



Aged Care  
Standards and Accreditation Agency Ltd

## **Ex-Services Home Ballina**

### **Approved provider: RSL LifeCare Limited**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 13 January 2015. We made the decision on 16 November 2011.

The audit was conducted on 18 October 2011 to 20 October 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

|                                  |  |                                |            |              |      |
|----------------------------------|--|--------------------------------|------------|--------------|------|
| Home's name:                     | Ex-Services Home Ballina   |                                |            |              |      |
| RACS ID:                         | 2681   |                                |            |              |      |
| Number of beds:                  | 53   | Number of high care residents: | 52         |              |      |
| Special needs group catered for: | <ul style="list-style-type: none"> <li>• Wandering dementia</li> </ul> |                                |            |              |      |
| Street/PO Box:                   | 7 Bentinck Street  |                                |            |              |      |
| City:                            | BALLINA  | State:                         | NSW        | Postcode:    | 2478 |
| Phone:                           | 02 6686 2382   |                                | Facsimile: | 02 6686 6469 |      |
| Email address:                   | ron.thompson@rsllifecare.org.au  |                                |            |              |      |

### Approved provider

|                    |                      |
|--------------------|----------------------|
| Approved provider: | RSL LifeCare Limited |
|--------------------|----------------------|

### Assessment team

|                  |                                    |
|------------------|------------------------------------|
| Team leader:     | Chris South                        |
| Team member/s:   | Stella Comino                      |
|                  | Robyn Daskein                      |
| Date/s of audit: | 18 October 2011 to 20 October 2011 |

**Principle:**

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

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

**Principle:**

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

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

**Principle:**

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

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

**Principle:**

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Site Audit Report

**Ex-Services Home Ballina 2681**

**Approved provider: RSL LifeCare Limited**

## Introduction

This is the report of a site audit from 18 October 2011 to 20 October 2011 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 a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 18 October 2011 to 20 October 2011.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:   | Chris South   |
| Team member/s: | Stella Comino |
|                | Robyn Daskein |

## Approved provider details

|                    |                      |
|--------------------|----------------------|
| Approved provider: | RSL LifeCare Limited |
|--------------------|----------------------|

## Details of home

|               |                          |
|---------------|--------------------------|
| Name of home: | Ex-Services Home Ballina |
| RACS ID:      | 2681                     |

|  |                    |
|--|--------------------|
| Total number of allocated places:                | 53                 |
| Number of residents during site audit:           | 52                 |
| Number of high care residents during site audit: | 52                 |
| Special needs catered for:                       | Wandering dementia |

|                 |                                 |            |              |
|-----------------|---------------------------------|------------|--------------|
| Street/PO Box:  | 7 Bentinck Street               | State:     | NSW          |
| City/Town:      | BALLINA                         | Postcode:  | 2478         |
| Phone number:   | 02 6686 2382                    | Facsimile: | 02 6686 6469 |
| E-mail address: | ron.thompson@rsllifecare.org.au |            |              |

## Audit trail

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

### Interviews

|                          | Number |                           | Number |
|--------------------------|--------|---------------------------|--------|
| General manager          | 1      | Residents/representatives | 13     |
| Executive care manager   | 1      | Volunteer                 | 1      |
| Registered nursing staff | 6      | Board Directors           | 2      |
| Care staff               | 3      | Maintenance staff         | 2      |
| Recreation staff         | 1      | Laundry staff             | 2      |
| Support services manager | 1      | Cleaning staff            | 1      |
| Speech pathologist       | 1      | Catering staff            | 2      |
| Counsellor               | 1      | Physiotherapist           | 1      |
| Allied health assistant  | 1      |                           |        |

### Sampled documents

|                  | Number |                   | Number |
|------------------|--------|-------------------|--------|
| Residents' files | 6      | Medication charts | 9      |
| Incident reports | 12     |                   |        |

### Other documents reviewed

The team also reviewed:

- Activity participation records
- Activity resources
- Allied health communication book
- Audit and survey results
- Blood glucose monitoring protocol
- Central hazard register
- Clinical folder including wound treatment plans
- Communication books/diaries
- Competency assessment records
- Complaints and associated records
- Computer generated indicator reports and analysis
- Computerised resident information management system
- Consolidated records for assaults and missing persons
- Continence records
- Diet summary sheets
- Dietary preferences/profiles
- Doctors' books
- Education and training records
- Electrical equipment test tags
- Emergency contact lists
- Emergency procedures
- Evacuation maps
- Fire detection system inspection and maintenance records
- Fire equipment inspection and maintenance records

- Fire extinguisher inspection tags
- Food safety program audit report
- Food safety program manual and associated records
- Handover sheets
- Hazard management flowchart
- Hazard reports
- Improvement activity action plans
- Infection control records
- Job descriptions and duty lists
- Maintenance program
- Maintenance records
- Maintenance request logs
- Mandatory training attendance matrix
- Material safety data sheets
- Medication management folders
- Memorandums
- Menu
- Minutes of management, staff meetings and residents meetings
- Minutes of meetings folder
- Newsletters
- Nurses' registration records
- Orientation program
- Outbreak management guidelines
- Pest management records
- Pharmacy records
- Plan for continuous improvement
- Police check records
- Policies and procedures
- Quarterly quality reports
- Reference materials for staff
- Resident billing process
- Resident lists
- Residents' information handbook
- Risk assessments
- Rosters
- Smoke/fire door test tags
- Staff handbook
- Staff notice regarding the completion of compulsory education
- Temperature monitoring records for drug refrigerators
- Waste management program
- Water testing records and action plan
- Weight management protocol and records
- Workplace inspection reports.

## **Observations**

The team observed the following:

- Accreditation posters on display
- Activities in progress
- Activity calendar on display
- Annual fire safety statement on display
- Comment/complaint forms and suggestion box in common area
- Controlled access to restricted areas
- Displayed information about internal and external complaints processes

- Emergency exit signage
- Emergency exits free from obstruction
- Equipment and supply storage areas
- Evacuation assembly areas
- Fire panel
- Fire system condition report on display
- Hand washing facilities and hand sanitising stations
- Information on staff and resident noticeboards
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Medical sharps disposal units
- Medication administration
- Menu on display
- Operation of the kitchen
- Operation of the laundry
- Outbreak management kit
- Positive interactions between residents, visitors and staff
- Protective barricading around construction site
- Secure dementia care unit
- Security coded entrances
- Sharps containers
- Sign in – sign out books
- Spills kit
- Staff accessing and wearing personal protective equipment
- Staff amenities.

## **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 Ex-Services Home Ballina (the home) actively pursues continuous improvement and provided examples of improvements in management systems, staffing and the organisation in response to the changing needs of residents, residents’ representatives and staff. The nursing home and hostel operate under the same management system. Improvement activities are facilitated by the organisation’s quality assurance program. The program focuses on the needs of residents and is modelled on an improvement cycle. Feedback is actively sought from residents, residents’ representatives and staff to guide improvement activities. Management uses a quality assurance plan, a plan for continuous improvement, quarterly quality assurance reports, clinical indicators, benchmarked audits and ongoing staff education to initiate continuous improvement activities and to monitor the home’s performance measured against the Accreditation Standards. Examples of recent improvements include the following:

- The home introduced a monthly DVD based education program and associated knowledge questionnaires. Management reported that this was undertaken to improve the consistency of staff education and since its introduction, the compliance rate for the completion of education had exceeded 90 per cent.
- The home is upgrading its computerised resident care management system. Management reported that the new version will provide new lists, a new care plan format and additional links between assessments and this will improve the functionality of the program as the key care information management system at the home.
- A new dressing trolley was purchased. The new trolley does not have drawers and so stocks are no longer carried on the trolley. Management and care staff reported that this had improved the stock control of medical goods.

### **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 established systems to identify relevant regulatory requirements, systems to monitor changes in existing requirements and systems to update and communicate changes in its policies, procedures and practices. A system is in place to ensure that executive management monitor changes in regulatory requirements and the impact of those changes. Training mandated by legislation or regulation is provided. A system of audits, checklists, attendance sheets and registers is in place to ensure the home complies with its regulatory responsibilities. The home has systems in place to ensure that all staff and volunteers have a current police certificate, to ensure that the registration of nursing staff is current and to inform residents and others about accreditation 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 findings**

The home meets this expected outcome

Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and training in manual handling and fire safety on commencement. Orientation at the home includes 'buddy' shifts, to ensure staff are familiar with all requirements. Position descriptions and duty lists are provided to guide staff practices. Policies and procedures are available on the organisation's intranet and staff have access through computers in each area. Feedback from residents and staff via meetings and feedback forms, results of audits and incident reporting mechanisms assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training; attendance is recorded and mandatory education attendance is monitored. Staff are encouraged and continue to undertake additional external education. Staff demonstrated appropriate skills and knowledge relevant to their positions.

### **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

Information about internal and external complaints mechanisms is provided to residents, residents' representatives and others. This information is provided verbally and in documents such as handbooks, the resident agreement and via posters and brochures easily accessible in the home. Complainants have access to confidential complaint lodgement facilities. Complaints are addressed by senior managers and the organisation has a complaints policy and complaint management procedures to guide this process. Complaints mechanisms are used by residents, residents' representatives and others to bring forward issues of concern and feedback is provided to complainants on the outcome. Residents and residents' representatives are satisfied with access to internal and external complaints mechanisms.

### **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 organisation has documented the home's vision, values, philosophy, objectives and commitment to quality in publications provided to residents, residents' representatives and staff and in documents on display throughout the home.

## **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

Staffing requirements at the home are determined and managed through a base roster, through staff and resident feedback and by monitoring changes to residents' care needs. Care staff rosters reflect a mix of skills relevant to residents' needs and staff are replaced to ensure appropriate coverage. Recruitment and selection processes are established and staff are employed based on their skills, experiences and qualifications held relevant to the position. Orientation processes include mandatory training in fire, work health and safety, infection control, elder abuse prevention, mandatory reporting and manual handling and competency assessments relevant to staff roles are completed by staff following their commencement. Position descriptions and duty lists guide staff practice in conjunction with procedures and guidelines. Ongoing education is provided across a range of topics incorporating all four Accreditation Standards. The home monitors staff skills through competency assessments and performance reviews. Residents and residents' representatives report staff are available to meet care and service needs.

## **1.7 Inventory and equipment**

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Team's findings**

The home meets this expected outcome

Residents, residents' representatives and staff are satisfied with the availability of goods and equipment. Stock monitoring and re-supply processes are in place to ensure adequate stocks are available. Perishable goods are dated and rotated to ensure consumption prior to their use by dates. Goods and equipment are stored appropriately to ensure they remain suitable for use. Equipment is purchased to meet the identified care needs of residents or the needs of the home generally. There is a preventive maintenance program in place and processes for the reporting and repair of or replacement of damaged or obsolete 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

Effective information systems are in place. Residents are satisfied they are consulted about their care and services and informed of events and any changes relevant to them. Residents' representatives are satisfied with communication processes. Information required to deliver care and services is accurate and current. Electronic records and information are maintained on a network managed at the organisation's head office and staff access is secured through user identification and passwords. The system is backed up daily off-site. Residents' assessments, care plans, lifestyle plans, dietary assessments are informative, current, securely stored and available to care and support staff. Other information and communication systems such as the continuous improvement system, the safety system, education records, meeting minutes, archiving of obsolete information and the reporting and analysis of clinical data are operating effectively.

## **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

Residents, residents' representatives and staff are satisfied with the services provided by external service providers. Services sourced externally include maintenance services, allied health services, quality benchmarking, pharmacy services and audit services. Management manages external services through service agreements that specify the home's requirements. The performance of external service providers is monitored and action is taken to improve services when necessary.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home actively pursues continuous improvement and provided examples of improvements in health and personal care in response to the changing needs of residents. Improvement activities are facilitated by the organisation's quality assurance program. The program focuses on the needs of residents and is modelled on an improvement cycle. Feedback is actively sought from residents, residents' representatives and staff to guide improvement activities. Management uses a quality assurance plan, a plan for continuous improvement, quarterly quality assurance reports, clinical indicators, benchmarked audits and ongoing staff education to initiate continuous improvement activities and to monitor the home's performance measured against the Accreditation Standards. Examples of recent improvements include the following:

- Following a review of relevant research, the home introduced an activity based brain exercise program. A committee comprising key care staff and the home's physiotherapist was established to conduct a trial of the program and then to manage the implementation of the full program. The Physiotherapist and care staff reported that residents who participated in the program had achieved improvements in their mobility and balance.
- Care staff were provided with education on a palliative approach in residential aged care. Management reported that following the education, the home now provides best practice care for terminally ill residents; palliative care that is focused on residents' comfort and dignity. Residents' representatives complimented the home on its approach to palliative care.
- Care staff reported that continence aid charts were improved by using a larger font size and through the introduction of colour coding. Staff reported that this information was now easier to read and understand.

### **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

The organisation has established systems to identify relevant regulatory requirements, systems to monitor changes in existing requirements and systems to update and communicate changes in its policies, procedures and practices. A meeting system is in place to ensure that executive management monitors the changes in and impact of regulatory requirements. Training mandated by legislation or regulation is provided. A system of audits, checklists, attendance sheets and registers is in place to ensure the home complies with its responsibilities. The home has systems in place to ensure that specialised nursing care is provided by registered nurses, systems to ensure that medications are managed according to relevant protocols and a system to ensure that unexplained absences of residents are reported as required.

### **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

Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and training in manual handling and fire safety on commencement. Orientation at the home includes ‘buddy’ shifts, to ensure staff are familiar with all requirements. Position descriptions and duty lists are provided to guide staff practices. Policies and procedures are available on the organisation’s intranet and staff have access through computers in each area. Feedback from residents and staff via meetings and feedback forms, results of audits and incident reporting mechanisms assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training; attendance is recorded and mandatory education attendance is monitored. Staff are encouraged and continue to undertake additional external education. Staff demonstrated appropriate skills and knowledge relevant to their positions.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ care needs are assessed on admission and an interim care plan is developed to guide staff practice. Registered staff analyse information obtained from computer generated focused assessments to create a care plan which is reviewed three monthly or more frequently if a change is noted in the resident’s care status. Changes in resident care needs are actioned and evaluated with input from staff, residents and their representatives. Information relating to each resident’s condition is reported at shift handovers and through a staff communication diary. Computer generated care forms are updated daily to ensure residents’ care needs and assessments are completed. Referrals to allied health and medical services ensure investigations and assessments are completed as necessary. The home monitors the appropriateness of care provision through care plan review, hand over, diary entries, case conferences with residents and representatives, competency assessments, surveys and audits. Residents and residents’ representatives are satisfied with clinical care.

### **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 in place to support the specialised nursing care needs of residents; currently providing care such as diabetes management, ostomy care, enteral feeding, complex pain management and palliative care. Registered nurses assess the initial and ongoing specialised nursing care needs, and establish residents’ preferences. Care plans are developed to guide staff practice, care guidelines are in place to support specific care needs and interventions are evaluated every three months or as required. The home has access to specialist services at the local hospital and regional health services as needed and has established networks for support services and education for staff as required. Staff have the appropriate skills and qualifications to identify and manage residents’ specialised nursing

care needs effectively. Resources are available to support staff to maintain care needs. Residents stated they are satisfied with the specialised care provided by the home.

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

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

### **Team’s findings**

The home meets this expected outcome

The home has processes in place to support referral to other health and related services. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents have access to a range of allied health and related services including optometry, podiatry, massage therapy, counselling, dietetics, physiotherapy, dentist, mental health and speech pathology. Referrals to services are initiated in consultation with residents and the resident’s doctor. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists’ reports are received, notations are made in progress notes and diaries and care plans are amended as required. Residents stated they are satisfied with the other health and related services they receive.

## **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

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a medication aid and individually dispensed items for medications that are unable to be packed. Registered nurses endorsed enrolled nurses and aged care employees administer medications with the support of care staff trained in assisting residents with medication, to ensure residents receive medications according to doctors’ orders. The accuracy of the packaged and non-packaged items is checked against the medication chart orders. Safe practice is maintained through medication chart monitoring, incident reporting, education and ensuring medications are stored securely. Residents’ medication regimes are reviewed every three months and as required by the doctor; pharmacy reviews are conducted regularly and changes are made accordingly. Residents reported they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ pain is identified during initial assessment, and reassessments are conducted annually, when new pain is identified and/or when existing pain control strategies are ineffective. Non-verbal pain assessment tools are available for residents unable to articulate their pain. Medical officers and allied health professionals are involved in the management of residents’ pain and care plans reflect strategies to manage pain including non-pharmacological (such as hot packs, exercise and massage) and pharmacological intervention. The effectiveness of interventions, including the use of ‘as required’ (PRN) analgesia is documented and monitored and referrals for medical officer review are arranged when indicated. Staff receive education in the management of residents’ pain and are aware

of nonverbal cues to assist in identifying residents' pain or discomfort. Residents are satisfied with current pain management strategies and the provision of alternative interventions if and when pain persists.

## **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

Residents' end of life care options are discussed on entry to the home or at a later stage if this is the preference of the resident and/or their representative. Directives are incorporated into residents' care plans to guide staff practice. As a resident's needs change and their condition deteriorates the clinical care team have regular conversation with the resident and their representative members or significant others to ensure that the resident's physical, spiritual, cultural and emotional needs are respected and provided for. The counselling team is available to offer spiritual support if this is the resident's and/or their representative's request. Consultation with the resident's medical officer and palliative care professionals ensures that the resident's pain is managed and dignity is maintained. Staff are aware of interventions to ensure the comfort and dignity of residents

## **2.10 Nutrition and hydration**

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

### **Team's findings**

The home meets this expected outcome

Residents' dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected on diet lists and care plans are in place to guide staff practice. Modified utensils are provided to support residents' eating and drinking ability as required. Residents' dietary requirements are reviewed every three months and as required. Residents are weighed monthly (or more frequently as required) and changes in weight are generally monitored to support timely changes in diet if required. The home has implemented a weight management protocol and residents assessed as being at risk of or experiencing unplanned weight loss are offered supplements and/or modified diets. A dietitian reviews the menu with the Director of Nursing to ensure nutritional value and residents are referred to a dietitian and/or speech pathologist as necessary. Residents stated they are satisfied that they receive adequate nutrition and hydration.

## **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

Residents' skin integrity needs are assessed on entry to the home and on an ongoing basis. Care plans are developed to guide staff practice and staff received education in promoting healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines, reassessed every three months and changes are communicated in daily handover sessions, care plans and progress

notes. Wound care is managed by registered nurses and endorsed enrolled nurses and the home receives support from external wound specialist services if required. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents reported they are satisfied with the skin care provided.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ continence needs are assessed on entry to the home and on an ongoing basis. Care plans guide staff practice and ensure individual residents’ preferences are met. Education is provided and networks with continence care services support the implementation of continence care strategies. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Changes to continence regimes are communicated to staff through link nurses communications, during handovers, in continence aids records and progress notes. Residents reported that staff support their privacy when providing continence care and are satisfied with the care they receive at the home.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Residents with challenging behaviours are assessed on entry to the home and care plans are developed in consultation with the resident (if appropriate), their representatives and health professionals when necessary. Ongoing monitoring of the resident occurs with care plan evaluation and amendment undertaken when resident needs change and/or at the scheduled three monthly reviews. A recreational program is used to enhance effective behavioural management, and residents in the dementia secure area are supported to attend social events in other areas of the home and out in the community. The home has processes in place to consult with residents and their representatives and their medical officer should the use of a restraint as an intervention be considered and are able to consult with external mental health services if required. Staff receive education in relation to dementia and behaviour management and are aware of interventions to manage residents with challenging behaviours. The assessment team observed residents responding positively to staff when conducting recreational activities and attending to cares. Residents indicated they are satisfied with the care provided and enjoyed the homely environment and socialising with the other residents. Representatives reported that they felt comfortable visiting family members in the secure environment and that staff were attentive to the residents.

## **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

Residents are assessed by a registered nurse or a physiotherapist on entry to the home and undergo a formal review at three months or more frequently if there is a change in their mobility/dexterity status. Assessment includes the suitability of existing mobility/dexterity aids and equipment and/or the need for additional intervention. A physiotherapist develops individual resident care plans and exercise regimes and where identified, this incorporates interventions to support residents' pain management and cognitive programs. Fall incidents are reported and actioned, and the data collected is analysed and trended on a monthly basis. Aids to maintain and improve mobility and dexterity such as walking aids and specific dietary utensils are available. Residents are satisfied with the assistance they receive in achieving optimum levels of mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

Residents' dental history is assessed on entry to the home, including determining residents' preferences relating to management of their oral care. Care plans are developed to guide staff practice and effectiveness of care is reviewed every three months and as care needs change. Referral to dental services occurs where indicated, a dentist is available at a local hospital and in the community when needed and assistance is provided to access services when required. Resources such as mouth care products are available to meet residents' oral hygiene needs. Amendments to care are communicated through handover sessions, progress notes and care plans. Residents reported satisfaction with the assistance given by staff to maintain their oral and dental health.

## **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

Residents' care needs in relation to senses such as hearing, vision, speech, touch taste, smell and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice; strategies are in place to address identified needs and personal preferences. Care staff assist residents as required, including the removal and management of aids. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in consultation with the resident, and/or their representative and doctor. Staff are educated on individual care requirements and the maintenance of sensory aids and demonstrated awareness of environmental controls required to support residents with sensory impairment. Residents with sensory impairment stated they were happy with the care assistance provided by staff.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Residents usual sleep patterns, settling routines and personal preferences are identified on entry to the home and on an ongoing basis. Individual care plans are developed and interventions to promote natural sleep patterns for residents include but are not limited to a comfortable room temperature, and noise and lighting adjustment. Residents experiencing difficulty sleeping are offered warm drinks and snacks and assisted with hygiene requirements, and heat packs to relieve pain should this be required. Alternative therapies such as massage are used when indicated to assist residents to relax and settle at night. Residents report they sleep well and are satisfied with the assistance staff provide during the 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

The home actively pursues continuous improvement and provided examples of improvements in resident lifestyle. Improvement activities are facilitated by the organisation’s quality assurance program. The program focuses on the needs of residents and is modelled on an improvement cycle. Feedback is actively sought from residents, residents’ representatives and staff to guide improvement activities. Management uses a quality assurance plan, a plan for continuous improvement, quarterly quality assurance reports, clinical indicators, benchmarked audits and ongoing staff education to initiate continuous improvement activities and to monitor the home’s performance measured against the Accreditation Standards. Examples of recent improvements include the following:

- The home recently introduced monthly themed lunches. Themed lunches are celebratory lunches combined with recreation activities themed to a special occasion each month. Management reported that these lunches have improved the range of activities available and have proved popular with residents.
- Invitations to the annual Carols by Candlelight held in December have been extended to improve opportunities for residents to interact with other residents, residents’ families, staff and the local community. Management reported that this had proved very successful with over 120 people attending.

### **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

The organisation has established systems to identify relevant regulatory requirements, systems to monitor changes in existing requirements and systems to update and communicate changes in its policies, procedures and practices. A meeting system is in place to ensure that executive management monitors the changes in and impact of regulatory requirements. Training mandated by legislation or regulation is provided. A system of audits, checklists, attendance sheets and registers is in place to ensure the home complies with its responsibilities. The home has systems in place to ensure that residents have security of tenure, to ensure that privacy is maintained and to ensure that compulsory reporting requirements are met.

### **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

Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and training in manual handling and fire safety on commencement. Orientation at the home includes 'buddy' shifts, to ensure staff are familiar with all requirements. Position descriptions and duty lists are provided to guide staff practices. Policies and procedures are available on the organisation's intranet and staff have access through computers in each area. Feedback from residents and staff via meetings and feedback forms, results of audits and incident reporting mechanisms assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training; attendance is recorded and mandatory education attendance is monitored. Staff are encouraged and continue to undertake additional external education. Staff demonstrated appropriate skills and knowledge relevant to their positions.

### **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 are satisfied with the support received from staff and management at entry and on a continuing basis to help them adjust to their changed lifestyle. Processes in place to assist new residents include orientation to the home and their room, introduction to other residents and visits from the recreation team. The recreation team provide support and encouragement to residents to join daily activities and information regarding care, services and daily routines at the home. Residents are encouraged to bring personal possessions to familiarise their environment and family visits are encouraged, particularly during their relative's transition to residential care. Information about residents' social and family history and specific emotional needs is collected from the resident and/or representative and through initial and ongoing assessment processes; taking into consideration residents' spiritual, linguistic and cultural needs. Residents are assisted to maintain external social/supportive connections with family and friends whenever possible and staff provide additional support for residents who choose not to participate in group activities and those without regular visitors. Staff are aware of residents' support needs, including their special needs at times of loss and bereavement.

### **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' previous and current lifestyle preferences, interests and abilities are identified during initial assessments to assist development of care plans that maximise the resident's independence. Residents' capacity for independence in relation to meeting health, personal care and lifestyle needs is reassessed on an ongoing basis and planned interventions reflect their capacity for independent activity. Residents are assisted with those aspects of personal

care and other activities they are unable to manage unaided and appropriate equipment such as mobility aids, sensory aids and customised eating aids is provided. Residents are assisted to participate in group and/or individual leisure activities, to maintain links with family and friends and to attend external church services/social events according to their preferences. Resident meetings provide opportunities for residents and/or representatives to voice concerns relating to care and services. Residents are satisfied with the support provided to enable them to enjoy their preferred lifestyle and indicated that maintaining their optimal level of independence is important to them. Staff demonstrate understanding and respect for residents' independence while ensuring that necessary care and services are provided and resident safety is maintained.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has policies and procedures to protect residents' privacy and dignity. On entry residents are provided with information about their rights including their right to privacy. On commencement of employment staff receive education relating to their responsibilities in maintaining resident privacy and confidentiality and the timely reporting of any suspected elder abuse. Staff understand residents' rights to privacy and dignity in all aspects of care and are mindful of appropriate practices, such as knocking on residents' doors, and maintaining the resident's dignity when delivering/assisting with personal care. Residents' comfort is monitored and strategies are implemented to manage residents' intrusive behaviours. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals. Electronic resident data is password protected. Residents report that staff are courteous; they afford them dignity in their interactions and they are respectful of their privacy.

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

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

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

The home meets this expected outcome

Residents' past and current interests are identified through interview and completion of a resident profile prior to or following entry. Lifestyle care plans are developed in consultation with the resident and/or representative, and reflect the resident's physical, sensory and cognitive abilities, identified interests and cultural background if applicable. The home aims to provide activities that engage individual residents and provide enjoyment, physical activity and mental stimulation in group or solo situations. Monthly activity programs, including regular bus outings are displayed and circulated and are evaluated through feedback at resident meetings, review of participation levels and individual discussions with residents. The activity programs consider the needs/preferences of residents from culturally and linguistically diverse backgrounds, those with limited mobility, sensory deficits or cognitive impairment and those preferring solo leisure activities. Different programmes are provided in the different areas of the home to better meet the residents' individual needs. Residents are satisfied with the range of activities offered and with the support and encouragement provided by staff.

### **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' specific cultural and spiritual needs and preferences are identified on entry to the home and used in the preparation of individualised care plans, which guide staff in facilitating relevant activities and connections for residents. Religious observances are available at the home and residents are supported to attend services in the wider community. Birthdays, anniversaries and days of cultural and religious significance are celebrated according to residents' preferences. Information is available from external bodies and involvement with local/regional community groups assist staff in meeting residents' individual cultural and spiritual needs. Staff have access to and use communication aids as required to assist communication for residents with hearing loss and those from different cultural backgrounds. Special dietary requirements and preferences, related to cultural or religious observations are facilitated. Residents indicate that their cultural and spiritual needs and preferences are respected.

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

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

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

The home meets this expected outcome

Residents and/or their representatives are able to exercise choice and make decisions regarding the care and services the residents receive through ongoing individual consultation with staff and management, surveys, resident meetings and comments and complaints processes. Residents' hygiene and grooming preferences, sleep patterns and other routines are assessed on entry to the home and on an ongoing basis. Processes are in place to ensure that alternative decision-makers (such as an adult guardian, enduring power of attorney, or significant other) are identified in case the resident is unable to make decisions due to illness or cognitive impairment. Residents and/or their representatives are kept informed of events and other matters through regular newsletters and meetings and the resident handbook. Staff interactions with residents support the right of residents to make choices in relation to activities of daily living and leisure activities. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

### **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

Residents and their representatives are informed about residents' rights and responsibilities, security of tenure and the care and services provided through the information provided in the "Admission pack" given to residents on entry to the home. Information is discussed at length before residents or representatives sign a residential care agreement to ensure that terms and conditions are fully understood. Staff education is in place relating to elder abuse and protecting residents from harassment; appropriate procedures are in place to guide actions in

such an event. Consultative processes involving residents, their representatives and staff are followed if changes to living arrangements, for example transfer to a different room or section of the home, is required. Key personnel are accessible to both residents and representatives to discuss any concerns. Appropriate prudential compliance arrangements are in place. Residents indicate they are aware of residents' rights and responsibilities and residents believe that their stay in the home is secure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home actively pursues continuous improvement and provided examples of improvements in the physical environment and safe systems. Improvement activities are facilitated by the organisation’s quality assurance program. The program focuses on the needs of residents and is modelled on an improvement cycle. Feedback is actively sought from residents, residents’ representatives and staff to guide improvement activities. Management uses a quality assurance plan, a plan for continuous improvement, quarterly quality assurance reports, clinical indicators, benchmarked audits and ongoing staff education to initiate continuous improvement activities and to monitor the home’s performance measured against the Accreditation Standards. Examples of recent improvements include the following:

- In response to recent emergencies and in conjunction with local council, the home has developed a disaster management plan. Management reported that while the home is not in a flood risk area, the plan improves the home’s ability to carry out a full evacuation if required.
- Management reported that two staff have completed training as Outbreak Coordinators and the home’s outbreak management plan has been updated. Management reported that this had improved the effectiveness of the home’s infection control program to manage an infectious outbreak.
- Following an infection control audit, the process to manage used continence aids was reviewed and this led to the supply of a special trolley for the aids. Management reported that the result was the elimination of double handling and a reduction in the risk of cross infection.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The organisation has established systems to identify relevant regulatory requirements, systems to monitor changes in existing requirements and systems to update and communicate changes in its policies, procedures and practices. A meeting system is in place to ensure that executive management monitors the changes in and impact of regulatory requirements. Training mandated by legislation or regulation is provided. A system of audits, checklists, attendance sheets and registers is in place to ensure the home complies with its responsibilities. The home has systems in place to ensure that buildings are certified, to ensure that fire equipment is inspected and maintained, to ensure that food safety standards are met and to ensure that the working environment meets occupational health and safety regulations.

### **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

Staff are employed based on their skills, ability, and relevant qualifications held to perform the job. New staff are provided with orientation to the organisation and training in manual handling and fire safety on commencement. Orientation at the home includes 'buddy' shifts, to ensure staff are familiar with all requirements. Position descriptions and duty lists are provided to guide staff practices. Policies and procedures are available on the organisation's intranet and staff have access through computers in each area. Feedback from residents and staff via meetings and feedback forms, results of audits and incident reporting mechanisms assist in the identification of training needs. A planned in-service program is available and includes mandatory and other training; attendance is recorded and mandatory education attendance is monitored. Staff are encouraged and continue to undertake additional external education. Staff demonstrated appropriate skills and knowledge relevant to their positions.

### **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

Residents and residents' representatives report satisfaction with the living environment in general, satisfaction with comfort and personal safety and satisfaction with the home's maintenance program. Residents occupy single rooms and have access to a large dining room, lounge rooms, bar, library, shop, activity room and outdoor entertainment areas, paths and gardens; the home has commenced a building redevelopment program. An orientation program is in place to inform residents about the day to day operation of the home and ongoing assistance and support is provide to assist them settle in. Residents are supported to personalise their rooms. Temperatures are controlled by air conditioning, fans or natural air flow and the home has adequate lighting and furniture appropriate to the needs of residents. Resident incidents are reviewed by senior clinical staff and action is taken to address identified issues. Management have implemented a preventive maintenance program and processes for the reporting and repair of damaged fixtures, fittings and equipment.

### **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 have implemented a safety system and trained safety personnel to ensure that the home meets regulatory requirements. All staff are provided with training in occupational health and safety during orientation and during regular compulsory sessions. A hazard management system is in place to ensure that hazards are identified, assessed for risk, controlled or eliminated and monitored. Staff incidents are reviewed by trained staff and senior management. The home has effective preventive and reactive maintenance programs.

Workplace inspections are conducted to monitor the working environment. An occupational health and safety committee meets regularly to review hazards, incidents and audit reports. Regular safety reports are provided to the organisation's senior management.

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

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

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

The home meets this expected outcome

The home's fire safety systems and installations have been assessed and they meet current building certification requirements. Records of inspection indicate that the fire detection and alarm system, sprinkler system, fire doors, fire fighting equipment, hydrants and emergency lighting have been inspected and maintained. Emergency exits and pathways to exit were accessible and free from obstacles. Staff are provided with initial and annual training in fire evacuation procedures and have access to emergency procedures, fire fighting equipment and evacuation maps. Residents are informed of what to do in an emergency. Staff demonstrated an appropriate knowledge of emergency procedures and their role in the event of an alarm and evacuation. Records of each resident's mobility requirements are available in the event of an evacuation. The home implemented internal and external security systems and has developed security procedures.

#### **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 infection control program that identifies infection type, antibiotic usage and monthly statistics are collected and monitored for potential trends. This information is discussed at relevant meetings and staff have an awareness of individual resident infections, interventions that are required and the use of standard precautions to be taken. Residents identified with infections are monitored for responsiveness to treatment until resolution is achieved. Staff have access to personal protective equipment, infection control guidelines (including outbreak management) and receive regular education in infection control practices for food handling, laundry management, cleaning and clinical care. Information relating to infection control is accessible to staff, immunisations are promoted and guidelines are in place to guide staff practice. Staff practice is consistent with current infection control guidelines.

#### **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

Residents and/or residents' representatives are generally satisfied with the way hospitality services are provided at the home. There are effective systems in place to inform catering staff about residents' assessed dietary needs and about their likes and dislikes. The home's menu is based on feedback from residents and is reviewed by a dietician. Residents are assisted to select their preferred meal from the menu. Laundry services are provided at the

home's on site laundry. Following washing and drying residents' clothing is returning to their rooms folded, hung or ironed. There is a process to identify residents' clothing and a process to locate missing clothing. Cleaning services are provided by cleaning staff in accordance with cleaning schedules and infection control procedures. Hospitality staff are satisfied with the home's working environment.