurses and care staff. The home has processes and procedures in place to ensure residents receive appropriate clinical care. This is demonstrated through the ongoing assessment and review of resident clinical information, via audits, surveys and monitoring of staff practice. Residents and relatives expressed appreciation and satisfaction with the clinical care provided.

### **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 identifies residents’ specialised nursing needs through information gathered on entry and through ongoing monitoring and evaluation processes. Registered staff ensure specialised care is provided according to the residents’ needs and preferences. Staff stated they always have adequate stock and appropriate equipment to provide current specialised care. Residents and wound specialist confirmed their satisfaction with the specialised nursing care provided.

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

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

#### **Team’s recommendation**

Does comply

The home has a number of other health and related services that are accessed according to residents’ needs and preferences. These services can be arranged internally or externally as required. Staff document in the progress notes when referrals occur and the outcomes for residents of these appointments or reviews. Residents and relatives confirm they receive these services, are consulted before an appointment is made and are kept informed of the outcomes of any reviews by health specialists.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has designated medication nurses on each floor each shift. They are responsible for all medication management and administration. A registered nurse is available onsite for advice and assistance as required. Each unit has a secure medication room. Daily medication chart audits are undertaken and medication management is discussed at staff meetings. Education and competency testing is carried out and staff confirmed they attend these sessions.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

There is assessment of all residents for pain on entering the home. When residents have ongoing pain, there is further assessment. There is development of care plans from assessments with individual interventions noted in consultation with resident/representatives. There is regular evaluation by registered nurses and staff document outcomes in progress notes. All files reviewed by the team included pain assessments with regular evaluations. The team also noted the use of alternative interventions. Residents say that the home manages pain to their satisfaction. Observations and interviews with staff indicate there is a pain management system and process in place, if the resident has a wound it is also managed by the wound specialist and clinical care coordinator.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

The home records residents’ end of life care wishes on entry to the home in consultation with residents or representatives to determine preferences in respect of terminal care. Assessment and care plans include specific interventions regarding personal needs including hydration, skin care, pain management, cultural and spiritual needs and these are reviewed as required. There is specialist advice available from external palliative care services if required, to provide advanced pain relief measures for residents and support for staff. One resident’s family stated how their relative’s condition improved since admission to the home.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

When residents enter the home, there is assessment of nutrition and hydration needs and a care plan is developed. Any dietary requirements and preferences along with special needs such as assistive devices or swallowing difficulties are determined and recorded in detail on care plans. There is a formal system in place to document and track resident nutritional requirements. The team confirmed residents with swallowing difficulties require assessment

from registered nurses or are referred to a speech pathologist as required. The home is equipped to cater for residents with special dietary needs and preferences and any changes made communicated to the appropriate staff. Reviewed care plans identify residents' food likes and dislikes, special diets, consistency of fluid and any required use of dietary aids. If residents have documented weight loss, there is referral to a dietitian. The team observed dietary requirements are documented on the handover sheets and in kitchen as well. The team observed residents eating in smaller dining rooms in each unit with the tables set attractively.

### **2.11 Skin care**

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

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

Does comply

Residents have an individualised skin assessment that identifies their degree of risk using a risk assessment tool. Residents identified as medium and high risk have preventative strategies noted on the care plan such as particular mattresses, cushions, barrier creams, emollients, continence aids and air mattresses. Residents with wounds have comprehensive assessments, and documentation shows regular reassessment by wound specialist and documentation of wound healing progress. There is annual manual handling education and lifting equipment provided and there is wound products education available. Residents say they are satisfied with the care they receive at the home.

### **2.12 Continence management**

*This expected outcome requires that "residents' continence is managed effectively".*

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

Does comply

The home identifies and assesses residents' continence needs on entry to the home and a care plan with individualised toileting schedules is developed if required. There is further support of residents with continence aids, which are trialled to ensure the correct product and size used to meet individual needs. Care plan reviews identify any increase in incontinence and new toileting times are trialled. Staff were observed to be aware of the needs of residents.

### **2.13 Behavioural management**

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

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

Does comply

The home assesses all residents on entry to the home for identification of challenging behaviours. Consequently, registered nurses develop individual care plans in consultation with residents/representatives. There are interventions put into place and the home has access to an advisory resource for education and management strategies for challenging behaviours. The team noted the use of medication management to control aggressive behaviours. There were regular reviews by medical practitioner documented. Interviews with staff confirm recent education has occurred relating to behaviour management. Relatives advise they would like to have increased activity programs in the dementia unit. Activities were observed in the unit on the two days of the audit and documented on the activity calendar.

## **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

A physiotherapist service visits regularly and conducts assessments to determine current mobility and dexterity levels of residents. There is development of individualised care plans based on information obtained and consultation with residents and relatives. Staff optimise residents’ mobility and dexterity levels by assisting residents to perform daily exercise programs as recommended by the physiotherapist. A falls risk assessment identifies residents at risk of falling and strategies used to decrease risks include high/low electric beds and additional staffing. The team confirmed that staff receive training to assist residents with transfers and manual handling. Residents and relatives confirm there is provision of assistance with daily mobility requirements and exercise as required.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

There are systems in place to ensure management of residents’ oral and dental care by suitably qualified staff. The home assesses each resident for his or her oral and dental needs on admission and a care plan is developed in consultation with residents/representatives. There is regular evaluation by registered nurses and the home has access to a dental service. The team observed appropriate storage and individual dental aids in residents’ bathrooms. Staff state they assist residents with their oral hygiene and denture aid requirements; residents confirm this. Residents say they are satisfied with the care they receive from the home.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents’ sensory requirements are determined in consultation with residents and their relatives. Care planning includes management strategies that enable sensory loss deficits to be minimised such as cleaning and care of aids. Residents requiring specialist assessment and treatment are assisted by staff to access external services of their choice. The home’s living environment is conducive to residents with sensory deficits and the team observed residents wearing sensory aids. Staff advised they assist residents to maintain and apply sensory aids. Residents and relatives confirm there is support to access services of their choice and that staff assist with any sensory aid requirements.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home assesses residents on admission for their sleep requirements and there is development of care plans in consultation with residents and family representatives. Registered nurses regularly evaluate care plans. Residents confirm they are able to get a reasonable nights’ rest and if they do not, care staff put into place strategies outlined in the individual care plans that detail nightly routines, settling times with non-medication interventions and strategies explored as required. Care plans also detail issues that disturb sleep such as pain, continence or behaviours. Staff advise they support residents to settle with warm drinks, heat packs and regular turns as required.

### **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 for more details on the home’s continuous improvement system. The home has systems and process in place to enhance resident lifestyle. Surveys, and the residents and relative meetings are the formal avenues for suggestions raised with staff and management. Suggestions can also be made using the concerns and compliments form monitored by the facility manager and quality team. Staff confirmed that management encourages them to be involved with the continuous improvement system, stating that meetings and memoranda inform them of improvement activities. Residents and their representatives stated that management of the home informs them of changes through meetings, newsletters and informal discussions. Examples of recent improvements include:

- The home acquired a coffee making machine to improve facilities for residents and their representatives.
- Sensory touch boards have been located in the dementia wing to promote visual and physical stimulation.
- The home has established a sensory garden for residents to walk in and provided seating for rest stations.
- Residents are involved in knitting and craft programs supported by the home.
- Resident lifestyle assessments and programs have been evaluated and reviewed.
- Staff education has included sessions in caring for residents with dementia and a better understanding of resident behaviours with this condition.

#### **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 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 available to residents when entering the home. There are systems in place regarding the reporting of missing residents to the relevant authorities. 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 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 have been included. Education recently delivered includes: falls prevention (also for residents), elder abuse/missing residents, State trustees and decision making. Planned education includes: independence, leisure interests and activities, privacy and dignity.

### **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

The home has effective systems in place to support residents adjusting to life in the home's environment. An admissions nurse is employed to admit all new residents and offer ongoing support. The residents' handbook provides prospective and new residents and their representatives with information regarding the services available and new residents are orientated to the facility, physical surroundings and introduced to other residents. Residents are encouraged to bring in personal items including furniture and photographs to create a homelike environment. Residents and their representatives confirmed the home supports them throughout their stay in the home.

### **3.5 Independence**

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

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

Does comply

The home has systems in place to meet individual residents' interests, customs, beliefs and cultural and ethnic backgrounds. Staff identify residents' religious and cultural backgrounds on entry to the home. Religious and church services are provided at the home as well as several cultural specific groups. Staff have access to culturally specific services and resources including interpreters to assist in meeting individual cultural needs as required. Staff have picture boards to assist residents with activities of daily living. Residents and representatives confirmed they are satisfied with the home's response to their cultural and spiritual needs.

### **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

The home respects the privacy, dignity and confidentiality of residents. Staff practices that ensure privacy and dignity is respected include: the use of residents' preferred names, staff

knocking before entering residents' rooms and locks on all doors, as some residents prefer to lock their doors. There are quiet indoor and outdoor areas available for residents and representatives to use. Residents' information is stored securely and handovers are conducted in a confidential manner by the team members of the unit. Residents and representatives are satisfied that their privacy, dignity and confidentiality is recognised and respected. They have a lockable drawer by the bed and one in the wardrobe to store items of a personal nature.

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

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

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

Does comply

The home assesses leisure and lifestyle preferences following entry into the home in consultation with residents and representatives. There is completion of a lifestyle profile that includes each resident's social, religious and cultural background and a typical day for the resident; a care plan is formulated for each resident with regular evaluation as required. The activity program at the home includes a range of activities including outings, church services, manicures, communion, movies, exercises, hairdressing, carpet bowls, entertainment, art group, men's group, happy hour, floral arrangements, bowls and table games. A regular program is displayed on resident notice boards and in each resident's room. One resident looks after the home's pet birds. The effectiveness of the activity program in meeting individual residents' needs is formally evaluated after each group activity and feedback through meetings. Residents and representatives are generally satisfied that they are supported to participate in arrange 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

The home has systems in place to foster individual residents' interests, customs, beliefs and cultural and ethnic backgrounds. Staff identify residents' religious and cultural backgrounds on entry to the home. Religious and pastoral care services are provided at the home as well as cultural specific groups, church services. The home has resources available to meet the needs of residents from non-English speaking backgrounds. Staff have access to culturally specific services and resources including interpreters to assist in meeting individual cultural needs as required. The home provides cultural days for residents and families to participate. Residents and representatives confirmed they are satisfied with the home's response to their cultural and spiritual needs.

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

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

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

Does comply

Staff record residents' choices and preferences on entry to the home. Residents and representatives confirmed they are satisfied that they are able to participate in decisions about the services received; they are able to exercise choice and control over their lifestyle

while not infringing on the rights of other people. Residents' individual choices and decisions are encouraged and supported by management and staff. The home has resident and representative meetings and care plan reviews are in place to ensure the home provides resident and representatives with information to make decisions and have input into residents' care. Suggestion boxes and compliments and concerns forms are available for residents and representatives to raise any issues with management of the home. Staff confirmed they support residents to make choices and to have control over their lifestyle.

### **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

The home has employed an admissions nurse to improve the process for new residents entering the home. The home provides a comprehensive resident information pack to prospective/new residents together with the residential care agreement. 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. Residents and their representatives receive a handbook on entry to the home that also contains information regarding the home's complaints mechanisms, privacy and confidentiality policy and interpreting services available, accommodating those residents from a non-English speaking background. Residents and relatives said they feel secure in their tenure and confirmed that the home keeps them informed regarding fees, charges, and resident's 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 recommendation**

Does comply

Please refer to Expected outcome 1.1 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, resident and staff surveys, comments and complaints, external maintenance reports and feedback from the Agency. 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 continuous improvement register for further development and follow up action plans as needed. Recent improvement activities include:

- The implementation of dissolvable linen bags for contaminated laundry during outbreaks of infectious diseases such as gastroenteritis to reduce the spread of the infection.
- Following concerns being raised regarding the lack of proper cleaning of a resident’s room a new pictorial chart depicting which rooms required high or quick cleans was prepared for the cleaning staff. Following training on the new system the cleaners now maintain a new recording system which is regularly monitored.
- Keypad locks have been added to the pan rooms. This prevents staff accidentally leaving them unlocked, removes the need to have the registered nurse open the rooms with a master key and keeps the rooms secured from unauthorised access.
- Management has gained the owner’s approval to make the building accessible for cable/satellite television following requests from residents for this service. Following the installation of satellites, residents now have access to ‘pay’ television.

### **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 for details on the system used by the home in determining how they meet legislative requirements. There is a list of hazardous chemicals detailing the quantity and location of all chemicals used on site. Chemicals are securely stored with material safety data sheets at point of use/storage. Fire and emergency equipment is serviced by an external contractor as per mandated requirements and records are maintained. Regular audits and workplace inspections are conducted to ensure that hospitality services meet residents’ requirements. 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 for details on the overall system used at the home for determining educational programs. All staff must attend mandatory training sessions that include: fire and emergency, manual handling and infection control. Feedback from residents and their representatives indicates that hospitality services at the home are of a "high standard". Recent training includes: occupational health and safety, hand washing, hygiene and food safety, chemical safety.

#### **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 is a modern two storey purpose built facility. Residents are accommodated in single bedrooms with their own ensuite and are encouraged to personalise their rooms with some furnishings or memorabilia from home. The home is a secure environment with key pad locks on all external doors. There is a secure courtyard and garden areas that are accessible to residents. The home has a minimal restraint policy a preventive maintenance program in place and essential services are properly maintained. 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 is managed by the facility manager and staff representatives. Systems involving: incident and hazard reporting, infection surveillance, continuous improvement and a return to work program are in place to ensure staff safety. There are regular environmental audits, staff training and meetings to ensure staff are aware of their workplace. Personal protective clothing, infectious disease and spill kits are available for staff protection. External areas are well lit during the evening for staff protection. Staff are satisfied with the attention to safety shown by management for their workplace.

#### **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 are met by an external contractor to maintain and perform system checks on the home's fire safety system. Standard fire orders and 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 and all staff must attend at least one session. Emergency exits are clearly marked and free from obstruction. Staff, residents and representatives demonstrated to the assessment team appropriate knowledge of emergency and evacuation procedures and their responsibilities.

#### **4.7 Infection control**

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

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

Does comply

Hand washing facilities are located throughout the home and protective clothing is provided for staff. Infection control systems are in place to identify, monitor and manage infections. Staff are educated in infection control at orientation and ongoing. Immunisation against influenza for residents and staff is encouraged with registers of those vaccinated maintained. The disposal of contaminated, infectious waste and sharps is regularly undertaken. Policies and procedures are available to staff in the event of an infectious outbreak. Gastroenteritis and blood spills kit are available for staff. Surveillance records are maintained monthly and ongoing monitoring of infections are identified, acted on and graphed. Staff confirmed that feedback is provided at handovers to ensure the appropriate care is given to the residents.

#### **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 are performed in-house by the home's staff. Catering, laundry and cleaning staff are appropriately trained and able to explain their respective roles and discuss their schedules with the assessment team. A rotating menu that has been reviewed by a dietitian is in place. The kitchen is alerted to residents' preferences, likes and dislikes and other dietary needs by the registered nurse. Cleaning staff adhere to daily cleaning schedules and are regularly monitored and evaluated by management through audits, observation and resident feedback. The team observed the home to be in a spotless condition generally free of malodours. Residents' personal clothes and linen are laundered in commercial grade washing and drying machines which are temperature tested. Feedback from residents and their representatives was highly positive regarding these services.