



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to Accredite Hedley Sutton Community**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Hedley Sutton Community in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Hedley Sutton Community is 3 years until 24 June 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 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:	Hedley Sutton Community				
RACS ID:	3623				
Number of beds:	100	Number of high care residents:	87		
Special needs group catered for:	• Nil				
Street/PO Box:	19 Canterbury Road				
City:	Canterbury	State:	Victoria	Postcode:	3126
Phone:	03 9834 4000		Facsimile:	03 9882 2389	
Email address:	bquigley@baptcare.com.au				

### Approved provider

Approved provider:	Baptist Community Care Ltd
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### Assessment team

Team leader:	Heather Browning
Team member/s:	Gillian Walster
	Beverley Ballantyne
Date/s of audit:	31 March 2009 to 1 April 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
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

### **Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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### **Assessment team's reasons for recommendations to the Agency**

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of Home	Hedley Sutton Community
RACS ID	3623

### **Executive summary**

This is the report of a site audit of Hedley Sutton Community (RAC3623), 19 Canterbury Road, Canterbury from 31 March 2009 to 1 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 8 April 2009.

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

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

- 44 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 0

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Hedley Sutton Community.

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

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

The assessment team recommends there should be 5 support contacts 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 31 March 2009 to 1 April 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 3 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:	Heather Browning
Team Members:	Beverley Ballantyne
	Gillian Walster

## Approved provider details

Approved provider:	Baptist Community Care Ltd
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## Details of home

Name of home:	Hedley Sutton Community
RACS ID:	3623

Total number of allocated places:	100
Number of residents during site audit:	97
Number of high care residents during site audit:	87
Special needs catered for:	Nil

Street:	19 Canterbury Road	State:	Victoria
City:	Canterbury	Postcode:	3126

Phone number:	03 9834 4000	Facsimile:	03 9882 2389
E-mail address:	mwilson@baptcare.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Hedley Sutton Community.

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

### Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 5 support contacts during the period of accreditation and the first should be within 12 months.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

### Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
Director of nursing	1	Residents	12
Registered nurses division one	3	Relatives	4
Unit manager	1	Chaplin	1
Care staff	5	Diversional therapy manager	1
Administration assistant	1	Cleaning staff	2
Quality and Compliance manager (Baptcare)	1	Laundry staff	2
Facility and services manager (Baptcare)	1	Human resource manager (Baptcare)	1
Chef	1	Organisation supply manager	1
Massage therapist	1	Diversional therapy staff	2
Organisation occupational health and safety manager	1	Contractors	2

#### Sampled documents

	Number		Number
Residents' files	19	Medication charts	12
		Personnel files	6

## Other documents reviewed

The team also reviewed:

- Activities manual
- Audits and audit schedules
- Activities work instructions
- Baptcare Annual Health and safety assessment tool
- Baptcare emergency, evacuation plan, essential services spreadsheet
- Cleaning schedules
- Comments, compliments and comments
- Diabetes charts
- Essential services documentation
- Elder moving active ageing manual
- Electronic regulatory compliance database
- Enteral feeding charts
- External contracts
- Fact sheets
- Files of two recently deceased residents
- Fluid consistency modification instructions
- Food safety program
- Food safety audits
- Hedley Sutton activities and news weekly program
- Hedley Sutton activities and news annual planner
- Human resources and occupational health and safety manual
- Immunisations offered to staff procedure
- Incident report forms
- Injury management and work cover flowchart
- Infection control policy manual
- Infection control surveillance reports
- Internal system reviews
- Intranet
- Job descriptions
- Maintenance request forms
- Master education calendar
- Meeting minutes
- Memos
- Menu
- Mission, vision statement
- Plans for continuous improvement
- Police check database
- Policies and procedures
- Preventative and essential services maintenance schedules
- Quality performance systems
- Recruitment policies and procedures
- Residents' information handbook
- Rights and responsibilities
- Staff information and orientation packages
- Staff registrations
- Staff roster
- Staff Handbook
- Wound charts
- Workplace emergency procedure manual
- Workplace inspection form



- Zone occupational health and safety report

### **Observations**

The team observed the following:

- Activities in progress
- Afternoon tea served
- Chapel service
- Cleaning in progress
- Education notice board
- Equipment and supply storage areas
- Exercise program
- Garden planted with herbs and passionfruit for residents
- Interactions between staff and residents
- Laundry in progress
- Living environment
- Lunch served
- Meal preparation
- Medication round
- Noticeboards
- Outdoor area
- Piano playing
- Portable thermal trolley
- Recognition/memory box
- Staff smoking area
- Storage of medications

## **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

Hedley Sutton Community has effective processes and systems in place to actively pursue continuous improvement. Opportunities for improvement are sourced from tools such as internal audits, meetings, surveys, incident reporting, continuous improvement request forms, comments, compliments and complaints, maintenance requests and policy and procedure reviews. All opportunities for improvement are written on a continuous improvement request form, which is registered and placed on a database, with ongoing issues transferred to a plan for continuous improvement. There is a continuous improvement meeting conducted monthly and continuous improvement is a standing agenda item at all other meetings. Plans are underway, throughout the whole organisation to introduce an additional external quality system which will provide specific clinical indicators which can be used for benchmarking across all facilities.

Examples of improvements under standard one include:

- Move to a new, modern and technological updated facility in October 2008 with associated staff expos and resident orientations.
- Introduction of a staff uniform which is worn proudly by staff.
- Introduction of a new legislative monitoring system.
- An online induction process has been developed and implemented for all external contractors and tradespeople.
- The introduction of a staff award and recognition program for five years and over service and also recognition of specific work achieved.
- Five staff have successfully completed a diploma of frontline management and it is expected more staff will undertake this study in the near future.
- An additional staff member has been appointed across each shift with the move to the new building, although resident numbers have stayed the same.

### **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

Hedley Sutton Community, as part of a larger organisation subscribes to a new legislative alert system and is a member of a number of peak bodies. Policies

and procedures are individually referenced to the relevant laws, acts, regulations, codes of conduct and practice and standards and guidelines and they are regularly reviewed by the internal review schedule or when changes are required. Regulatory compliance is a standing agenda item at all meetings and information is also distributed through email, facts sheets, mass mail outs, notices, staff orientation, residents and staff handbooks and information packages and education. Staff have police checks and a new online system has been introduced. A police register is retained for all staff, for external contractors it forms part of the contract and head office monitor all volunteers.

### **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

Staff at the home have knowledge and skills to perform their roles effectively. The home promotes a learning environment with staff development focused around enhancing qualifications and skills including staff actively encouraged to undertake certificate IV in aged care, frontline management course and graduate certificate in business. Education requirements are assessed from audits, feedback from staff, surveys, legislative changes, and industry identified needs. Attendance records are maintained and training sessions are monitored through attendee evaluation and feedback. An education planner shows the education plan for the year with other sessions added as required. Education plans and training records reflect topics and areas relevant to Standard One and include: relocation and its effects on the older person, bullying and no violence education. Staff are required to attend mandatory sessions relevant to their roles and competency testing is conducted. Staff feedback indicates management is very supportive of their educational requirements.

### **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

Residents, relatives and staff all use the continuous improvement request form as the tool to provide compliments, comments, complaints and suggestions for improvement. These forms are prominently displayed throughout the home and include information related to the external complaints mechanisms. Feedback resulting from actions arising from these request forms is discussed at all meetings. Residents, relatives and staff are aware of the processes for making a complaint and examples of the processes and systems undertaken are documented clearly including progress reports. Residents and relatives also state that the majority of issues are addressed satisfactorily and promptly through direct communication with staff and management who are always available.

## 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

Hedley Sutton Community, as part of a wider organisation, has an organisational vision, mission statement, values and philosophy of care which are recorded in staff and resident documentation and the intranet, displayed throughout the home and discussed at staff orientation and meetings. Quality objectives are included in the organisation and management system overview. An annual report and a quarterly newsletter that contains the vision, mission and values are produced and distributed to all facilities for circulation to all stakeholders. There is a 2008 to 2011 strategic plan in place. The chief executive officer visits Hedley Sutton annually, specifically to impart information to staff, residents and relatives on what the organisation has achieved over the past year and the strategic direction for the year ahead.

## 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

Appropriately skilled and qualified staff are employed at Hedley Sutton Community to meet resident care needs. Standardised recruitment and selection policies, procedures and practices are in place and are followed to ensure the appropriate staff are employed. Position descriptions are in place for each role and recruitment includes advertising through newspapers and internet and selection includes a panel interview and reference checking. There is a staff bank of qualified professionals for emergency backup which has reduced the use of agency staff. All staff are initially employed for a three months probationary period and performance appraisals and training programs ensure the ongoing development of all staff. Residents and relatives are complimentary about the level of individual and consistent care and service provided by staff. One relative described Hedley Sutton as "my mother's home for life".

## 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

A maintenance officer is employed five days to carry out general maintenance repairs, and contractors are accessed as necessary. There is a documented essential services program, and schedule in place with checks according to Australian standards. There is a preventative maintenance program as well as a system for reactive work which is prioritised by the maintenance officer on a daily basis. An external contractor has been assigned to specifically develop a

preventative maintenance program for electrical equipment such as air mattresses, electric wheelchairs, scales and beds. Base stock items levels are documented and ordered through an imprest system and an asset register is in place. Staff, residents and relatives are very satisfied with type and quantity of equipment and supplies.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Effective communication processes for disseminating information include, information technology, intranet, policies and procedures, meeting minutes, spontaneous meetings, mail outs, a memorandum system, notices, newsletters, and staff and resident handbooks. There is a system for routinely collecting and recording information that identifies residents' care needs to ensure appropriate delivery of individualised care. Resident and staff records, including electronic information, are appropriately stored in a manner that maintains confidentiality, privacy, and security and information is archived and destroyed according to legal requirements. Senior staff stagger their hours to ensure all staff have access to them regarding any issues. Staff, residents and relatives state that communication systems are excellent and they feel they are well informed in all aspects of 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 recommendation**

Does comply

There is an established list of approved suppliers and providers. External service agreements have been established with major contractors of goods and services such as laundry, catering, cleaning, essential services, music therapy, physiotherapy and the hairdresser. All external service provider agreements are tendered every three years or four, in the case where service provision is particularly satisfactory. A computerised contractor induction program is required to be undertaken by all contractors. Representatives from the external contracts related to cleaning, laundry and catering participate in the in house meetings including resident and relative ones. Contractors are registered and are reviewed according to the audit schedule, risk/priority and feedback by the continuous improvement request systems. Staff, residents and relatives are satisfied with the service provision from external contractors.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

Hedley Sutton Community conducts continuous improvement activities for all aspects of residents' health and personal care. Feedback from continuous improvement activities are mainly communicated through meetings, intranet and newsletters. Audits are conducted across all outcomes as per the organisational wide schedule and different staff members participate in running these audits to gain knowledge and understanding of the continuous improvement process. Responsive audits are also conducted in response to a specific need. Residents and relatives are very satisfied with the care provided by the staff.

Examples of improvements in Standard Two include:

- The trial and implementation of an electronic medication management system.
- A colour consultant was appointed to provide assistance regarding appropriate colour schemes for the new building, taking into consideration residents' needs such as sensory loss and dementia.
- A new call bell system linked to the telephone system has been introduced with associated training for staff, residents and relatives.
- A falls prevention program has been introduced and staff have attended a falls officer program.
- An improved foot care program has resulted in improved care for residents.
- Increased focus on staff education on oral and dental care resulting in improved care.
- Participation in a university based research project into sleep patterns in the elderly and the introduction of a variety of holistic interventions to promote natural sleep patterns.

### **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

Hedley Sutton Community has effective regulatory compliance systems in place to support resident health and personal care. Staff have relevant qualifications and current registration. Recent legislation changes in regard to elder abuse is documented in the staff information pack; mandatory training for all staff was conducted and the policies and procedures have been updated. In

regard to legislation concerning residents who abscond, a fact sheet has been developed and distributed in a mass mail out and has been discussed at relevant meetings and the policies and procedures altered. Staff are aware of these new changes and have a good understanding of their responsibilities.

### **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

Staff have adequate knowledge and the skills required for their effective performance, and are actively encouraged and supported by management who facilitate both internal and external professional development opportunities. Recent education sessions relevant to standard two include education in medication administration, pain management, and hearing aid care. Further sessions in clinical care are included in the 2009 education calendar. A new oral and dental education pack has been developed and is due for implementation. Clinical competency assessments are scheduled and will be completed by relevant staff on an annual basis. Staff have ready access to policies and procedures and education to ensure best practice including internal and external educators, online medication information, journals and medical and aged care internet search engines.

### **2.4 Clinical care**

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

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

Does comply

The home has systems in place to ensure that residents receive appropriate clinical care. Care needs are assessed following admission and care plans prepared with the involvement of residents and their family. Appropriately qualified and experienced staff provide care under the direction of registered nurses and records of care are maintained in clinical charts and progress notes. Residents who spoke with the team were complimentary of the care provided to them and they said that any episodes of ill health or accident/incidents are responded to quickly and properly. Care staff who spoke with the team said that they have sufficient rostered time to provide the planned care for residents.

### **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

Residents have their specialised and technical care needs planned and provided by appropriately qualified nursing staff. There are formal policies in place to give direction to clinical staff and the team observed that records are kept of care and the observed outcomes of interventions. Education is provided to nursing and care staff in any areas of complex care specific to the residents'

needs at the home. Technical care needs of residents at the home include diabetes management, enteral feeding and complex wound management.

## **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

Residents have access to specialist health services according to their individual preferences and their assessed clinical need. Ancillary health specialists visit the home at regular intervals and when residents are referred for specialist care. Residents who spoke with the team said that they are assisted to appointments with specialist services outside of the home where they are able or to have those specialists visit them at the home. Records of visits are maintained in resident files and nursing staff make alterations to care plans accordingly.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Residents’ medications are managed safely and in accordance with regulatory and legislative requirements. Medication management is provided using an electronic system that provides for regular surveillance of medication administration practices and supervision of practices by nursing staff. There is a system in place to monitor the competency of nursing and care staff to manage residents’ medications and for the review of any medication errors. Residents who manage their own medications have an assessment process to monitor their ability to safely manage those medications. Residents who spoke with the team said that their medications are managed properly.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents at the home are assisted to be as comfortable and free from pain as possible. There are systems in place to assess any pain and discomfort that residents have following admission and as indicated. Care plans detail interventions used to assist residents and include repositioning, analgesia, massage, heat packs and exercise programs. A formal assessment tool is used to monitor residents’ pain and the effectiveness of any interventions. Residents who spoke with the team said that staff respond appropriately whenever they have 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

Residents are assisted to have their end of life care needs met with dignity and according to their expressed wishes. A record is kept in the residents file with the wishes of the resident and family detailed including resuscitation wishes, family notification and preferences about transfer to acute care. The files of recently deceased residents reviewed by the team indicated that the needs and preferences of those residents were met with compassion and proper care. A specialist palliative care team is contacted where extra supports are required.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Residents receive nourishment and hydration sufficient to their needs and according to their preferences. The nutritional requirements of residents are assessed following admission and that information is communicated to the kitchen and recorded in care plans. Residents’ weights are monitored regularly and there is a system in place for all variations outside designated levels to be reported on incident report forms. Referrals are made to nutrition specialist services where needed. Staff are trained in preparation of consistency altered fluids and nutritional and dietary supplements are provided where needed. Residents were observed to be assisted with their meals and to have adaptive cutlery and crockery provided according to their needs. Residents who spoke with the team said that they are happy with the meals provided to them and that their individual preferences are accommodated.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Residents are assisted to maintain their skin integrity consistent with their health and preferences. Assessments of skin integrity are done following admission and reviewed regularly. Care plans record residents individual preferences and needs for skin integrity management including hygiene care, emollients, continence care, nutrition and wound care. Wounds are managed by nursing staff and records of care maintained on appropriate charts. Equipment is provided to assist residents with maintaining optimal skin integrity including pressure relieving mattresses and cushions. Skin tears are monitored on a regular basis.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

Residents’ continence needs are assessed following admission and managed properly by care staff. Any care assistance with toileting and aids required are determined and recorded in care plans. Care staff were observed to assist residents with their continence care with discretion and the team observed that there were adequate supplies of products available to meet resident’s needs. Residents who spoke with the team said that care staff assist them with their continence care in a timely and caring manner. Any infections are monitored monthly and discussed at staff meetings.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Residents who demonstrate challenging behaviours are assisted to have those behaviours managed effectively and with care. Assessments of individual needs are done following admission and in consultation with family members. Interventions that assist residents to manage those behaviours are recorded in care plans, and progress notes have entries indicating that care staff use those interventions and evaluate the effectiveness of them. Specialist behaviour management services are accessed to assist residents where it is required. Residents with challenging behaviours have activity programs in place to assist in managing their complex behaviour needs.

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

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

### **Team’s recommendation**

Does comply

Residents are assisted to maintain their optimal level of mobility and dexterity. Assessments of mobility are conducted following admission by care staff and a physiotherapist and care plans include individualised exercise programs. Residents are provided with mobility aids appropriate to their needs and to allow them to maintain safe mobility. Appropriate mechanical transfer equipment is provided and staff are trained in safe transfer techniques. Resident falls are monitored regularly and discussed at staff and management meetings. Staff were observed to safely assist residents with their mobility and transfers.

### **2.15 Oral and dental care**

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

#### **Team’s recommendation**

Does comply

Residents are assisted to maintain optimal oral and dental health. Assessments of care routines and assistance required are completed following admission and care plans are used to assist care staff. Residents are referred to specialist dental services according to their needs and there are visiting services available for those residents unable to attend external appointments. Care staff have been provided with oral and dental care education. Records kept in progress notes indicate that care staff provide oral and dental care assistance to residents according to their care plans.

### **2.16 Sensory loss**

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

#### **Team’s recommendation**

Does comply

Residents’ sensory deficits are assessed following admission and managed effectively by care staff. Specialist service providers are accessed when required and family assist residents to attend appointments. Visiting specialist services are accessed where residents are unable to travel. Care staff were observed to be assisting residents with their sensory aids including hearing aids and glasses. The home is well lit and clutter free and provides a quiet environment for residents.

### **2.17 Sleep**

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

#### **Team’s recommendation**

Does comply

Residents at the home are able to have their rest and sleep routines met. Individual preferences and needs are documented in care plans and residents who spoke with the team said that staff respect their wishes and that they generally sleep well. A quiet and warm environment is provided with residents accommodated in individual rooms. The home has participated in a research study looking at holistic interventions to promote natural sleep patterns in the elderly.

## **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

Hedley Sutton Community conducts continuous improvement activities in relation to residents’ lifestyle. Continuous improvement activities include surveys and audits across all outcomes within this standard. Results of quality activities are discussed and minuted at resident and relative meetings. Residents and relatives are very satisfied with the communication processes and feedback they receive from staff.

Examples of improvements in Standard Three include:

- There has been a change in staff rostering, mealtimes and staff work practices with the emphasis on better use of time to improve residents’ lifestyle. For example, staff are assisting residents with evening meals rather than preparing them for bedtime at this time.
- The development of a memory frame outside resident rooms to make it easier for residents to locate their room (See EO 3.4 for further information).
- Raised garden beds and a sensory garden are part of the new environment.
- ‘Easy moves for active ageing’ program has been created to promote independence.
- A brain gym program has been introduced for residents to stimulate cognition and awareness.
- Lifestyle and leisure hours have been increased to include one Saturday fortnightly.

### **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

Processes and systems are in place to identify and ensure Hedley Sutton Community is compliant with requirements in relation to resident lifestyle. Residents and relatives are informed of any relevant changes regarding regulatory compliance through meetings, newsletters, information provided on admission and the resident information handbook. The Charter of resident’s rights and responsibilities are displayed through the home. Residents and relatives state they are very satisfied with the consistent care and communication provided at the home.

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

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

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

Does comply

Management demonstrates staff have skills and knowledge for their effective performance and provides training opportunities for staff in relation to resident lifestyle. There are lifestyle study days, fact sheets which include topics such as music therapy, intimacy and sexuality, reminiscing, consent, privacy and dignity. Staff have access to conferences and the home subscribes to the Laughter Doctor newsletter, an active ageing course was attended by two lifestyle staff, leading to the introduction of a program to help keep residents as mobile as possible. Staff report that the education offered meets their learning needs and is delivered in various ways that enhances their learning and education opportunities.

### **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

Management demonstrate residents are supported in adjusting to their new environment. The home recently located to new premises and provided orientation to the new building, including by: newsletters and regular updates prior to and during the move. Residents and representatives report satisfaction with the process. Residents are assisted to settle into life at the home through regular staff contact, gradual introduction to other residents and encouragement to participate in activities to increase social interaction. Pastoral support is provided by the chaplain, personal profiles and lifestyle assessments are used to identify residents' specific emotional needs and support requirements and strategies are developed to offer support. A recognition memory box is outside every room and residents are encouraged to place important items in the box to help orient them to their room. Residents and relatives confirm that they are satisfied their individual emotional needs are identified and appropriately supported.

### **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 processes to assist residents to achieve maximum independence, maintenance of friendships and participation in community life. When residents enter the home the level of independence is assessed in relation to sensory, vision hearing and emotional support. Staff assist residents maintain membership at outside clubs, help with hobbies, arrange transport for appointments and have facilitated the visit of a personal trainer for a resident. Residents exercise choice over their daily routines and family and friends are

able to visit the home at any time, independent residents are able to go out at any time. Residents have access to a personal telephone and newspapers and televisions and report their independence is supported.

### **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

Processes in the home recognise and respects residents privacy, dignity and confidentiality. Lifestyle plans document residents' individual privacy and dignity needs and preferences and are reviewed regularly and appropriately. Residents are provided with single rooms with ensuite bathrooms and several lockable spaces for private belongings. There are numerous small lounge and dining areas to enable residents' private quiet times with family and friends. Consent is sought for the use of residents' names on the doors and photographs used in the home. Staff orientation and fact sheets include information regarding privacy and dignity and confidentiality. Resident information is stored securely and accessed by authorised staff and management.

Residents report they are satisfied with the manner in which the home supports their privacy and dignity.

### **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

Management at Hedley Sutton demonstrate effective systems to encourage and support residents' leisure interests and activity needs. The social history of residents forms the basis of the individual lifestyle plan which considers sensory, vision hearing and emotional support. The activity calendar is issued to residents on a weekly basis and is displayed on the noticeboards throughout the home. There is a wide range of activities conducted within the home, including a garden bed at a height designed to enable disabled access, and linking with outside organisations and visits from local schoolchildren with evaluation and new activities developed as a result of requests and consultation. Individual resident lifestyle care plans are reviewed every three months and as required for all residents. Residents said they enjoy the regular bus trips and confirmed they are satisfied with the activities available to them at the home.

### **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

Processes, systems and external relations are effective in valuing and fostering each individual resident's interests, customs, beliefs and cultural and ethnic

backgrounds. Preferences and needs are identified when the residents enter the home and an individualised care plan is created. The home has a mainly Baptist congregation though the chapel services conducted during the week are interfaith in nature. The chaplain liaises with ministers and representatives from other faiths and cultures and facilitates residents to attend services outside the home if required or visitation of other religious ministers or cultural representatives to the home. Individual special celebrations and events and cultural days are identified and celebrated and cultural icons are made available where appropriate. Residents are satisfied their cultural and spiritual needs and preferences are being met.

### **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

The rights of residents to make decisions and exercise choice and control over their lifestyle is recognised and respected. Residents' individual preferences are identified through assessments and individualised care plans formulated are reviewed on a regular basis. Staff practices are monitored and the effectiveness of programs evaluated. Residents are not compelled to attend activities and confirm they make their own decisions regarding services and are encouraged to express their opinions and comments through meetings and individual one on one feedback.

### **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

Prior to entry to the home residents are provided with information about security of tenure. When they enter the home this is discussed with their resident and representative and again after a settling in period. Residents' rights and responsibilities are included in the orientation pack and also displayed in the entrance corridor.

Recent move to the new building incorporated extensive consultation and information for the residents and representatives regarding security of tenure. Moves within the facility occur only after consultation with the resident and representative.

## **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

Hedley Sutton Community conducts continuous improvement activities relate to all aspects of the physical environment and safe systems. Continuous improvement is included as a standard agenda item at all meetings. Examples of quality activities include monthly environment audits, incident and hazard reporting, infection control surveillance and register. Residents and relatives are very satisfied with the living environment, laundry, cleaning and catering services.

Examples of improvements in Standard Four include:

- Clocks have been purchased and placed around the home for residents to see.
- The introduction of new kitchen trolleys which keep hot food hot and cold food cold.
- An extensive onsite laundry with all linen and personal laundry being done on site.
- The new building has resulted in all residents having an individual room with an en suite and with more clearly defined private and public areas.
- A new, onsite, large coffee shop used by staff, residents, relatives and visitors.
- Ongoing plans to monitor the new building to make further improvements.
- Purchase of new lifting machines, beds and other equipment to promote safety for all.

### **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

Processes and systems are in place to identify and ensure that Hedley Sutton Community is compliant with regulations in relation to the physical environment and safe systems. Education conducted includes; regulatory compliance requirements such as occupational health and safety, fire and emergency, food handling, manual handling and infection control. The home complies with the building code of Australia and all of its associated standards. A food safety program is in place and has been audited and demonstrates compliance with current food safety requirements.



#### **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

Management demonstrates that staff have skills and knowledge sufficient to perform their roles effectively and provides training opportunities for staff in relation to physical environment and safe systems. Staff complete annual mandatory training sessions including fire and emergency training, manual handling and food safety certification. The occupational health and safety committee has been revised to include members from all work groups within the home, with five people attending the occupational health and safety course. Staff have access to a variety of education materials to guide practice including education packs, lectures, and one on one training, intranet, fact sheets, videos, posters, study days, seminars and workshops

#### **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 homes' environment reflects the safety and comfort needs of the residents, there is safe access to wide spacious corridors, numerous small lounge and dining areas to enable residents' private quiet times with family and friends and easily accessed outdoor areas. Surrounding the building are secure safe walking paths and newly established well kept gardens with easy access for residents. There is a café on site which is enjoyed by staff, residents and visitors and a shop where residents can purchase and sell craft, confectionery and small items. The planned preventative maintenance programs in place enable buildings and equipment to be maintained. Residents have access to an effective call bell system and signs throughout the building are clear, easy to understand and easily seen. Residents and relatives said they are very happy their new surroundings and feel safe comfortable living at 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

The home provides a safe working environment that meets regulatory requirements. The occupational health and safety committee meet on a regular basis and has recently been revised to include members from all work groups within the home. Policies and procedures are available to guide staff practices and incident forms are completed to record actual and potential events or hazards. Chemicals, equipment and other hazardous supplies are stored in secure areas with the appropriate documentation and warnings. Education and training is provided annually for staff in manual handling and chemical usage. Personal protective equipment is available and is used readily by staff,

interviews demonstrate staff knowledge of safety, and incident and hazard reporting procedures.

#### **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 for detecting and acting on fire, security and other emergency risks and incidents. Policies, procedures and emergency manuals are comprehensive and readily available for staff, fire and emergency is a mandatory annual education and competency for all staff. Evacuation maps are located throughout the home and are easily readable with a clear indication of current location. Exit doors clearly marked and free of obstruction. Evacuation equipment, including the fire panel, is regularly tested and maintained and mock evacuations are practiced regularly with emergency packs located in several locations around the home and these contain clear instructions and up to date resident lists. Access to the home is camera monitored and electronically recorded, and swipe cards are used for access to the home and secured areas within the home. Staff demonstrated an awareness and knowledge of fire and emergency procedures and residents state they feel safe and secure in the home.

#### **4.7 Infection control**

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

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

Does comply

The incidence of resident infections is recorded, evaluated and discussed at meetings including the continuous improvement and occupational health meetings. Infection control audits are conducted regularly, all staff use standard precautions and hospitality staff receive training through their employer as well as in house infection control training. An infection control training package has been developed and is supported by additional training including food handling for all care staff, infection control competencies and hand washing training including the glitter bug method. Residents' immunisations are organised by their doctor and staff are offered flu vaccinations. Catering staff comply with food safety guidelines and cleaning staff use a coloured coded system of cloths and mops to ensure infection prevention. All care and hospitality staff demonstrates an excellent knowledge of, and compliance with, infection control guidelines relevant to their roles and wear the appropriate protective clothing equipment.

#### **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

Residents and relatives are very satisfied with the catering, cleaning and laundry services provided by the home. All hospitality services are provided by external contractors. Residents are provided with a four-week rotational seasonal menu which is cooked in the kitchen and transported to the kitchenette areas via the new kitchen trolleys. Residents' dietary needs are met together with alternative options to cater for individual likes and dislikes and catering staff will also accommodate resident requests and preferences. There are documented procedures and schedules for cleaning and laundry services and schedules which are followed by all staff. A laundry chute is used to transfer dirty laundry and all washing machines and driers are new with maintenance schedules in place.