



Aged Care  
Standards and Accreditation Agency Ltd

## **Elizabeth Lodge (Rushcutters Bay)**

RACS ID 0476

46 Bayswater Road

RUSHCUTTERS BAY NSW 2011

Approved provider: Anglican Retirement Villages

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 5 October 2015.

We made our decision on 27 August 2012.

The audit was conducted on 17 July 2012 to 19 July 2012. The assessment team's report is attached.

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



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Standards and Accreditation Agency Ltd

# Audit Report

**Elizabeth Lodge (Rushcutters Bay) 0476**

**Approved provider: Anglican Retirement Villages**

## Introduction

This is the report of a re-accreditation audit from 17 July 2012 to 19 July 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:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 July 2012 to 19 July 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:	Kay Louise Greentree
Team member/s:	Delia Cole

## Approved provider details

Approved provider:	Anglican Retirement Villages
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## Details of home

Name of home:	Elizabeth Lodge (Rushcutters Bay)
RACS ID:	0476

Total number of allocated places:	120
Number of residents during audit:	86
Number of high care residents during audit:	61
Special needs catered for:	N/A

Street/PO Box:	46 Bayswater Road	State:	NSW
City/Town:	RUSHCUTTERS BAY	Postcode:	2011
Phone number:	02 9361 3967	Facsimile:	02 9361 0930
E-mail address:	evelyn.yeung@arv.org.au		

## Audit trail

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

### Interviews

	Number		Number
Manager	1	Residents/representatives	21
Clinical leader	1	Medical officer	1
Manager, quality and compliance	1	Operations manager	1
Building manager	1	Maintenance officer	1
Registered nurses	2	Care supervisor	1
Care project consultant	1	Workplace trainer	1
Physiotherapist	1	Physiotherapy assistant	1
Care staff	6	Recreational activity staff	1
Cleaning contractor representatives	2	Organisational activity manager	1
Cleaning staff	1	Quality and compliance manager	1
Catering staff	3		

### Sampled documents

	Number		Number
Residents' files including clinical assessments, progress notes, medical records and reports, pathology results, observations charts and medication records	13	Medication charts	10
Care plan profiles	18	Wound charts	6
Accident and incident reports	23	Clinical observation records (BSL)	4
Self medication assessments	4	Pain monitoring charts	2
Resident agreements	2	Insulin management protocols	3

### Other documents reviewed

The team also reviewed:

- 'Evolve' program material
- 'We have listened' brochure
- Accident and incident reports and results
- Activities documentation including monthly program, lifestyle assessments, resource folders, participation records, survey results and activity care plans
- Care plan reviews and progress note schedule

- Cleaning tasks and cleaning logs
- Clinical and care assessment documentation, including assessments for Aged Care Funding Instrument (ACFI) and initial and ongoing resident care needs and preferences such as resident dietary and menu choices, observation records including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy, wound assessments, diabetes management forms, leisure and lifestyle records
- Clinical indicators, benchmarking results and reports, audit schedule and results
- Continuous improvement register and work plans
- Contractor register
- Counselling interview forms
- Food temperature records, kitchen cleaning schedule
- Infection control records including data collection, summary reports and pathology reports
- List of feedback
- Maintenance documentation including repair requisitions, pink slip records, preventative maintenance program, electrical safety inspections
- Medication management documents and electronic systems including medication management information and schedule eight drug records, medication policy and procedure, medication incident reports, medication audits and medication profiles
- Meeting minutes (residents, relatives and staff)
- Memos and notices
- Menu and preference records including listing of residents' dislikes and dietary needs
- Physiotherapy records including assessments and care plans
- Police check status report
- Policies and procedures manuals
- Re-accreditation self assessment
- Register of alleged or suspected assaults
- Register of serious complaints/reportable assaults/missing residents
- Registered nurses registrations
- Resident and staff newsletters
- Residents' information package, handbook and handouts
- Staff and allied health communication and appointment books; staff communication diary and handover sheets
- Staff and resident satisfaction surveys and results
- Staff education records and staff development summary
- Welcome packs

## **Observations**

The team observed the following:

- Activities in progress

- Annual fire safety statement and interim fire safety certificate displayed, fire detection and fire fighting equipment
- Equipment and supply storage areas
- Feedback forms and suggestion box
- Four week rotating menu displayed using photographs, large font and A3 size paper and daily menu information
- Infection control resources including hand wash basins, sanitising gel, personal protective equipment, colour coded equipment, spills kits, sharps containers, outbreak kit, waste management
- Interactions between staff and residents
- Living environment
- Manual handling equipment and instructions for use
- Meal service
- Medication rounds and safely stored medications
- Mission, vision and values displayed
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- Notice boards containing large print resident activity notices, menus, memos, staff and resident information
- Notice of Re-accreditation site audit
- On display, mission, vision and values statements, advocacy brochures, internal and external complaints mechanisms, Charter of residents rights and responsibilities, Accreditation certificate
- Organisation intranet
- Public telephone
- Record keeping systems – computerised and paper based clinical records
- Secure storage of residents' files
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources
- Staff handovers



## 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

The home has a system demonstrating they actively pursue continuous improvement. Residents, their representatives and staff are encouraged to contribute through the feedback systems, by direct approach to staff and management and through meetings. Other mechanisms for identifying areas of improvement include a quality auditing program covering all four Accreditation Standards. Monitoring improvement opportunities, actioning and evaluation of the effectiveness of improvements and the feedback to the residents and staff is through meetings, memos and newsletters. The continuous improvement register and work plans are used to capture opportunities for improvement to ensure they are not lost and include responsibilities, timeframes and the monitoring of the improvement activities. Residents, their representatives and staff interviewed are complimentary of the management team's approach to their suggestions for improvement and stated they are always approachable. Staff also stated they are aware of ongoing improvements being made to the care and services provided to residents.

Improvements initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- To enhance clinical supervision across the home and in response to increasing resident needs, an additional level of staffing has been implemented. Care supervisors have been appointed with certificate four aged care qualifications. The additional shift is currently a morning shift Monday to Friday with plans to increase to afternoon shift as well. As well as providing clinical supervision and support to other care staff, the role also includes conducting audits as part of the quality program. The management team stated the position was working well and had the added benefit of providing better career pathways for staff.
- The home's parent organisation has undergone recent rebranding. The updated and colourful branding includes new staff uniforms, new staff name tags and uniforms introduced for volunteers. The management and staff said it has given a renewed sense of team unity and residents said they are better able to identify the roles of each staff member due to the colour coded uniforms.
- In May 2011 the home implemented a computer based clinical documentation and medication management system. Managers and staff were provided with training as well as several trainers available onsite for ongoing support. Management commented the system saves time and there has been a reduction in medication errors since its introduction.
- In response to staff feedback, the home has provided staff with additional training in dementia care. Education has been provided onsite as well as staff attending training at external presentations. Management commented staff are now more confident in managing the care of people living with dementia.

## **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

The organisation has systems to identify current legislation, regulatory requirements, professional standards and guidelines. This occurs through subscription to industry peak bodies, correspondence with government departments and through professional associations. Information regarding changes in policies and procedures is provided to the home’s manager for implementation and distribution within the home. Amendments to policies and procedures are communicated to residents and staff through education sessions, staff meetings, newsletters and displayed information. The system is monitored through the home’s auditing system.

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Standard 1, Management systems, staffing and organisational development include:

- The organisation maintains a register of police checks for all staff and volunteers and this is monitored to maintain currency. The home has a system for taking statutory declarations should this be required and staff members are required to inform the employer should they be convicted of a precluding offence.
- The residents and representatives were informed of the re-accreditation audit and of the opportunity to speak to an assessor. Notices about the visit were displayed in various locations around the home and residents were reminded at 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 range of mechanisms to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. New employees undergo an induction and are buddied with an experienced member of staff to provide support and guidance. A program of annual mandatory training is conducted and includes fire safety training, elder abuse, manual handling and infection control. Staff members are provided with education and training through individualised one-to-one sessions, brief focused small group training and through access to external presentations. Training attendance records are kept by the onsite workplace trainer. Staff interviewed stated they participate in and are supported to attend education within the home and externally. Residents and representatives said staff provide appropriate care and are confident in staff knowledge and skills.

Examples of education that has occurred relevant to Accreditation Standard One include:

- Computer based clinical documentation and medication management system
- Individual mentoring of certificate four students

#### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents and their representatives have access to both internal and external complaints processes. Information on accessing these services and procedures are described in the residents' handbook and external complaints information is visible throughout the home. Residents and representatives are encouraged to raise matters of concern with managers, staff and at meetings. The home's management team have an open door policy where any resident, representative or staff member can access them and discuss concerns. The home maintains a feedback register. The continuous improvement work plans showed a number of initiatives which emerged from resident, representative or staff feedback. Residents and their representatives state they are familiar with the home's complaints processes and provided examples of matters which they raised with staff or the home's management team. Residents are generally satisfied with the outcomes of such matters and confident any issues would be resolved to their satisfaction.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has a mission, vision and values statement documenting its commitment to promoting well being and enriching lives. The organisation's mission, vision and values statement are displayed within the home and are printed in the resident, staff and volunteer handbooks and resident agreements. The home's commitment to quality is evident through its continuous improvement initiatives, commitment to staff education, policies, procedures and other documents guiding the practices of management and staff.

#### **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 has sufficient appropriately skilled and qualified staff to ensure services are delivered in accordance with the home's vision, mission and values and residents' identified care needs. Staffing levels are reviewed in accordance with residents' changing care needs and rosters adjusted to meet care requirements. Staff on leave are replaced by casual staff, part time staff and occasionally agency staff. All employees, volunteers and relevant contractors must undergo police checks prior to the commencement of employment, service or contract. The home monitors and retains records of professional registrations. The home's manager is supported by the organisational human resource management department. Newly appointed staff participate in an induction program. Staff interviewed consider they can complete allocated duties during their shifts and have received training to assist them to

meet residents' care needs. Residents and representatives interviewed are satisfied with the responsiveness of and care provided by 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

The home maintains systems to ensure appropriate goods and equipment are available for use. Goods are ordered from a list of approved suppliers according to residents' needs and preferences. Plant and equipment is maintained according to a preventative maintenance schedule and resident and staff input is sourced prior to the purchase of new equipment. Medical and continence products were noted to be in generous supply. We viewed stocks of food and catering supplies and noted stock rotation occurs. Staff describe a system for return of unsuitable or damaged products. During interviews residents and staff report adequate supplies of goods and equipment including food, continence and medical supplies, linen and cleaning chemicals and equipment.

### **1.8 Information systems**

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

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

The home meets this expected outcome

There are systems effectively managing the creation, use, storage and destruction of all records, including electronic records. The home effectively disseminates information to staff, residents and representatives relating to legislation, resident care, activities program, organisational information and other matters of interest to them. This is achieved through the intranet, memos, noticeboards, meetings, a clinical record system, education sessions and policy and procedures. Residents consent is sought to collect, use and disclose residents personal information on entry to the home. We observed secure storage of resident information and computer based information is password protected. Computer based information is backed up automatically and managed at organisational level. Staff and residents interviewed said they are kept informed according to their requirements.

### **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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. External service providers and suppliers include fire safety contractors, pest control, trades people and podiatry. Service agreements are managed at organisational level and identify the expectations required by the organisation and the home. The home's residents, their representatives and staff are able to provide feedback on service delivery. Agreements include requirements for police checks and the contractor meets with occupational health and safety requirements when working on site. The management team said contracts are monitored on an ongoing basis and suppliers/service providers changed if

they do not meet quality or service requirements. Residents, their representatives and staff state they are satisfied with the range of goods and quality of service the home receives.

## **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 about the home's continuous improvement systems and processes.

Examples of improvement initiatives related to Standard 2 Health and personal care implemented over the last 12 months are;

- In response to changing residents' needs and an increase in resident falls, a review of the mobility program occurred. The home increased the hours of contracted physiotherapist onsite to three days a week. A physiotherapy aide also had hours increased to three days a week. The physiotherapy program now concentrates on strength and balance exercises, falls prevention and walking programs. The home also purchased more equipment to be used in the program. Residents said they are very happy with the physiotherapy program.
- The home has recently conducted a review of the mobility aids in use. A full check of suitability condition of the aid was conducted. The results have been residents have the most appropriate equipment to aid mobility and the equipment has been deemed safe. The manager said this review has been added to the home's auditing program and would be completed on an annual basis.
- The management team received feedback many residents lacked confidence in ambulating outside of the home. In response a walking group was formed called the 'Active amblers'. Residents were assessed for suitability by the physiotherapist, accompanying staff were given training on how to assist residents walking in the street and fluorescent vests were provided to residents for safety. Resident are very happy with the walking group and enjoy the regular walks outside accompanied by staff.
- Audits conducted of the medication management system identified issues with the administration of 'as required' (PRN) medication. The audit identified doses of medication were administered more frequently than was prescribed. Staff were informed of the findings and training was provided. Repeat auditing has shown an improvement in practice and management intend to monitor the system more closely in future.

### **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 information about the home's regulatory compliance systems and processes. Specific examples of regulatory compliance relating to Standard 2 Health and personal care include the following:

- We sighted “authority to practice” registrations and other required records; they are being maintained by the organisation for all registered nurses.
- The home meets the requirements in relation to the Quality of Care Principles 1997 for the provision of care and specified services for high care residents. Residents are advised of scheduled services in residents’ agreements and handbook and when existing residents become eligible for high care services they are advised verbally by the manager about the changes to scheduled services they are entitled to. The manager said they would consider advising residents formally, with a letter, to confirm the change in status from low to high care and the accompanying changed entitlements.

## **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

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes.

Education sessions and courses that relate to Standard 2, Health and personal care include;

- Understanding dementia
- Medication management
- Nutrition
- Falls prevention
- Palliative care
- Pain management
- Continence management
- Behaviour management
- Understanding mental illness

## **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 policies to ensure residents receive clinical care appropriate to their needs. An initial interview is conducted with the resident and information gathered assists in completing the comprehensive program of assessments. An individual care plan is prepared from the assessments by the clinical leader in consultation with the resident and others involved in clinical care. The registered nurses then review the care plans three monthly for high care and four monthly for low care residents and/or as changes are indicated. Care staff are provided with current resident clinical care information through the handover processes, communication diaries, noticeboards, care plans and progress notes. Residents have access to a medical officer of their choice. Staff interviews demonstrate they are knowledgeable about individual resident’s care requirements and procedures related to clinical care. Residents and relatives said they are regularly consulted about care and

treatment options with the medical officer and others involved in clinical care. Interviewed residents said they were generally very happy with the care provided by staff.

## **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

The home has systems to ensure residents specialised nursing care needs are identified and met by appropriately qualified nursing staff. When a resident moves into the home their specialised nursing care needs are assessed by a registered nurse and care plans are formulated to meet their ongoing and changing needs. Registered nurses are available seven days per week. Specialised nursing equipment, such as pressure relieving mattresses and oxygen concentrators, are supplied, as necessary, to meet identified needs. External nursing specialists, such as mental health teams, continence and wound care nurse specialists, also attend the home as required. Staff receive training in specialised nursing care practices such as diabetic care and wound management. Staff interviews confirm appropriately qualified staff are responsible for overseeing residents’ specialised care needs. Residents said they are very satisfied with the specialised nursing care managed by staff.

## **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 assist the registered nurse to identify, assess and refer residents to the appropriate health specialists when necessary. The home employs a physiotherapist three days a week. We reviewed a wide range of information documented in residents’ medical notes, progress notes, care plans, allied health records and communication diaries. These include physiotherapy, mental health, podiatry, speech pathology, dental, audiometry, specialised clinics and optometry. Residents said they are very satisfied with the referral process, are consulted when referrals to health specialists are required and staff assist them to access these services.

## **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 demonstrates the management of medication is safe and meets the relevant legislative and regulatory requirements, professional standards and guidelines. A pre-packed medication system is in place whereby medications are packed by a pharmacist and medication administration records are kept electronically. Medications are administered by care staff who have training in medication management and have been regularly assessed as competent to administer medications. A review of medication management documentation, including medication charts, shows medical officers regularly review medications and charts and records are documented appropriately. We observed all medications stored safely and correctly. Internal audits and reviews of medication



management are conducted and a multidisciplinary medication advisory committee meets regularly. Residents may manage their own medications if the medical officer deems them competent to do so. Residents said medications are received on time and they are satisfied with the way their medications are managed.

## **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

The home has systems to ensure all residents are as free as possible from pain. Initial assessments by both registered nurses and the physiotherapist identify any pain a resident may have and a care plan is developed based on individual needs. Staff are trained in pain prevention and management and use pain assessment tools and pain monitoring charts to identify, monitor and evaluate the effectiveness of pain management strategies. The physiotherapist, physiotherapy assistant and recreational activity officers all assist with exercise programs to reduce residents’ pain by encouraging resident participation in exercise groups and individual therapies. These include set exercises, massage and heat packs. Pain management measures are followed up for effectiveness and referral to the resident’s medical officer and other services are organised as needed. Residents reported staff respond quickly and appropriately to pain and manage it as well as possible.

## **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 systems and support networks to ensure the comfort and dignity of terminally ill residents. Specific end of life wishes are identified and the spiritual, physical and emotional needs of residents receiving palliative care are assessed, considered and documented in care planning. Staff receive education about managing the palliative care needs of residents. The home has access to a community based palliative care specialist team for advice, assistance and support. Residents are able to remain at the home if it is their wish and the home can meet the resident’s the care needs. Residents care needs are assessed and managed by a registered nurse and medical officer. Documentation shows residents’ express wishes are met regarding spiritual, emotional and terminal care directives.

## **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 has systems and processes to ensure residents receive adequate nourishment and hydration. An initial assessment identifies any special dietary needs and personal likes and dislikes. The registered nurse identifies residents at risk of weight loss and malnutrition by monitoring residents’ weights and BMI (body mass index) monthly or more frequently if weight loss is noted. Nutritional supplements, modified cutlery, equipment and assistance with meals and specialised diets are provided as needed. Systems and information are

available to assist staff easily identify those residents with special nutritional needs or allergies. Residents have input into menu planning through resident meetings, comments and complaints mechanisms and informal discussions with catering staff. Residents are able to access an alternative meal choice and stated they are very satisfied with the quality and variety of meals offered.

### **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 has systems, practices and equipment to ensure residents’ skin integrity is consistent with their clinical condition. Regular and ongoing assessments by the registered nurse and care staff in consultation with residents and other health professionals occur as required. A review of documentation, including audits of accident and incident forms, indicates residents’ skin integrity is monitored daily by trained care staff. Any changes are reported to the registered nurse for review and referral to the medical officer, as needed. Contemporary wound care practices and products are used by the registered nurses and they can access wound care specialists if required. Residents said they are satisfied with the skin care provided by staff.

### **2.12 Contenance management**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies, if needed, are developed for each resident following initial assessment. Personal care staff said they assist residents with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet the needs of residents. Residents are satisfied with the way their continence needs are managed.

### **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 strategies and experienced staff to effectively manage any challenging resident behaviours if they are identified. Resident behavioural management needs are identified by initial assessments and individualised care plans are formulated to manage any identified challenging behaviours. Behavioural management strategies take into account the safety of the residents and staff. All resident preferences, needs and care plans are regularly reviewed and evaluated for effectiveness. A psychogeriatrician visits the home weekly to review residents care and mental health teams are accessed if required. Staff practices observed are consistent with planned behaviour management strategies. Incidents are recorded and addressed in a timely manner. Staff receive regular education in managing

challenging behaviours and work as a team to provide care. Residents said staff manage the needs of residents who may have challenging behaviours sensitively and effectively and they are not disturbed by other residents' behaviour.

#### **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

Each resident's level of mobility and dexterity is optimised and opportunities for rehabilitation are maximised. All residents are assessed by the physiotherapist and registered nurse on moving into the home for pain, mobility, exercise, safety, falls risks, mobility aids, dexterity and transfers. The physiotherapy program and physiotherapy care plan is developed by a physiotherapist and the program is implemented by the physiotherapy assistant, activity officer and the physiotherapist. The care plan is regularly reviewed and evaluated by the physiotherapist. The home also has a number of programs in conjunction with the Division of General Practitioners which are aimed at improving balance, strength, mobility and general well being. These involve individual and group exercises and pre and post evaluations and resident satisfaction surveys demonstrate the effectiveness of these programs. Staff are trained in falls prevention, manual handling and the use of any specialist equipment. Assistive devices such as mobile frames, mechanical lifters and wheelchairs are available. All falls incidents are documented and analysed. Residents said they are very satisfied with the physiotherapy and exercise programs they are offered and are very appreciative of the physiotherapy programs and staff.

#### **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

The home has strategies to ensure residents' oral and dental health is maintained. Residents' oral and dental health is assessed on moving to the home and individual care plans include references to dental care needs which are regularly reviewed and evaluated to meet residents' changing needs. Diet and fluids are provided in line with residents' oral and dental health needs and preferences. Specialist advice for residents with swallowing problems is sought as needed. Policies and procedures guide staff practice and any dental problems are reported to the registered nurse. Dental appointments and transport are arranged in accordance with resident needs and preferences. Interviewed residents said staff provide assistance with appropriate and timely oral and dental care.

#### **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

Initial assessment of any resident's sensory losses is identified on moving to the home and management strategies are implemented, regularly reviewed and evaluated. This is in consultation with the resident and referral to any specialist services are arranged as needed.

Interviewed residents said staff provide assistance, if needed, with any individual needs, including care of glasses and hearing devices. Regular optometry services are accessed and hearing services are arranged as needed. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment, activity support such as large print books, newsletters and notices.

## **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

The home has a system to assess, monitor and evaluate sleeping patterns to assist residents to achieve natural sleep. Residents’ sleep patterns, including history of night sedation, are assessed on moving to the home and care plans are regularly reviewed and evaluated. Staff said they can provide a range of strategies including warm drinks, snacks, massage or medications if residents are having difficulty sleeping. Residents said there is an emphasis on choice of retiring and waking times in accordance with their needs and preferences. Residents stated they are generally ‘not disturbed at night’.

### **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 about the home’s continuous improvement systems and processes.

Examples of improvement initiatives related to resident lifestyle implemented over the last 12 months are;

- After management and staff received training in the importance of spiritual care, a non denominational support group was formed. The small group of residents meet three days per week with a pastoral care assistant facilitating the discussion. The group support has been very successful with residents providing positive feedback.
- The staff provided feedback to management about their concerns for some residents who tend to be self isolating. This feedback led to the development of the ‘Sunshine program’. The program provides an opportunity for those residents to have one to one time with a staff member to go out for a chat over coffee or a walk in the sunshine. The program was implemented after undertaking risk assessments and providing staff with training in walking residents in the street. Staff report those residents appear to have had their moods lifted as a result of the program.
- In response to residents’ feedback, the home has implemented a weekly Chinese soup making activity. A resident of Chinese cultural background facilitates the program and cooks the soup to share with other interested residents. The group gather to try the soup in the afternoons and staff say the group is increasing in numbers. We observed the residents trying the soup as well as talking, laughing and singing with the staff.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Specific examples of regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Resident agreements are offered to all residents according to legislative requirements.
- Policy and procedures for handling allegations of elder abuse and incidents of missing residents have been implemented.
- The Charter of residents’ rights and responsibilities is documented in the resident handbook, in the resident agreement and displayed within 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 findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes.

Education sessions and courses that relate to Standard 3, Resident lifestyle includes;

- Mandatory reporting of elder abuse
- Grief and loss
- Person centred care

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Residents expressed high levels of satisfaction for the support and assistance all staff provide to them during their entry to the home, subsequent settling in period and for their ongoing care. Care staff and recreational activity staff spend one to one time with residents during their settling in period and thereafter according to identified needs. In addition, recreational activity staff and pastoral care visitors provide ongoing support for residents and representatives where desired or needed. The entry process includes information gathering from residents and representatives to identify residents' existing care and lifestyle preferences. Interviewed residents commented all the staff are 'exceptionally kind and caring'. Feedback about resident level of satisfaction with the provision of emotional support is gained formally and informally through meetings, audits and resident surveys.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents stated they are highly satisfied with the opportunities available to them to participate in activities inside and outside the home if they choose. Residents advised they are encouraged to entertain their visitors at the home and they can go out with family and friends. Residents may have their own telephones installed to keep in contact with family and friends. Community groups visit the home, including service clubs, entertainers, special interest groups and school children. Residents use mobility aids, if needed, to ambulate around the home or are provided assistance and direction by care staff. Regular exercise sessions are conducted by the activity staff and the rehabilitation coordinator to assist residents to maintain mobility levels and independence. Activity staff provide support to promote independence and participation within the home and community. The physiotherapy programs have been very successful in getting residents mobile again after periods of

immobility or maintaining optimal mobility and independence. Interviewed residents were very positive about the exercise and mobility programs. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to postal vote if they wish to do so.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents' privacy, dignity and confidentiality are respected and staff practices are based on a resident's individual preferences. Resident records are securely stored and staff address residents by their preferred names in a respectful manner. Residents' progress notes and other clinical and administrative records provide evidence of consultation with them about their preferences for the manner in which care and lifestyle support is provided. Staff were observed to knock on residents' room doors before entering.

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

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

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

The home meets this expected outcome

Residents expressed great satisfaction with the activity staff and program. Staff collect residents' social histories and leisure preferences when formulating individual lifestyle care plans. Participation and attendances at the home's scheduled activities is reviewed regularly and changes made according to changing needs, interests or to accommodate new residents. The monthly activity program includes special events and takes into account residents' preferred activities and significant cultural days. The program includes a mix of group and individual activities. Those residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time or assisted to undertake their preferred activities independently. Recreational activity staff are responsive to the feedback residents provide at meetings, through surveys and during informal discussions. The program includes exercise and walking groups, bus trips, games and quizzes, craft, entertainers, beauty and massage therapy and social gatherings such as specialty functions and barbeques. Staff evaluate residents' lifestyle care plans every three to six months to ensure the program continues to meet the recreational and leisure needs of the residents.

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

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

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

The home meets this expected outcome

Residents reported they are very satisfied with the support provided for their cultural and spiritual needs. The individual requirements of residents' to continue their beliefs and customs are identified in the assessment process on entry to the home. Current residents at the home are all from a mix of English and non English speaking background. Cultural and

spiritual needs are considered when planning clinical care. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter as well as Chinese and Jewish special events commemorated with appropriate festivities. Interviewed residents and their representatives expressed appreciation for the efforts of staff to provide a broad activity program. Residents' birthdays are celebrated. A number of religious clergy hold services at the home and residents are invited to attend these if they wish to do so.

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

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

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

The home meets this expected outcome

Interviewed residents reported they are very satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff and residents. Residents' choice of medical officer and allied health and other services is respected. Participation in group activities is the choice of the resident and they are asked how they wish activity staff to support them during one-to-one time. Residents have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture and photographs. The home has a number of mechanisms for residents and representatives to participate in decisions about the services residents receive, including discussions with staff, meetings and surveys and through the comments and complaints processes. Interviewed residents generally expressed confidence and great satisfaction with the actions taken by management on matters raised and their responsiveness to requests.

### **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

On entry residents and their representatives are advised of the services the home is able to provide. Resident agreements and handbooks clearly define the schedules of services provided. The residential agreement provides information on residents' rights and responsibilities including termination of the agreement, advocacy service contact details, complaint resolution, conditions for transfer, entitlements for care and services and an initial 14 day cooling off period. The Charter of residents' rights and responsibilities is included in the residential agreement and the resident handbook. Residents, or their representatives where appropriate, are advised to seek legal advice before signing the agreement. Interviews with the home's manager demonstrate residents and their representatives are consulted in the event of them requiring a change of services or room change. This was confirmed by residents and/or their representatives who said they were consulted concerning any changes to tenure and interviewed residents said they feel secure within the home.



## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of improvement initiatives related to physical environment and safe systems implemented over the last 12 months are;

- The home is currently undergoing extensive renovations and refurbishment expected to take another 12 to 18 months. This has been undertaken in response to residents’ needs for more communal areas, additional areas for entertaining visitors and need for more outdoor areas. The replacement of two older lifts with three lifts is expected to drastically reduce waiting times to move between the floors. To date the ninth floor of the home has been completely remodelled with all residents’ rooms on that floor having new bathrooms, wardrobes, air conditioning, flat screen televisions, painting and curtains and new beds installed. Resident rooms on the ninth floor now are able to be accessed by an ambulance trolley as the doors have been widened as part of the remodelling. The new rooms have a sprinkler system installed to fight fire. It is envisaged each of the remaining floors will be remodelled one floor at a time. The ground floor will be renovated to include the communal areas, outdoor areas, quiet lounges, a café and staff offices and amenities. Residents whose rooms have been remodelled are happy with the work done and said the temporary move to other floors while the work was in progress was managed well by management and staff.
- The home has implemented an improved waste management program. The home now separates waste into appropriate bins thus reducing the cost of disposal and minimising land fill. The program has been implemented across the organisation as part of the organisation’s commitment to reducing the impact on the environment.
- In response to a review of fire safety at the home, seven additional staff have been trained as fire officers. Management stated they felt the additional fire officers were needed given the extensive building works onsite. There are now trained fire officers across all shifts.

### 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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Specific examples of regulatory compliance relating to Standard 4 Physical environment and safe systems include the following:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.

- The home is currently implementing the new Work Health and Safety Act 2011.
- The home has a current fire safety statement displayed. External contractors regularly test and service equipment including fire fighting and electrical equipment. Staff attend mandatory annual fire safety and evacuation training.

#### **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

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes.

Education sessions and courses that relate to Standard 4, Physical environment and safe systems includes;

- Manual handling
- Infection control
- Chemical safety
- Occupational health and safety
- Food 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 findings**

The home meets this expected outcome

The management is actively working to provide a safe and comfortable environment according to the needs of residents. We observed the home to be clean and as free from clutter as possible. There is adequate and appropriate furniture, the internal temperatures are kept at a comfortable level and there is adequate ventilation and natural lighting. We noted the environment to be secure with internal and external communal areas. All residents are accommodated in single rooms with ensuites and all with extraordinary city views. The home has a preventative and reactive maintenance program to ensure the environment is safe and well maintained. The home's safety and comfort is monitored through feedback from residents, observations from staff, accident/incident reports, hazard logs and environmental audits. Residents and their representatives describe the home as meeting their needs. Residents residing in the newly remodelled ninth floor were extremely complimentary of their new rooms.

#### **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

Management is actively working to provide a safe working environment through policies and procedures, hazard identification and management, environmental audits and incident and accident reporting. Staff work practices are supervised and a scheduled maintenance program is in place to minimise risk. Work health and safety is discussed at meetings and education is provided to ensure staff understand regulatory requirements. Observation confirmed safety signage on display and personal protective equipment is available for staff. Chemical substances are stored securely and managed correctly and material safety data sheets are provided for all chemicals in use. Staff receive mandatory manual handling training during induction and on an ongoing basis. The home has an active occupational health and safety committee to assist management to minimise risks. Staff interviewed stated they are encouraged to report hazards within the home and repairs or replacement takes place in a timely manner.

#### **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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire and security and emergency risks. The home's systems include annual training, policies and procedures, emergency equipment and evacuation plans. Safe storage of chemicals, designated smoking areas and an electrical tagging program reduce the risk of fire. Staff training records confirmed that staff undergo fire training when they are inducted and on a yearly basis. Regular monitoring and testing of fire and other emergency equipment is carried out by an external fire contractor. External doors are locked after hours and entry is only after the staff have identified the visitors. Residents and their representatives interviewed stated they feel very safe within the home.

#### **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 program. The program includes processes to prevent, minimise, monitor and manage staff and residents' infections. Infection data is collated and evaluated monthly and the results are discussed at staff meetings. Staff members receive education on commencement of employment and on an ongoing basis about infection control. We observed practices reducing the risk of cross infection including the use of personal protective equipment, hand washing and the use of colour coded equipment in all areas. We also observed adherence to food safety guidelines, cleaning and a vaccination programme for staff and residents. Staff interviewed demonstrated an understanding of the home's infection control 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 hospitality services are provided in a manner that enhances the quality of life for the residents. All meals are cooked at the organisation's food service unit, transported and heated for serving at the home. Most residents have tray service for breakfast and other meals at the residents' request. Food is also served in a pleasant dining room with assistance provided by staff. We observed food service and staff practices reflecting the appropriate food safety guidelines, including infection control requirements. Cleaning services are provided by a contractor according to documented schedules. The home presents as clean, fresh and well maintained. The laundering of linen is done offsite by contract laundry services. Residents' clothing is laundered by staff in the onsite laundry or residents are able to do their own washing. Residents expressed a high level of satisfaction with the hospitality services provided at the home.