



Aged Care  
Standards and Accreditation Agency Ltd

## **Goodwin Ainslie (Goodwin House)**

RACS ID 2906  
35 Bonney Street  
AINSLIE ACT 2602

Approved provider: Goodwin Aged Care Services Limited

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 21 September 2015.

We made our decision on 16 August 2012.

The audit was conducted on 10 July 2012 to 12 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

<b>Standard 3: Resident lifestyle</b>	
<b>Principle:</b>	
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.	
<b>Expected outcome</b>	<b>Accreditation Agency decision</b>
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

<b>Standard 4: Physical environment and safe systems</b>	
<b>Principle:</b>	
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.	
<b>Expected outcome</b>	<b>Accreditation Agency decision</b>
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Goodwin Ainslie (Goodwin House) 2906**

**Approved provider: Goodwin Aged Care Services Limited**

## **Introduction**

This is the report of a re-accreditation audit from 10 July 2012 to 12 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 10 July 2012 to 12 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:	Colleen Fox
Team member/s:	Janice Stewart

## Approved provider details

Approved provider:	Goodwin Aged Care Services Limited
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## Details of home

Name of home:	Goodwin Ainslie (Goodwin House)
RACS ID:	2906

Total number of allocated places:	108
Number of residents during audit:	103
Number of high care residents during audit:	87
Special needs catered for:	Dementia Extra Services

Street/PO Box:	35 Bonney Street	State:	ACT
City/Town:	AINSLIE	Postcode:	2602
Phone number:	02 61755100	Facsimile:	02 61755170
E-mail address:	jfishlock@goodwin.org.au		

## Audit trail

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

### Interviews

	Number		Number
Manager residential care	1	Residents	14
Executive manager	1	Representatives	4
Care managers	2	Office manager	1
Governance and quality manager	1	Administration assistant	1
Team leaders	4	Chef and catering staff	5
Registered nurses	3	Hotel services manager	1
Care staff	11	Information technology staff	2
Human resource manager and co-ordinator	2	Laundry staff	1
Executive estate manager	1	Cleaning staff	2
Activities coordinator	1	Maintenance staff	1
Activities officer	1	Hairdresser	1

### Sampled documents

	Number		Number
Residents' files	11	Residents' key to me story	11
Observation charts	18	Personnel files (including performance reviews)	5
Restraint assessments and authorisations	6	Resident agreements	5
Medication charts	11	Contracts/service agreements	6

### Other documents reviewed

The team also reviewed:

- Audit and survey schedule, audits, summary reports
- Care schedules
- Cleaning schedules, cleaning and laundry manuals, resident laundry lists
- Clinical resource folders
- Complaints register and forms
- Compulsory reporting register
- Continuous improvement plan, feedback forms
- Contracts and memorandums of understanding folder
- Cultural and spiritual resource folders
- Document control bulletin

- Emergency procedures manual
- Fire safety inspection records, fire training records
- Food audit reports, kitchen and servery temperature records, food safety manual, resident dietary requirement and preference sheets and lists, menu and dietician review
- Incident/accident reports, clinical indicators
- Infection control – infection statistics, manual
- Lifestyle/activities folders
- Medications folders, drugs of addiction register, fridge temperature records, and pharmacy reviews.
- Meeting minutes, staff memos
- Missing person profiles for residents
- New employee pack, orientation program, employee handbook, code of conduct
- Newsletter
- Organisation chart, business plans
- Police check registers, staff registrations
- Policies and flowcharts
- Preferred supplier list, inventory register
- Preventative maintenance schedule, maintenance request records, hazard alert forms, risk assessments, risk management plan and register
- Resident admission pack, resident handbook, 'Welcome to Goodwin'
- Resident and staff vaccination registers
- Self administer medications assessment and authority
- Self assessment report
- Service reports - pest control, electrical testing
- Staff communication books, appointment diary, handover sheets
- Staff confidentiality agreements
- Staff rosters, enterprise agreement, position descriptions
- Surveys – resident and relative, employee, hospitality
- Training calendars, education records, skill assessments, training report
- Work health and Safety (WHS) resources, environmental inspection audits, safe work procedures, injury management system

## **Observations**

The team observed the following:

- Activities in progress, activity calendar on display
- Brochures and posters – external complaints and advocacy services (including multilingual), various others
- Certification of registration for food business
- Charter of residents' rights and responsibilities displayed
- Cleaning in progress, use of 'wet floor' signage

- Feedback forms and suggestion box
- Fire safety instructions, equipment, evacuation plans, emergency evacuation packs, emergency procedure flipcharts
- First aid kits
- Infection control resources – outbreak kits, hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, sharps containers, spill kits
- Information on noticeboards – staff, residents
- Interactions between staff, residents and visitors
- Internet cafe
- Living environment including ‘Wellness Clinic’
- Meal and drink service
- Medications administration and storage
- Mobility equipment in use and in storage
- Personalised resident rooms
- Secure storage of residents’ information
- Staff handover, practices and work areas
- Supply storage areas, chemical storage, safety data sheets
- Values, mission and vision statements displayed
- Visitor sign in/out books



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery. Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Plans are developed to action improvements identified at the home and by the organisation. Activities which support quality improvement include regular resident, staff and committee meetings, internal and external audit programs, and trend analyses of clinical indicators. All stakeholders are provided with feedback on improvement actions taken as appropriate. Examples of improvements in relation to Accreditation Standard One include:

- Monthly quality bulletins have been introduced to ensure employees have knowledge and understanding of organisational policies and procedures. The bulletins are in line with in-service training topics and are discussed at staff meetings. Staff have given positive feedback about these as it gives them the option to focus on particular policies rather than having to read over copies of policies all at once.
- A site specific year long leadership program has been developed as management recognised the need for staff leadership training at supervisor level. Training is delivered monthly and provides support to team leaders who have shown a keen interest in the training for improving their skill sets.
- Information management has been improved with the implementation of an electronic care management system. Relevant staff completed a train the trainer program to assist other staff with training and skill audits were completed. This has resulted in the progressive implementation of all aspects of the system being accomplished in a relatively short time. Resident care is improved with staff accessibility to current care planning and requirements for residents' needs.
- Additional staff have been rostered to provide increased levels of care required for residents' needs. A registered nurse is rostered on during the week in the special care unit to ensure appropriate assessments, observation and care for these residents. In response to feedback from residents, hours for activities staff have been increased to include working on Saturdays.

## 1.2 Regulatory compliance

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

### Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The governance and quality department, membership to peak bodies and associations, subscription to legal services and Department of Health and Ageing information assist in ensuring the home receives updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, code of conduct, at orientation and through annual mandatory education sessions. Updated information is communicated at handover, education sessions, meetings, and through staff memos. The quality department ensures currency of policies, procedures and forms and staff demonstrated awareness of current legislation. Monitoring of compliance includes scheduled internal audits, staff skills audits, performance appraisals and observation of staff practices. Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have national criminal history checks and these are monitored for renewal.
- Current policies in response to legislative changes, such as for reportable incidents, are in place.

## 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

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Skills audits are conducted at orientation and are ongoing as required to monitor staff practices. Training calendars are developed based on mandatory training requirements, staff development needs and requests. Other sessions are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Traineeships, apprenticeships and staff development are supported through certificate program education. Training and education is offered on-site in groups, one-on-one and through audio-visual programs. Staff participation and program evaluations are recorded. Residents/representatives said they believe staff are providing appropriate care for residents’ needs.

Education and training attended over the last year in relation to Accreditation Standard One includes: code of conduct, care management system, time management, supervision and team leadership, Certificates III and IV in Aged Care, Diploma of Management, orientation, Accreditation Standards, performance management, bullying and harassment, policies and procedures.

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

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

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

The home meets this expected outcome

The home has internal and external mechanisms for feedback and complaints available to all residents and their representatives. On entry all new residents are made aware of feedback mechanisms outlined in the resident handbook and agreement. Feedback forms, suggestion box and brochures for accessing external complaints and advocacy services are readily available. The manager is available to assist with resident/representative enquiries. Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints reviewed indicated they are acknowledged, investigated and feedback is given to complainants. All complaints are handled confidentially and are registered, collated, and analysed monthly and if appropriate issues are transferred to the quality improvement program. Staff demonstrated awareness of complaints' procedures. Residents/representatives said if they have any concerns they are happy to raise them with staff.

#### **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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The values, mission and vision statements are on display and are included in staff and resident handbooks. The Charter of residents' rights and responsibilities is displayed and is included in the resident agreement and new staff are issued with a code of conduct. Managers contribute to business planning and organisational departments and staff provide leadership and management support. This support, combined with audit and quality management programs, ensures ongoing commitment to quality care for residents.

#### **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 skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited by the human resource department in consideration of skill requirements and qualifications for resident care needs. Criminal history checks are conducted prior to employment and these are monitored for renewal. New staff attend an orientation program which includes skills' assessments and working with a 'buddy' and staff sign a confidentiality agreement. Position descriptions, code of conduct, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, annual performance appraisals, feedback, surveys and audit results. Staff rosters are adjusted according to workloads and registered nurses (RNs) are on duty during the day and employment agency RNs are on call at other times. Additional staff

hours cover for any leave. Staff said they enjoy working at the home, they work as a team and usually have sufficient time to complete shift duties. Residents/representatives expressed satisfaction with care provided by staff and said generally residents are assisted promptly when necessary.

### **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

There are systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and identifying replacement needs. For any new equipment training of staff is conducted. Staff and residents/representatives interviewed said there are adequate supplies of goods and equipment available for use.

### **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 systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's performance. Staff are informed by the handbook, code of conduct, position descriptions and have access to current policies, procedures and forms. Updated information for staff is available through handover, electronic care documentation, messaging systems and memos, noticeboards and meetings. Key staff have access to electronic internal management systems and databases. A resident agreement and handbook inform residents and representatives and a privacy of information disclosure form is completed on entry. Updated information is provided to residents through meetings, noticeboards and verbally and residents/representatives interviewed believe they are kept informed and up to date. There are processes for confidential storage of records, electronic back up, archiving and destruction of documentation at the home.

### **1.9 External services**

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

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

The home meets this expected outcome

The home has systems and processes to ensure external services are provided to meet the care and service needs of residents. Preferred external suppliers are managed by the organisation and contracts, service agreements or memoranda of understanding are completed that include specifications of service delivery. Contracts/agreements include

qualifications, insurance, criminal history checks and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Changes are made when services do not meet expected requirements and consideration is given to service provision prior to the renewal of agreements. Staff are satisfied with the quality of services provided by external suppliers and processes to ensure services meet both the home and residents' needs.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- The electronic care management system is providing real time reporting and trend analysis of clinical care which had been previously unavailable. As a result of available data monthly analysis across several clinical areas has enabled the identification and implementation of improvements to provide better care for residents.
- To manage and minimise medication errors an electronic medication system has been implemented. Compatibility with the care management system has improved administration of residents' medications and a substantial reduction in medication errors has resulted.
- Weight loss was recognised in some residents in the special care unit. Following consultation with the dietician a chocolate round was commenced which has been effective in addressing weight loss. Other more appealing dietary options have also been introduced daily such as fruit smoothies, milk shakes, fruit, cheese and biscuits for morning and afternoon teas. These are popular with residents.
- An internal audit identified an increase in the incidence of falls. To heighten awareness for residents and staff a falls prevention day was held focusing on diet, exercise and foot wear. The physiotherapist provided information, conducted exercises and a shoe audit and a high calcium morning tea was served. The sessions were well attended by residents and a falls prevention program including high calcium morning teas is ongoing. A marked decrease in falls has been observed.

### **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 home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard Two include:

- Medication administration staff practices are monitored for compliance.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

### **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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to health and personal care. Some of the topics include: personal care, wound management, falls prevention, oxygen therapy, behaviour management, Huntington’s disease, continence management, restraint policy, oral, eye and ear care, pain management, dementia and understanding specific behaviours.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

There is a system to assess, implement, evaluate and communicate the residents’ clinical care needs and preferences. Residents’ files demonstrated staff regularly assess the residents’ clinical care needs and update care plans in collaboration with the residents/representatives and relevant health professionals. The staff use validated assessment tools and evidence based interventions to meet the ongoing needs of the residents. Interviews with staff confirmed they have the knowledge and skills to deliver clinical care aligned with residents’ care plans and the home’s policies. The home regularly evaluates and improves assessment tools, care planning, care delivery and staff practices. Residents/representatives expressed satisfaction with the care provided to residents at the home.

### **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

Interviews with staff and documentation verified residents’ specialised nursing care needs are identified and managed by appropriately qualified staff. The home has processes for staff to consult on best practice care with internal resource staff and external specialists (such as palliative care nurses and nurse practitioner wounds). Interviews with staff showed they have the knowledge and skills to assess, manage and evaluate specialised nursing care. Documents showed staff have access to specialised policies and procedures and use evidence based assessment tools and interventions to deliver specialised care to residents. The home monitors staff practices and provides specialised nursing care education. Residents/representatives reported satisfaction with the specialised nursing care given to residents.

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

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

### **Team’s findings**

The home meets this expected outcome

There is an effective system to refer residents to health services including choice of doctor and allied health services (such as dietician, physiotherapist, podiatrist, speech pathologist) to meet the residents’ needs and preferences. Documentation demonstrated residents’ needs are assessed on entry and at regular intervals and referrals are planned, documented, communicated and followed up by staff. Staff demonstrated they have a good understanding of the referral process and the procedure to assist residents to access appointments with external health and related services. Residents/representatives reported staff inform and support them to access relevant specialists and they are satisfied with the resident referral process to other health and related 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

There is an effective system to manage residents’ medications safely and correctly. Documentation demonstrated the home has policies and procedures and medication audits are carried out and reported to the home’s quality improvement forums. Medications are reviewed regularly and adjusted accordingly in consultation with residents/representatives and the relevant health professionals. Observations showed the home has an effective medication dispensing process, safe storage of medications and appropriate qualified staff to manage residents’ medications. Regular education and skills assessments are undertaken by staff responsible for medication management. Observations and interviews informed us staff practices are consistent with policies and procedures and incidents are reported, followed up and linked into the home’s continuous improvement system. Residents/representatives expressed satisfaction with the management of residents’ 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

The home has a system to assess and monitor pain and develop care plans to ensure all residents are as free as possible from pain. Documentation demonstrated interventions are reported in the residents’ care plans and depending on the residents’ needs and preferences medication and/or non-medication interventions are implemented and reviewed regularly. Staff demonstrated they have a sound understanding of individual resident’s pain requirements and the home’s pain management policies and procedures. Staff obtain best practice pain management advice and education from internal registered nurses and external health services to meet the needs of residents with complex pain. Residents/representatives revealed they are generally satisfied with the home’s approach to the residents’ pain management.



## **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 policies and procedures to guide staff in the provision of palliative care and processes to evaluate and improve practices. Documentation showed palliative care plans are developed and implemented in consultation with residents/representatives. This includes end of life care preferences and wishes to meet residents’ care needs with dignity and comfort. Interviews with staff demonstrated they have the knowledge and skills to care for palliative care residents. The home seeks palliative care advice and education from specialist community services to ensure best practice interventions. Residents/representatives communicated they are satisfied with care and emotional and spiritual support given to end of life care for 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

The home has a system to ensure regular assessment, communication, monitoring and updating of residents’ nutritional and hydration status. This includes specific needs and preferences (such as awareness of allergies, appropriate utensils, medical and cultural requirements). Documentation and interviews demonstrated nutrition and hydration care plans are developed with a multidisciplinary approach and linked to the general care process. Documentation showed special diets, dietary supplements, extra fluids, and appropriate referrals are provided for residents. Residents/representatives stated they are satisfied with the meals and drinks provided to residents at the home.

## **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

There are policies and procedures to maintain residents’ skin integrity consistent with their health. Documentation and staff interviews confirmed the residents’ skin care needs are assessed on entry and at regular intervals. This information is documented and communicated in the residents’ care plans and these are regularly evaluated and updated. The assessment and care plan process is completed in consultation with residents/representatives and relevant health professionals. Interviews with staff demonstrated they know how to assist residents to care for their skin, record skin irregularities and report incidents. Documentation and observations showed there are procedures to identify residents at risk of impairment to skin integrity and interventions and aids to protect their skin. Residents/representatives informed us they are satisfied with the skin care provided for residents.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents’ continence needs are effectively managed. Staff interviews and documentation showed continence is managed through initial and ongoing assessments and individualised care plans with input from the residents/representatives and appropriate health professionals. The residents’ continence interventions are regularly monitored and evaluated for effectiveness in consultation with residents/representatives, and changes communicated to staff. Observations revealed the home has appropriate continence aids and adequate supplies to meet the residents’ needs and preferences. Interviews with staff demonstrated they understand the residents’ continence needs and preferences, and have access to external continence specialist services. Residents/representatives expressed satisfaction with the residents’ continence management program.

## **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 appropriate policies, procedures, interventions and evaluation processes to effectively meet the needs of residents with challenging behaviours. Documentation showed residents’ behavioural needs are assessed on entry and at regular intervals in consultation with residents/representatives and relevant health professionals and services. Care plans are developed and regularly updated and staff consult with external services (such as community mental health and Alzheimer’s Association) to ensure interventions meet the needs of individual residents. Interviews with staff demonstrated they have the knowledge and skills to effectively implement behaviour management strategies for the residents. Residents/representatives reported they are satisfied with the way the home manages residents with challenging behaviours.

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

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

### **Team’s findings**

The home meets this expected outcome

The home has policies and practices to support residents to maintain an optimum level of mobility and dexterity. Interviews with staff and documentation demonstrated the physiotherapist does mobility and dexterity assessments and plans and the physiotherapist assistant implements and monitors the interventions. The residents’ mobility care plans are developed and reviewed regularly with residents/representatives and appropriate health professionals. Staff interviews confirmed the home has a falls prevention and protection program and there are adequate mobility and independent living aids available for residents. The effectiveness of the program is assessed through audits, monitoring of staff practices, regular review of residents’ care plans and reporting and analysing the incidences of falls. Residents were observed participating in activities designed to optimise their mobility and dexterity such as gentle exercises and craft programs. Residents/representatives informed

us they are satisfied with the care provided to maintain and enhance residents' 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

The oral and dental health of residents is assessed on entry in consultation with residents/representatives and appropriate health professionals. A care plan is developed to meet each resident's needs and preferences. There are policies and processes to regularly monitor and review residents' ongoing oral and dental health needs and facilitate referrals to appropriate professionals (such as dentists and dietician). Interviews with staff demonstrated they have the knowledge and skills to deliver care consistent with the residents' oral and dental needs and preferences. Residents/representatives interviewed expressed satisfaction with the oral and dental care provided by the home to the residents.

### **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

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

The home meets this expected outcome

The home has a system for ensuring residents' sensory losses are identified and managed effectively in consultation with residents/representatives, external health professionals and services (such as audiologist, optometrist and speech therapist). Documentation identified senses are assessed on entry to the home, reviewed regularly and care plans are developed to communicate the residents' needs and preferences. Interviews with staff revealed they have the knowledge and skills to manage the residents' sensory losses. Observations and interviews showed the activity program supports and assists residents with sensory deficits. Documentation and staff interviews revealed sensory therapies and activities are monitored and evaluated to ensure they meet the individual needs and preferences of the residents. Residents/representatives informed us they are satisfied with the management of residents' sensory needs.

### **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 assist residents to achieve natural sleep patterns. Documentation demonstrated residents' sleep patterns are assessed in consultation with the relevant people and with consideration for related pain and behaviour management. Care plans are developed to communicate the residents' sleep needs and preferences. Staff interviews demonstrated they are aware of residents' sleep patterns and strategies to assist residents who have difficulty sleeping. Residents/representatives informed us they are satisfied with the approach to achieving natural sleep patterns for the residents.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Resident meetings, satisfaction surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Resident lifestyle. Some examples of improvements over the last year include:

- A person-centred care approach has been introduced for residents with particular focus on residents with dementia. Consultation with the Alzheimer’s Association has resulted in a review of the layout of the unit and implementation of strategies to provide engaging and meaningful activities for residents. Staff have received training and roles for residents have been developed such as assisting at meal times and bed making. This is successful and the program is ongoing.
- Staff identified the need for a system to provide an opportunity for residents to add items to the monthly resident meeting agenda. An agenda slip is now placed at each resident’s table on the day of the meeting. This serves as a reminder as well as gaining resident contributions and an increase in residents attending meetings has been observed.
- Activities staff recognised a need to improve support to residents when they first move into the home and have introduced a social gathering to welcome them. Neighbours of the new resident are invited to a morning or afternoon tea, a ‘corridor party’, so they can meet the new resident.
- Resident assessments show that residents come from many different cultures and in acknowledging this cultural meals are offered monthly. For a whole day all meals and desserts feature a specific culture focusing on the needs of residents. These are being enjoyed.

### **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 home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Three include:

- All new residents receive a resident agreement and handbook which include information about security of tenure and residency rights and responsibilities.
- There is a system for compulsory reporting in accordance with regulatory requirements.

### **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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended over the last year in relation to resident lifestyle. Some of the topics include: elder abuse, emotional support, person-centred care, cultural and spiritual life, end of life decisions, privacy and dignity, encouraging independence, residents' rights, customer service, choice and decision making.

### **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

There is a system to support residents while they adjust to life in the new environment and during their stay at the home. Review of residents' files showed social, cultural and spiritual history and support needs are recorded on entry to the home. This information is used to develop a care plan with strategies to support the individual emotional needs of residents and this is regularly evaluated and updated. The activity staff spend time with new residents and pastoral care is available to support residents and their families. Residents/representatives reported satisfaction with the initial and ongoing emotional and spiritual support residents receive at the home

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has an effective system to assist residents to maintain their independence and links with their friends and the community outside of the home. On entry to the home and at regular intervals residents are assessed for what independence means to them and how this can be achieved in relation to physical, emotional, cultural, social, and financial aspects of their lives. This information and the agreed strategies to promote independence are communicated in an individualised care plan and this is regularly evaluated and revised as needed. Observations showed the home provides equipment, aids, qualified staff, and programs (leisure, physical and spiritual therapy) to assist residents with mobility, communication and cognitive needs. The comprehensive activity program supports residents to participate in regular community outings and pursue interests and hobbies outside the home. Interviews with residents/representatives verified residents are encouraged and supported to be independent with care and lifestyle needs, mobility and decision-making.

### **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, procedures, audits and processes to log and address concerns/complaints, in relation to privacy, dignity and confidentiality. Interviews with staff showed they understand each resident has a right to privacy, dignity and confidentiality. Observations demonstrated residents' information is securely stored and staff attend to residents' needs in a respectful and courteous manner. Information on residents' rights and responsibilities is given to new residents and displayed in the home. The residents' rooms and bathrooms are set up to maintain their privacy and dignity. Observations showed common areas throughout the home are used by residents and visitors. Interviews with residents/representatives verified staff understand and respect each resident's right to privacy, dignity and confidentiality.

### **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

There is a comprehensive individualised activity program which is offered to all residents. Staff interviews and documentation showed the program is developed from information obtained from residents/representatives about their interests, hobbies, life stories, and special life events. The home has an activity team and they effectively plan, implement and evaluate the residents' activity program in consultation with residents/representatives. The residents have the choice of attending a variety of activities held internally and externally to the home. One-to-one activities are provided for residents who are unable to benefit from group sessions or choose not to participate. Interviews with residents/representatives revealed satisfaction with the residents' activity program and support to maintain external interests.

### **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

The home has a system to promote residents' individual interests and to ensure their customs, beliefs and cultural backgrounds are fostered and respected. Documentation showed each resident's cultural and spiritual needs are identified and documented and regularly reviewed. The home facilitates religious services and pastoral care visits to meet the needs and preferences of all the residents. Cultural days and personally significant days are celebrated at the home. Staff demonstrated they know and understand the needs of residents from other cultures. Interviews with residents/representatives informed us they are satisfied with the way the home values and supports residents' cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home has a system to ensure each resident or representative is able to exercise choice and control over their care and lifestyle. Documentation showed each resident's specific needs and preferences are documented and communicated to staff at the home and external health service providers. The residents' care plans are evaluated and reviewed regularly in collaboration with residents/representatives. Documentation showed regular resident meetings where residents are encouraged to express their views about care and services. Resident/representative and staff interviews verified residents make choices about their meals, personal and health care, health professionals, environment and activities as long as they don't infringe on the rights of other residents. Resident/representative interviews reported satisfaction with their level of participation in decision-making and ability to make choices at the home.

### **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

There are processes to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. The home's manager discusses relevant information about security of tenure, fees, care, services and residents' rights with residents and/or their representative prior to and on entering the home. Prospective residents are given enquiry packs and prior to entry residents receive the residential agreement and handbook which outline care and services, residents' rights and complaints resolution processes. In addition a copy of the resident handbook is placed in all residents' rooms. Ongoing communication with residents and/or their representatives is encouraged through scheduled meetings, individual meetings and notices. Residents/representatives indicated awareness of residents' rights and responsibilities and security of tenure at 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 regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident feedback. Some examples of improvements over the last year include:

- Resident feedback and an internal review of the menu indicated more choice was necessary as only one hot meal option was available for lunch and dinner. The menu has been reviewed and improved and there are two hot meal options for both lunch and dinner daily and a choice of two desserts. Feedback received from residents and relatives has been very positive on the greater choice of meals available.
- Through an internal audit of the emergency evacuation packs it was recognised that bags were needed to hold residents’ medications and any other requirements. Calico bags have been purchased with one available for each resident placed in the packs to assist in the event of an emergency relocation.
- To improve the provision and management of maintenance the organisation has implemented an electronic maintenance system and developed a team of skilled officers. All requests are logged, prioritised by the manager and jobs are assigned to appropriately skilled maintenance officers. The system provides management and staff with updated status reports and feedback from staff and families show response times have been improved.
- Complaints were received about the inappropriate handling of food by other residents in the dining room. Cereal dispensers and coffee and sugar sticks have been purchased which staff report are working well and are providing a higher level of food hygiene.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard Four include:

- Staff attend annual compulsory education for fire safety and manual handling.
- Certification of registration for a food business is current and a food safety manual is held.



#### **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 a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. Documentation verified that a range of education and training sessions have been attended over the last year in relation to the physical environment and safe systems. Some of the topics include: manual handling, fire safety, infection control, food safety, chemical training, disposal of sharps, workers compensation, safe work practices, assisting with meal service and dining room experience.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has systems to provide a safe and comfortable environment consistent with residents' care needs. Residents have their own personalised rooms and ensuites. All rooms are fitted with nurse call alarms which are checked on a regular basis and residents are also issued with care alarm pendants. A pleasant communal environment includes dining rooms and sitting areas on each level, and a theatrette and activity area. Outside courtyard areas are available for use with family and friends. A secure environment is provided for those residents inclined to wander. Maintenance requests actioned and preventative maintenance schedules ensure the safety of the internal environment, outside areas and equipment. Regular audits and environmental inspections monitor the internal and external environments and risk assessments are conducted. Residents' rooms are monitored, walkways are uncluttered and outside paved areas are well maintained. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided by the home.

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

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

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

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work Health and Safety (WHS) training is given to all staff during orientation and annually and the system involves audits, inspections, accident and hazard reporting procedures. Policies, procedures, and notices inform staff and regular health and safety and committee meetings are held. Implementation of requirements for WHS laws is in progress. Return to work and employee assistance programs are available. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. An external chemical supplier provides education in chemical handling. Safe work procedures and

practices were observed and staff said they have attended compulsory education and demonstrated awareness of WHS practices.

#### **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

Systems to minimise fire, security and emergency risks include regular maintenance checks of fire fighting equipment, alarms and systems by an external company. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. An emergency procedures manual includes key contact details and relocation procedures. Resident emergency evacuation packs, evacuation plans, signage and emergency exits free from obstruction were observed. Fire fighting equipment inspection and testing is current and staff are aware of procedures and have attended compulsory fire training. All resident rooms have emergency evacuation instructions displayed and are reminded of emergency fire procedures. Preventative processes include environmental and safety audits, appropriate electrical appliance testing and designated smoking areas. Security measures for the home include lock up procedures, alarm and security surveillance systems, and external lighting.

#### **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 prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually and staff have access to guidelines and procedures. Internal infection control audits are conducted and staff practices are monitored. Infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising agents, sharps' containers and spill kits are accessible. An influenza vaccination program is available for residents and staff.

#### **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

Procedures, policies, and duty checklists are in place for all aspects of hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by residents at meetings and through surveys. Residents/representatives stated they are very satisfied with hospitality services provided for residents. Freshly cooked meals are served daily using a rotating four week

menu which has been reviewed by a dietician. Identified food preferences, allergies and special dietary needs are communicated to catering staff and residents are consulted about menus and their preferred choices. There is a food safety program and a recent food premise inspection was compliant with ACT Health. Cleaning staff are in attendance seven days a week and follow schedules for residents' rooms and communal areas. All areas were observed to be clean. Laundering services for residents' personal items are scheduled and conducted as required six days a week and residents may choose to do their own. Linen is laundered offsite and delivered daily. Appropriate storage and sufficient supplies of linen were observed.