



## **Decision to accredit Goulburn Masonic Village**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Goulburn Masonic Village in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Goulburn Masonic Village is three years until 19 October 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and approved provider details

### Details of the home

Home's name:		Goulburn Masonic Village			
RACS ID:		0433			
Number of beds:		43	Number of high care residents:		20
Special needs group catered for:			<ul style="list-style-type: none"><li>10 bed dementia specific unit</li></ul>		
Street/PO Box:		10 Long Street			
City:	GOULBURN	State:	NSW	Postcode:	2580
Phone:		02 4822 1881		Facsimile:	02 4822 1880
Email address:		Nil			

### Approved provider

Approved provider:	Royal Freemasons' Benevolent Institution of NSW Nominees Ltd
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### Assessment team

Team leader:	Sandra Daly
Team member/s:	Mary Graham-Goodwin
Date/s of audit:	5 August 2009 to 6 August 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
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Does comply
Does comply
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Does comply

<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
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<b>Agency findings</b>
Does comply
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Does comply

### **Assessment team's reasons for recommendations to the Agency**

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.

## SITE AUDIT REPORT

Name of home	Goulburn Masonic Village
RACS ID	0433

### **Executive summary**

This is the report of a site audit of Goulburn Masonic Village 0433 10 Long Street GOULBURN NSW from 5 August 2009 to 6 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Goulburn Masonic Village.

The assessment team recommends the period of accreditation be 3 years.

### **Assessment team's recommendations regarding support contacts**

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 5 August 2009 to 6 August 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Sandra Daly
Team member/s:	Mary Graham-Goodwin

## Approved provider details

Approved provider:	Royal Freemasons' Benevolent Institution of NSW Nominees Ltd
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## Details of home

Name of home:	Goulburn Masonic Village
RACS ID:	0433

Total number of allocated places:	43
Number of residents during site audit:	38
Number of high care residents during site audit:	20
Special needs catered for:	10 bed dementia specific

Street/PO Box:	10 Long Street	State:	NSW
City/Town:	GOULBURN	Postcode:	2580
Phone number:	02 4822 1881	Facsimile:	02 4822 1880
E-mail address:	dskellyroyfree.net.au		

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Goulburn Masonic Village.

The assessment team recommends the period of accreditation be 3 years.

**Assessment team's recommendations regarding support contacts**

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

**Assessment team's reasons for recommendations**

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

**Audit trail**

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

**Interviews**

	Number		Number
General manager/endorsed enrolled nurse	1	Residents/representatives	7
Care manager/registered nurse	1	Volunteers	
Care staff	5	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	1	Maintenance staff	1
Catering manager	1	Quality assurance officer	1
Activities officers	2	Infection control and OH&S officer	1

**Sampled documents**

	Number		Number
Residents' files (assessments, care plans, progress notes, and review and updates)	10	Medication charts	8
Summary/quick reference care plans	10	Personnel files	4
Pharmacists' medication reviews and reports	8	Resident agreements	5
Observation charts	8		

**Other documents reviewed**

The team also reviewed:

- Activities needs analysis, scheduled program, attendance diary, evaluations
- Admission package
- Agreements for external suppliers
- Assessment schedule for new admissions.
- Assessment tools (such as PAS and abbey scale for pain management)

- Asset register
- Audits and survey results across all Standards
- Blood glucose machine audit forms
- Building certification instrument dated 18 September 2006 (score 19.48)
- Communication care diary
- Charter of residents rights and responsibilities
- Cleaning audit and inspection forms
- Comments and complaints register
- Consent/privacy forms
- Continuous improvement logs/action plans 2009
- Dept of Health information re N1H1 influenza management
- Diet forms (new)
- Education fliers and memos
- Electrical equipment log book
- Environmental audits
- Feedback forms
- Fire safety certificate August 2008
- Fliers for church services and celebratory functions
- Food handling for vulnerable persons documentation
- Food safety audits
- Food temperature records, monitoring records for freezer and fridges
- Hazard forms and reports
- Immunisation program for residents and staff
- Improvement logs
- Incident and hazard reporting documentation
- Incident/accident data, analyses, summaries and reports
- Infection incidents forms
- Infection register, statistics and graphs
- Influenza vaccination program for residents
- Job descriptions, including lock up procedure instructions
- Kitchen, laundry and cleaning programs
- Legislation update documentation (all Standards)
- List of residents choices for daily menu options
- List of residents' cultural and religious needs and preferences
- Maintenance schedule, fire suppression equipment checks, call bell audits, water temperature checks, microbiology reports for Legionella
- Mandatory reporting policy and folder and missing persons reporting requirements
- Memoranda folder
- Menus for four weeks
- Minutes meetings: quality, infection control, residents, staff, OH&S, management. Medication advisory committee
- Mission statement, vision and values
- Newsletters
- Noticeboards, staff and residents
- NSW Food authority license
- Nurse initiated medication list, procedures and documentation.
- Occupational health and safety audit documentation
- Occupational health and safety manual and guidelines
- Organisational chart
- Plan for continuous improvement
- Policy and procedure manuals including restraint policy
- Policy reviews
- PRN medication reviewed for effectiveness and recorded in progress notes

- Quality improvement logs
- Recruitment policies and procedures
- Register of police checks
- Resident agreements
- Resident and staff surveys 2008-2009
- Resident contracts and checklist including residents security of tenure information
- Resident hand book and information pack for prospective residents
- Resident's self medication assessment and review
- Residents and visitors sign in/out book
- Residents dietary needs/food preference folder
- Residents' consent or refusal for their photograph to be taken and displayed in activity photos.
- S8 register
- Staff appraisals, competencies and orientation documentation
- Staff communication book and handover sheets
- Staff duty statements
- Staff education records and education agreements
- Staff handbook and confidentiality agreements and elder abuse information
- Staff rosters
- Staff training evaluation form
- Wound and pain management documentation

### **Observations**

The team observed the following:

- Activities in progress
- Adequate continence and wound management supplies
- Aged care channel fliers, DVDs with questionnaires
- Archives
- Assistive devices in use
- August 2009 activity programs displayed on notice boards throughout the home.
- Bed alerts on beds in secure unit
- Carers providing care
- Carers' stations in use
- Charter of residents' rights and responsibilities displayed
- Chemical storage area and MSDS documentation
- Cleaning trolleys and equipment
- Code of ethics for aged care
- Colour coded cleaning, laundry and kitchen equipment
- Comments, complaints and suggestion forms display, forms and suggestion box
- Computer system in use
- Craft group making items for home's first fete
- Dementia residents' secure outdoor area with new garden
- Electrical equipment tagged
- Emergency flips charts displayed throughout the home.
- Equipment and supply storage areas containing adequate and appropriate equipment in good condition.
- Evacuation signage
- Exit signage
- External complaints brochures and information pamphlets
- Fire suppression equipment and fire panels, including fire blankets and evacuation procedures
- Hand washing posters, facilities and procedure signage displayed throughout the home
- Incident reporting system

- Infection control signage, gloves, hand basins and hand washing gel
- Infectious waste disposal
- Interactions between staff and residents/representatives.
- Kitchen in operation
- Laundry
- Linen, continence supplies, kitchen supplies and clinical supplies
- Living environment (internal and external)
- Maintenance area
- Manual handling and mobility aids and equipment in use
- Meals in progress
- Medication order faxed to pharmacy – procedure consistent with home's medication policy
- Medications being correctly and safely administered and securely stored.
- Medications S8 secure storage and recording in register
- Notice boards containing a broad range of information for residents and representatives and staff
- Personal protective clothing
- Prepacked medication system with residents photo ID and description and picture of tablets in each pack
- Pressure relieving mattresses on beds
- Residents enjoying the outdoor environment areas
- Safety signage (wet floors)
- Secure storage of resident files
- Sharps disposal containers
- Sign in/out register
- Staff education material
- Staff practices and courteous interactions with residents, visitors and other staff
- Sufficient linen supplies
- Supplements being given to residents that need them
- Treatment clinic for visiting GPs and allied health professionals use
- Vision, values, mission statement displayed

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home actively pursues continuous improvement. Information is gathered from a range of sources including the audit system, hazard and incident reporting, comments and complaints, resident and staff meetings, accident and incident documentation, occupational health and safety statistics, falls information, infection control data, medication advisory meetings and verbal suggestions and discussed at monthly quality improvement/management meetings. Planned actions are prioritised, responsibility allocated and a completion date identified. Residents, representatives and staff interviews confirm an awareness of and inclusion in the continuous improvement process and that they receive feedback about improvements through meetings, memos and face to face discussions. An audit system is in place to ensure compliance with the home’s systems and processes and to monitor compliance across the Accreditation Standards. Improvements occurring over the past twelve months in relation to management systems, staff and organisational development include the following:

- Contracting cleaning and laundry services to an external provider to allow staff and management more time with residents (July 2009). The external provider is responsible for the education, supervision and auditing of the services provided and reports to management regularly. The effectiveness of this initiative will be evaluated in November 2009.
- Upgrading mandatory training areas following suggestions from staff in July 2009. Feedback from staff has been very positive regarding the changes.
- Increasing staffing hours on weekend shifts to provide increased assistance for residents in June 2009. Evaluation is ongoing with staff providing feedback to management.
- Employing a registered nurse care manager in May 2009 to provide leadership, supervision and education to care staff and to oversee resident care.
- Improving the skills and knowledge of the quality improvement officer and occupational health and safety (OH&S) representative/infection control officer through external education opportunities in May 2009. Feedback from this initiative is very positive.
- Purchasing a shredder to improve document destruction practices (May 2009). Positive feedback has been received from administrative staff.
- Adjusting staff rostering on the evening shifts in May 2009 to improve staff team work. The effectiveness of this is yet to be evaluated.

## **1.2 Regulatory compliance**

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

### **Team's recommendation**

Does comply

The home has processes in place to access and receive regular legislative, regulatory and industrial updates. The organisation's regional manager forwards relevant information to the general manager for implementation. Copies of legislation, guidelines and information from peak industry bodies are available and staff are made aware of changes through meetings and memoranda. Staff interviewed confirm they receive information regarding changes in legislation and professional guidelines and documentation reviewed showed that regulatory compliance is an agenda item at most meetings.

Examples of responsiveness to legislative changes is the implementation of police checks, the introduction of an elder abuse policy, guidelines, and consolidated records/compulsory reporting documentation, missing resident guidelines and notification to stakeholders regarding the Accreditation site audit.

## **1.3 Education and staff development**

*This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

### **Team's recommendation**

Does comply

The home ensures staff have appropriate skills and knowledge to perform their roles effectively through employment criteria and ongoing education. Staff are encouraged to obtain certificate III in aged care training and attend on site and external education; a comprehensive orientation and work induction program is in place for all new employees. The education program contains a range of topics relevant to the roles staff perform with the majority of sessions being provided through the Aged Care Channel. Staff nominate sessions of benefit to them and complete a corresponding work sheet and sign education agreements encouraging responsibility for professional development. Self assessment of performance and identification of educational requirements occurs annually and performance appraisals are attended every six months. Position descriptions and duty statements are available for all staff. Staff interviewed confirm their satisfaction with the education opportunities provided by the home. Management and administrative staff improve their skills and knowledge through attendance at seminars and organisational training events.

Education provided to staff recently in relation to Standard 1 includes mandatory reporting, payroll training, dealing with complaints, accreditation, and administrative training.

## **1.4 Comments and complaints**

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

### **Team's recommendation**

Does comply

Processes are in place to inform residents and representatives of internal and external complaints mechanisms. A suggestion box and comments/complaints/suggestion forms are readily available and accessible to residents, staff and stakeholders. The quality improvement officer is responsible for the management of complaints and responds promptly to complainants. All complaints are documented and actioned; complex complaints are referred to the general manager for action and written response. A complaints log is

maintained and there is a correlation between comments/complaints/suggestions logs received and continuous improvement activities. Brochures providing information about external complaints mechanisms are freely available for stakeholders. Representatives of residents with cognitive or communication difficulties are encouraged to make comments/complaints through the resident survey which has been adapted to capture their concerns. There are currently no outstanding unresolved complaints. Residents interviewed are generally satisfied with the way their concerns are managed.

### **1.5 Planning and leadership**

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

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

Does comply

The home has documented its vision, mission, philosophy and commitment to quality and displayed this in the foyer of the home, the resident handbook, staff handbook and residential agreement.

### **1.6 Human resource management**

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

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

Does comply

The home's preferred practice is to employ staff holding certificate III in aged care qualifications to ensure staff are appropriately skilled and qualified. An orientation process and work induction program is in place, and written instructions and position descriptions inform new staff of their expected roles; policies and procedures are also in place to guide staff practice. The general manager reviews staffing and resident acuity levels regularly with input from the registered nurse care manager, care staff and residents and relatives. Extra staff hours have been provided at meal times and weekend shifts to provide assistance to residents following feedback. A pool of casual and current staff covers leave and unexpected absences. Staff undergo twice yearly competency testing; records reviewed and staff interviews confirm this occurs.

Residents are satisfied staff have the skills and knowledge to perform their duties and provide appropriate care and commented very positively on the appointment of the registered nurse care manager.

### **1.7 Inventory and equipment**

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

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

Does comply

Systems are in place to monitor the supply of stock, useable goods and equipment and processes for ordering, storage, rotation and replacement of goods and equipment are in place and understood by relevant staff. Preventive and routine maintenance is scheduled and overseen by the maintenance officer to ensure staff and residents are provided with equipment that is fit, safe and appropriate for use. All electrical equipment is tested and tagged and recorded. Appropriate levels of stock, including foodstuffs, clinical and continence supplies and quality linen were observed. Management maintain an asset register and new equipment is purchased following consultation with relevant staff; training in

the use of new equipment also occurs. Residents and staff confirm they have appropriate supplies of equipment and goods to meet their needs.

### **1.8 Information systems**

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

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

Does comply

Systems and processes are in place to enable staff to access information required to perform their duties. Information relating to residents is stored securely; an archive and destruction system is in place. Information systems are regularly reviewed and responsive to resident and staff feedback, audits and surveys. Management communicates information to staff and residents through meetings, notices and memos to ensure information is current and accessible. A review of resident files including assessments, care plans and progress notes indicates staff receive appropriate information to provide care services. Computer access is password protected and regularly backed up. Staff and residents are satisfied they have access to information they require.

### **1.9 External services**

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

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

Does comply

Systems are in place to ensure external services are provided to an identified standard. Contracts and agreements are in place for external services including pharmacy, maintenance of fire suppression equipment, continence and clinical supplies (through group purchasing officer), and contract laundry and cleaning services. All goods are checked on delivery for quality, freshness and temperature recordings (for example meat deliveries) are documented. Quality expectations are included in contracts and agreements; non performance may result in change of providers. All providers, contractors and volunteers undergo mandatory police checks. Residents and staff are satisfied with the external services provided.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

Please refer to expected outcome 1.1 Continuous improvement for a description of the home's Continuous improvement system.

Improvements occurring over the past twelve months in relation to Standard 2 include:

- Accessing the services of a speech pathologist (from Sydney) for regular visits to improve health outcomes for residents through regular assessment and review of swallowing difficulties. Feedback from residents and staff is very positive following the commencement of this service.
- Providing foot care education by the podiatrist to care staff in March 2009 to improve staff skills and knowledge and improve resident foot care. Feedback from staff is positive; a formal evaluation of the education is yet to occur.
- Formulating and implementing a new diet form following the speech pathologist's visit. The document clearly outlines resident requirements for specific diets and blended foods and is located in the kitchen for quick reference for catering staff. Evaluation indicates staff are very happy with the document and report a decrease in the incidence of swallowing difficulties for residents.
- Purchasing a new air mattress in January 2009 following an identified need to improve pressure area care and manual handling practices and increase resident comfort.

### **2.2 Regulatory compliance**

*This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care".*

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

Does comply

Please refer to expected outcome 1.2 Regulatory compliance for a description of the home's Regulatory compliance system.

Examples of responsiveness to legislative changes and requirements is the introduction of an elder abuse policy and guidelines, consolidated records/compulsory reporting documentation, guidelines and reporting requirements for missing residents, and checking of professional registrations.

### **2.3 Education and staff development**

*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

#### **Team’s recommendation**

Does comply

Please refer to Expected outcome 1.3 Education and staff development for a description of the home’s education and staff development system.

Education provided to staff recently in relation to Standard 2 includes podiatry and foot care, safe medication administration, wound care and manual handling.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The home has a system in place to assess, implement and communicate the residents’ clinical care needs and preferences. Review of resident’s files demonstrates that on entry to the home staff assess the residents’ clinical care needs and develop care plans with input from relevant allied health professionals and doctors. The home uses assessment tools and interventions to meet the ongoing and changing needs of residents. Interviews with staff confirm that they are appropriately trained and skilled to consistently deliver clinical care in line with care plans and the home’s policies and procedures. The home evaluates assessment tools, care planning processes and care delivery practices. Interviews with residents/representatives confirm that the home has a resident centred approach to care planning and delivery and that residents/representatives are satisfied with the clinical care provided.

### **2.5 Specialised nursing care needs**

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

#### **Team’s recommendation**

Does comply

Interviews with staff and review of documents demonstrate that residents’ specialised nursing care needs are identified and met by appropriately qualified staff. The home has processes in place for staff to consult on best practice care with external specialist agencies such as doctors, the aged care mental health team, allied health professionals and palliative care services. Staff interviews and review of competencies demonstrate that they hold the knowledge and skills to assess, deliver, evaluate and review specialised nursing care. Document review confirms that the staff use evidence based assessment tools and procedures to deliver specialised care, that management monitors staff practices and regularly provides specialised nursing care education. A specialised treatment room allows health professionals to conduct consultations and clinics on-site. Interviews with residents/representatives confirm that they are satisfied with the home’s provision of specialised nursing care.

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

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

### **Team’s recommendation**

Does comply

The home has an effective system to refer residents to a range of health services including their choice of doctor, allied health services and complementary therapies to meet the residents’ needs and preferences. Review of documents demonstrates that residents’ needs are assessed on entry to the home and at regular intervals and referrals are planned, documented, communicated and follow up action is carried out. Staff interviews demonstrate that they have a good understanding of the referral process and the procedures to assist residents to access appointments with external health and related service professionals. Resident/representative interviews confirm that the home informs and supports them to access their preferred health specialists as needed and, if required, uses volunteers to drive them to appointments. Residents/representatives state that they are satisfied with the way the home refers them to other health and related service professionals.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has an effective system to manage residents’ medications safely and correctly. Review of documentation demonstrates that policies and procedures for medication administration are documented and regularly reviewed, that medication audits are carried out with results reported to management and the medication advisory committee. Regular pharmacological reviews are undertaken and medications adjusted accordingly in consultation with doctors and residents/representatives. The home has an effective medication dispensing process using blister packs, provides safe storage of medications and has appropriately skilled staff to administer medications. The pharmacist delivers regular medication education sessions and staff have medication competencies assessed annually. Interviews with staff and observations confirm that practices are consistent with policies and procedures and incidents are reported using medication response forms, are followed up and linked into the home’s continuous improvement system. Resident/representative interviews confirm that they are satisfied with the way the home manages residents’ medications.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

The home’s system ensures all residents are as free as possible from pain. Pain assessments are undertaken on entry to the home and on an ongoing basis using validated pain assessment tools and, where identified, resident are referred promptly to doctors. Pain management care plans are developed, communicated and linked with the home’s clinical care system. Review of documentation demonstrates that interventions are documented in the resident’s care plan and depending on the resident’s needs and preferences pharmacological and/or non-pharmacological interventions are implemented. Where ‘as needed’ medications are frequently required doctors review the need for these medications to be given on a regular basis. Interviews with staff demonstrate that they have a sound understanding of individual resident’s pain management requirements. The home seeks best practice pain management advice and education from external specialist services, in relation

to meeting the needs of residents with complex pain. Interviews with residents/representatives confirm that they are satisfied with the way staff manage pain.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

The home has policies and procedures to guide staff in the provision of palliative care and implement individual end of life wishes with dignity and comfort to meet residents’ care needs. Interviews with staff and review of documentation demonstrate that they have the knowledge and skills to care for palliative care residents, including maintaining skin integrity, managing pain and providing comfort and emotional support. Registered nurses and the residents’ doctors seek palliative care advice, education and support from the local palliative care service including a local palliative care doctor to ensure they can deliver best practice control for symptom management. The team observes that specialist care equipment is available at the home to meet the needs and preferences of palliative care residents. Correspondence from residents’ representatives confirms that care is provided in a dignified way to residents with sufficient emotional and spiritual support at the terminal stage of their lives.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home has a system in place to ensure regular assessment, communication, monitoring and updating of residents’ nutritional and hydration status, and specific needs and preferences (including awareness of cultural, religious, allergies and medical requirements). Interviews with staff and residents/representatives confirm that nutrition and hydration care plans are developed with a multidisciplinary approach and linked to the general care process. Review of documentation confirms that residents that need special diets, dietary supplements, extra fluids, special feeding aids are given these. Appropriate referrals of residents to doctors, speech pathologists and dieticians are undertaken. Residents/representatives confirm that the menu offers residents a choice at all meals and that overall they are satisfied with the meals and drinks provided.

## **2.11 Skin care**

*This expected outcome requires that “residents’ skin integrity is consistent with their general health”.*

### **Team’s recommendation**

Does comply

The home has policies and procedures in place to maintain residents’ skin integrity consistent with their health. Review of documentation and staff interviews confirm that residents’ skin care needs are assessed on entry to the home and this information is documented and communicated in the residents’ care plans. The assessment and care planning process is completed in consultation with the resident /representative, doctors and other relevant health professionals. Interviews with staff demonstrate that they know how to assist residents to care for their skin, record skin irregularities and report all incidents on skin tear reporting forms. Registered nurses provide care staff with education and skills in providing skin care and wound management. The home has procedures to identify and

monitor residents at risk of skin impairment and provides interventions and aids to maintain and protect skin integrity. Interviews with residents/representatives confirm that they are generally satisfied with the skin care provided at the home.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

The home has a system in place to ensure that residents’ continence needs are effectively managed. Documentation review and staff interviews confirm that continence is managed through initial and ongoing assessments with validated tools and individualised care plans with input from the residents/representatives and other appropriate health professionals. Continence interventions are regularly monitored and evaluated for effectiveness and changes are communicated to staff. The team observes that the home has appropriate supplies of continence and toileting aids to meet the residents’ needs and preferences. Interviews with staff demonstrate that they know and understand the residents’ continence needs and preferences. The residents’ survey identifies that the vast majority of residents who have incontinence feel that staff are handling continence issues discreetly. Residents/representatives are satisfied with the continence management program and state that it meets their needs and preferences.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

The home has the appropriate behaviour management policies and procedures in place and its approach is effective in meeting the needs of residents with challenging behaviours. Review of documentation demonstrates that the home uses validated assessment tools to assess residents’ behavioural needs on entry to the home and at regular intervals in consultation with residents/representatives and other relevant health professionals. Care plans are developed and updated in consultation with external mental health and dementia services to ensure intervention strategies continue to meet the needs of individual residents. Interviews with staff demonstrate that they have the knowledge and skills to effectively implement behaviour management strategies to meet the residents’ needs and preferences. Behaviour incidents are reported, addressed and fed into the home’s continuous improvement system. Interviews with residents/representatives confirm that 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 recommendation**

Does comply

Policies and practices are in place to support residents to maintain their optimum level of mobility and dexterity. Review of documentation demonstrates that the physiotherapist does an initial mobility and dexterity assessment on entry to the home and puts in place strategies in the care plan to maintain or improve mobility. Care plan interventions are reviewed by the physiotherapist on an ongoing basis and plans are developed, reviewed and updated in consultation with residents/representatives. Staff interviews confirm that the home has a falls prevention and protection program in place and there are adequate mobility and independent

living aids available to meet residents' needs and preferences. The effectiveness of the program is assessed through audits, monitoring of staff practices, review of residents' care plans and reporting and analysing falls incidents. Some scheduled residents' activities are designed to optimise their mobility and dexterity, including carpet bowls and gardening. Interviews with residents/representatives confirm that they are satisfied with the care provided to maintain and enhance their mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

Residents' oral and dental health is assessed on entry to the home in consultation with residents/representatives and other appropriate health professionals and an oral and dental care plan is developed to meet each resident's needs and preferences. Staff follow the policy and procedure guidelines and regularly monitor and review residents' ongoing oral and dental health needs and facilitate urgent and non-urgent referrals to dentists and dental technicians. Interviews with staff demonstrate that they have the knowledge and skills to deliver care consistent with the residents' care plans. Residents/representatives confirm that they are satisfied with the oral and dental care provided by the staff.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

There is a system in place for ensuring that residents' hearing and visual losses are identified and managed effectively in consultation with external health professionals and services, doctors and residents/representatives. Documentation review identifies that these senses are assessed on entry to the home, reviewed regularly and care plans are developed to communicate residents' needs and preferences. Interviews with staff confirm that they have the knowledge and skills to manage the residents' needs in relation to hearing and visual losses. Interviews with residents/representatives demonstrate that they are satisfied with the homes management of their sensory needs.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

The home has a system to enable residents to achieve natural sleep patterns. Staff interviews showed that a history is taken of residents' sleep patterns when they enter the home and this is followed up to identify any new sleep disturbances experienced while living at the home. Documentation review demonstrates that the home assesses resident's sleep patterns in consultation with doctors and residents/representatives with consideration for related pain and behaviour management issues. Care plans are developed to communicate residents' sleep care needs to staff to ensure they are responsive to residents' needs and preferences. Staff interviews demonstrate that they are aware of each resident's sleep pattern and strategies to be used to assist those that cannot sleep at night. The home has bed alarms in place in the secure unit to alert staff that a resident has risen from bed during the night and may need some assistance with resettling. Interviews with residents/representatives confirm that they are satisfied with the home's approach to achieve natural sleep patterns for 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 recommendation**

Does comply

Please refer to expected outcome 1.1 Continuous improvement for a description of the home’s Continuous improvement system.

Improvements occurring over the past twelve months in relation to Standard 3 include:

- Providing a memorial service at the home in April 2009 for residents unable to attend an external service due to frailty and immobility. Feedback from residents is very positive with the home now considering an annual memorial service in the future.
- Reviewing the activities program to include an increase in the number of outings for residents. Feedback from residents has been positive.
- Commencing a men’s group activity to decrease social isolation. This initiative is yet to be evaluated.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

Please refer to expected outcome 1.3 Regulatory compliance for a description of the home’s Regulatory compliance system.

Examples of responsiveness to legislative changes and requirements is the introduction of an elder abuse policy and guidelines, consolidated records/compulsory reporting documentation, guidelines and reporting requirements for missing residents, provision of resident agreements, security of tenure and improved prudential arrangements.

#### **3.3 Education and staff development**

*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

##### **Team’s recommendation**

Does comply

Please refer to Expected outcome 1.3 Education and staff development for a description of the home’s education and staff development system.

Education provided to staff recently in relation to Standard 3 includes elder abuse, accreditation, dealing with complaints, and resident’s rights and responsibilities.

### **3.4 Emotional support**

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

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

Does comply

The home has a system in place to support residents while they adjust to life in the new environment and during their stay at the home. Review of residents' files shows that a social, cultural and spiritual history and related support needs are recorded on entry to the home. This information is used to develop an individualised lifestyle care plan with strategies to support residents' emotional needs; this is regularly reviewed and evaluated. The leisure and activity staff spend one to one time with new residents and provide support to both residents and representatives. Interviews with residents/representatives confirm that they have adequate support to adjust to their new life within the home. They are also satisfied with the ongoing emotional and spiritual support they receive from the staff at the home and visiting chaplains.

### **3.5 Independence**

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

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

Does comply

The home has an effective system in place to assist residents to maintain their independence and links with friends and the wider community and on entry to the home and at regular intervals residents are assessed for what independence means to them and how physical, emotional, cultural, social, and any financial independence can best be achieved. This information and the agreed strategies to promote independence are communicated in an individualised care plan and, as needed, the plan is evaluated and revised. The team observes that the home provides equipment and aids to assist residents' with their mobility and cognitive needs. Residents are encouraged to maintain communication with friends and the wider community through email access in the activities room. The home welcomes visitors and residents are encouraged and supported to undertake regular community outings. Interviews with residents/representatives confirm that they are encouraged and supported to be independent with care needs, mobility and decision-making. Residents/representatives indicate that they are satisfied with the home's approach to maximising their independence.

### **3.6 Privacy and dignity**

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

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

Does comply

The home has policies and procedures in place, and a mechanism to log and address any concerns/complaints residents may have in relation to privacy, dignity and confidentiality. Interviews with staff confirm that they understand that each resident has a right to privacy, dignity and confidentiality. The team observes staff being respectful to residents as they attend to their care needs, and that residents' information is securely stored. Information on residents' rights and responsibilities is given to all new residents and is openly displayed in the home. The team observes that all residents have private rooms and the home also has attractive common areas in each of the home's 'blocks' that are well used by residents and

visitors. Interviews with residents/representatives confirm that staff understand and respect their rights 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 recommendation**

Does comply

A comprehensive lifestyle program is offered to all residents. Staff interviews and review of documents confirm that the program is developed from information obtained from residents and their representatives about their past interests, hobbies, life stories and special life events. The activities officers plan, implement, evaluate and revise the activities schedule and develop a newsletter that is distributed to all residents. Residents have the choice of attending a variety of activities held within the home, including a short morning program that runs in the secure unit. Care staff assist residents to attend group activities and one to one activities are provided for those unable to benefit from group sessions or choose not to participate. Large print minutes of the last resident and relatives meeting and notices of the date of the next meeting are displayed on a notice board in the home. The meeting provides opportunities for residents/representatives to have input into the scheduling of future social activities, outings and theme days. Interviews with residents/representatives confirm that they are very satisfied with the home's leisure activity program.

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

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

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

Does comply

There is a system in place to promote residents' individual interests and to ensure that their customs, beliefs and cultural and ethnic backgrounds are fostered and respected. Documentation review shows that on entry to the home each resident's interests, customs, beliefs and cultural and ethnic backgrounds are identified and communicated in a care plan. The care plan is updated as needed in collaboration with the resident/representative. The home facilitates religious services to meet residents' needs and preferences. Personally significant days are celebrated at the home, including birthdays and Mothers Day and Fathers Day. Interviews with staff confirm that they know and understand the needs of the residents. Interviews with residents/representatives confirm that they are satisfied with the way the home values and supports their cultural and spiritual needs.

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

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

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

Does comply

There are systems in place to ensure that each resident, on entering the home, is able to exercise choice, control and decision making over their care and lifestyle activities. Review of documents shows that each resident's specific needs and preferences are developed in collaboration with residents/representatives and documented in care plans and communicated to staff and external health care providers as needed. Review of documents demonstrates that there are regular resident and relative meetings and residents are encouraged to attend and express a view about the care and service provided. Resident and

staff interviews confirm that residents make daily choices about their meals, personal and complex care needs, doctors and their room's furnishings and environment. Residents are free to make choices about the activities they wish to undertake as long as they don't infringe on the rights of others. Residents/representatives report satisfaction with their level of participation in decision-making and their ability to make choices while living 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 recommendation**

Does comply

The home provides all residents with a secure tenure and ensures they understand their rights and responsibilities as residents. Interviews with staff and residents/representatives confirm that prior to moving into the home residents/representatives meet with management to discuss the admission process and associated financial arrangements. Before signing a resident agreement management offers each resident/representative an opportunity to have the content of the resident agreement explained fully to them and encourages residents to seek independent legal and financial advice on the contents of the agreement. The team sighted completed and signed resident agreements that include information on residents' rights and complaints procedures. The 'Charter of Resident's Rights and Responsibilities' is displayed prominently in the home and in the residents' handbook. Resident/representative interviews confirm that they fully understand their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Please refer to expected outcome 1.1 Continuous improvement for a description of the home’s Continuous improvement system.

Improvements occurring over the past twelve months in relation to Standard 4 include:

- Improving the skills and knowledge of the quality improvement officer and the OH&S/infection control officer through external education in May 2009.
- Implementing contract cleaning and laundry services to increase management staff time with residents.
- Improving resident safety with the completion of secure fencing in the grounds and improving fire egress.
- Upgrading evacuation signage throughout the home; new signs are clearer and user friendly.
- Implementing requirements of NSW Food Authority relating to food services for vulnerable persons.
- Installing roller shutters externally to rooms affected by late afternoon sun heat.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Please refer to expected outcome 1.3 Regulatory compliance for a description of the home’s Regulatory compliance system. The home complies with fire, security, infection control and emergency regulations and guidelines. An example of responsiveness to legislative changes is the implementation of NSW Food Authority requirements relating to food services for vulnerable persons.

### **4.3 Education and staff development**

*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

#### **Team’s recommendation**

Does comply

Please refer to Expected outcome 1.3 Education and staff development for a description of the home’s education and staff development system.

Education provided to staff recently in relation to Standard 4 includes fire safety, food safety, manual handling and infection control.

#### **4.4 Living environment**

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

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

Does comply

The home has systems and processes to review the individual and communal environment. The grounds and buildings of the home are well maintained and provide a comfortable environment for residents and staff. Communal areas are air conditioned and ceiling fans are provided in residents' rooms. Processes are in place that support the identification of concerns in the living environment and include visual inspections of residents' rooms, hazard and incident reporting mechanisms, and systematic cleaning and maintenance programs. The home was observed to be clean and odour free. Care interventions include monitoring processes for residents who may be at risk of falls. Security lock up procedures are documented in staff duty statements. The home's preference is to care for residents who do not require restraint; a restraint policy is in place for contingencies. Residents are satisfied with the living environment and said they feel safe in 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 recommendation**

Does comply

Processes are in place to monitor and maintain a safe living and working environment. An occupational health and safety representative has been appointed (May 2009) to work eight hours per week in the position. An audit system is in place, incidents and hazards are documented and environmental audits occur annually. Incidents and hazards are monitored and actioned by the general manager and occupational health and safety officer; reports are consolidated with monthly management meetings. Statistics reviewed indicate minimal workplace injuries occur. Policy and procedure manuals are available to provide guidance to staff practices. Chemicals are stored securely and material safety data sheets are available to guide staff practice. Staff are aware of safe work practices and are satisfied that management of the home is proactive in providing equipment and resources to maintain a safe working environment.

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

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

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

Does comply

The home has systems and processes in place to guide staff practices in the event of a fire, security issue or other emergencies. Policies, procedures and emergency manuals are available and readily accessible for staff. Fire training education is mandatory and held annually; attendance is monitored. Fire panels are checked regularly and designated fire wardens have been appointed; an evacuation kit and resident list is located near the main fire panel. An external contractor maintains all fire suppression equipment. Emergency flip charts are displayed in the nurses' station. Testing and tagging of all electrical equipment is undertaken by a qualified electrician. Exit lighting is appropriately placed and in working

order. A sign in/out book is located in the foyer of the home to identify the location of all residents in the event of an emergency. The building certification statement and fire certificate are current and the fire certificate is displayed in the foyer of the home. Staff are aware of their responsibilities and required actions in response to an emergency situation. (Refer to Expected Outcome 4.4 for information relating to lock up procedures)

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program in place. A designated infection control coordinator oversees the program and maintains an infection register. Appropriate equipment is available to minimise infections, including outbreak management for gastroenteritis and pandemic influenza. Kitchen staff are knowledgeable regarding infection control practices and have undergone safe food handling training and hazard and critical control point training; regular food safety and infection control audits occur. Data relating to infections is collated, analysed, trended, graphed and feedback provided at staff meetings. Statistics reviewed revealed four urinary tract infections currently with the home responding by purchasing water jugs for all residents and encouraging fluid intake. An influenza vaccination program is in place for residents and staff. Sharps containers, spill kits, colour coded equipment and personal protective equipment is available; contaminated waste is appropriately managed. The home has recently received information from the Department of Health and Ageing relating to the current N1H1 (swine flu) pandemic.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".*

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

Does comply

The home has systems in place to provide and monitor the provision of hospitality services. Residents' food preferences and special diets are identified on entry to the home and as needs change; a current list is maintained in the kitchen for easy access by catering staff. Meals are freshly cooked on site and served in the communal dining area. The home has processes for the storage, checking, preparation and delivery of frozen and fresh food. Temperature monitoring of food storage and when served is carried out by catering staff and documented. The home meets the requirements of the NSW Food Authority and staff undergo food safety training. Regular audits occur and catering staff participate in a food safety program and infection control education. Resident input into the menu is encouraged through resident meetings and resident surveys. Cleaning and laundry services are provided by an external contractor; services include education, monitoring and supervision, cleaning schedules, chemicals and monthly auditing processes. The contractual services have been in place since July 2009 and performance continues to be monitored to ensure resident and management satisfaction. Residents are generally satisfied with the hospitality services and cleanliness of the home.