



Standards and Accreditation Agency Ltd

## **Decision to accredit Holy Spirit Aged Care Revesby**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Holy Spirit Aged Care Revesby in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Holy Spirit Aged Care Revesby is three years until 30 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:	Holy Spirit Aged Care Revesby				
RACS ID:	0143				
Number of beds:	50	Number of high care residents:	24		
Special needs group catered for:	<ul style="list-style-type: none"><li>Dementia specific</li></ul>				
Street/PO Box:	13 Neptune Street				
City:	REVESBY	State:	NSW	Postcode:	2212
Phone:	02 9771 2196		Facsimile:	02 9772 1423	
Email address:	fiona.kendall@vinnies.org.au				

### Approved provider

Approved provider:	Catholic Healthcare Limited
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### Assessment team

Team leader:	Frances Stewart
Team member/s:	Trudy Van Dam
Date/s of audit:	2 September 2009 to 3 September 2009

**Executive summary of assessment team's report**

**Standard 1: Management systems, staffing and organisational development**

Expected outcome	Assessment team recommendations
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

**Standard 2: Health and personal care**

Expected outcome	Assessment team recommendations
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**

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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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
Does comply
Does comply
Does comply
Does comply
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Does comply

<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.



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Holy Spirit Aged Care Revesby
RACS ID	0143

### **Executive summary**

This is the report of a site audit of Holy Spirit Aged Care Revesby 0143 13 Neptune Street REVESBY NSW from 2 September 2009 to 3 September 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 Holy Spirit Aged Care Revesby.

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 2 September 2009 to 3 September 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:	Frances Stewart
Team member/s:	Trudy Van Dam

## Approved provider details

Approved provider:	Catholic Healthcare Limited
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## Details of home

Name of home:	Holy Spirit Aged Care Revesby
RACS ID:	0143

Total number of allocated places:	50
Number of residents during site audit:	46
Number of high care residents during site audit:	24
Special needs catered for:	Dementia specific

Street/PO Box:	13 Neptune Street	State:	NSW
City/Town:	REVESBY	Postcode:	2212
Phone number:	02 9771 2196	Facsimile:	02 9772 1423
E-mail address:	fiona.kendall@vinnies.org.au		

### Assessment team's recommendation regarding accreditation

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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 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
Operations manager	1	Residents/representatives	12
Residential manager	1	Volunteers	1
Care coordinator	1	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Registered nurse	1	Building services manager (corporate)	1
Care staff	5	Maintenance staff	1
Pastoral carer	1	Contract cleaning company area manager	1

#### Sampled documents

	Number		Number
Residents' electronic/hard copy files	6	Medication charts	20
Assessment folder for nurses	1	Personnel files	4
		Resident agreements	4

#### Other documents reviewed

The team also reviewed:

- Accident and incident trending and benchmarking graphs
- Activities program including newsletters, weekly calendars, activities records and evaluations, attendance forms, meeting minutes, volunteers' handbook
- Agency staff orientation checklist (blank)
- Approved suppliers list
- Asset register
- Audit folder
- Care manuals including clinical care procedures
- Cleaners' folder (audits, cleaning specifications, cleaning frequency schedule, staff education, cleaner's handbook, orientation checklist, procedures for infection outbreak)



- Clinical and care electronic assessment documentation including initial and ongoing resident care needs and preferences such as resident dietary and menu choices, observation charts including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy; wound assessments and authorisation for restraint forms, leisure and lifestyle)
- Comprehensive medical assessments
- Consolidated reportable incident register
- Continuous improvement folder (register, plan, improvement forms, audit schedule, audits)
- Contractor service agreements
- Criminal record checks
- Disaster contingency plan
- Electronic communication systems (including e-mail, computer hardware, CHC Residential Aged Care Intranet containing quality management system, on line legislation, record back up procedures)
- Emergency procedures manual
- Equipment register
- First aid certificate register
- Food authority licence
- Food safety program
- Food sanitisation records
- Handbooks (staff, resident, volunteer, contractor)
- Hazardous substance register
- Incident reports (resident, medication, staff)
- Infection data collection sheets
- Infection data graphs (monthly)
- Kitchen cleaning schedules
- Medication management documents including medication management
- Meeting minute folder (meeting schedule, staff, resident and relatives, resident discussion group, metropolitan managers)
- Menus
- Occupational health and safety risk register and action plan 2009
- Policy manual and flowcharts
- Position descriptions
- Preventative maintenance program
- Professional registration list
- Reactive and preventative maintenance works orders
- Resident dietary analysis sheets
- Risk assessments
- Roster
- Staff appraisal schedule
- Staff communication diary and handover sheets
- Staff competency assessments
- Staff education calendar, attendance records and evaluations
- Staff orientation program
- Staff orientation program workbook (blank)
- Staff signature record
- Staff training matrix
- Temperature monitoring records (cool room, freezer, dishwasher, food deliveries, prepared food)
- Thermometer calibration records

## Observations

The team observed the following:

- Access to telephones
- Activities in progress (including residents participating in art and craft, board games, story time, sing a long, a gentle exercise group, returning from a music concert and resident's doing jig saws)
- Activities room - with memorabilia, arts and crafts, photography albums, books, magazines, second stage of mural under construction
- Annual fire statement
- Chapel
- Charter of Residents' Rights & Responsibilities displayed
- Cleaning in progress (including equipment, trolleys and wet floor signage boards)
- Colour coded equipment used by cleaning and kitchen staff
- Complaint management information
- Continuous improvement forms
- Equipment, archive, supply storage and delivery areas including towels, face washers, and drawsheets, toiletries such as shampoo and shaving cream and disposable gloves in sizes small, medium and large. Continence aids
- Emergency procedure flip charts, evacuation plans fire detection and fighting equipment appropriately serviced ,fire evacuation box
- Food preparation and storage areas
- House dining rooms during lunchtimes, morning and afternoon tea (including resident seating, staff serving/supervising/assisting residents with meals)
- Infection outbreak box
- Interactions between residents, medical and other health and related services personnel
- Living environment (internal and external, including residents rooms and ensuite bathrooms, communal living areas including house dining and lounge areas, numerous smaller sitting/beverage areas, chapel, cafe, large activity room, large print book library, computer laboratory, hairdressing salon, landscaped gardens and outdoor/barbecue areas with shade structures and outdoor furniture).
- Locked suggestion box
- Medication rounds and safely stored medications
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and walkers
- MSDS sheets easily accessible to staff in all areas where chemicals are located
- Notice boards (containing large print resident activity notices and large print resident committee minutes, menus, memos, staff and resident information including residents' rights and responsibilities statement, comments and complaints information)
- Personal protective equipment-available and being used by staff, hand washing facilities and gloves available throughout the home
- Secure storage of residents' files
- Security systems (including phones, the nurse call systems resident wall buzzers, external lighting,)
- Sharps containers
- Spills kits
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources and computer terminals
- Staff handovers
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff work areas (including kitchen, cleaners room, chemical storage, house serveries, laundry, cleaning rooms, clinic/treatment rooms, meeting rooms, staff rooms, reception and offices).
- Values, vision and mission statement displayed
- Visitors and resident sign in/out registers

## **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 has systems in place to identify, document, plan, implement and evaluate opportunities for continuous improvement. The home captures information from a range of sources including continuous improvement forms, scheduled audits, meetings, hazard and incident reporting and individual reports by staff, residents/representatives and volunteers. Interviews and documentation review demonstrates that management is proactive in encouraging input into the continuous improvement system by residents/representatives and staff and continuous improvement is an agenda item at all meetings. Feedback on continuous improvement activities is provided to residents/representatives and staff through meetings, personal feedback and letters. Residents/representatives and staff confirmed that they are able to make suggestions for improvements and consider that management is responsive to their suggestions.

Examples of improvements related to this Accreditation Standard include:

- It has been identified that staff appraisals have not been completed on a regular basis. As a result an appraisal schedule has been developed and management anticipate that all staff appraisals will be completed by October 2009.
- In response to an issue raised by staff about timely shift change over, all staff have been educated on the importance of commencing work on time and having a handover time.
- The home has subscribed to the Aged Care Channel which has resulted in improvement in the range education being available for staff. It has been noted that many staff do not make use of the sessions and management intended to now implement strategies to improve use of the sessions.
- A staff holiday planner has been implemented to enable better staff management practices.
- A stationery imprest system has been established and all other imprest lists reviewed to ensure adequate supplies of consumables are available when needed.
- A staff reading file has been established to assist in dissemination of information to staff.
- Contractor service agreements have been implemented for all services provided to the home to ensure that the home’s requirements are clearly stipulated.

### **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 systems in place to remain informed about and comply with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation maintains its’ knowledge of legislative, regulatory compliance, professional standards and guidelines through subscription to legislation alert bulletins and advice services, government

bulletins, peak and professional body memberships, networking and internet access. Designated head office staff are responsible for monitoring any regulatory compliance changes and communicating this to the home through the organisation's intranet system. The manager is responsible for ensuring that any regulatory compliance requirements are implemented in the home. Regulatory compliance matters are tabled and discussed at staff meetings. The home monitors compliance through audits, competency assessments and observation. The team noted examples of discussion of matters related to regulatory compliance in staff meeting minutes. Staff interviewed by the team were aware of their obligations in meeting regulatory compliance requirements.

The team noted that the home has policies and procedures to ensure compliance with requirements for criminal record checks of staff. Criminal record checks have been completed for all relevant staff.

### **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 has documented procedures in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively through recruitment processes, an orientation program, job descriptions, staff appraisals and an annual education planner. Staff are required to attend compulsory training on an annual basis that includes fire safety, infection control, manual handling and chemical handling. The effectiveness of education programs is evaluated through competency assessments, audits, monitoring of staff practices and feedback from staff. In relation to this Accreditation Standard in the past twelve months management and staff attended education about the Aged Care Channel and documentation.

### **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

The home has systems in place to ensure that residents/representatives are aware of, and have access to a range of internal and external complaints mechanisms. The home uses a range of strategies to ensure that residents/representatives are aware of avenues for raising complaints and making comments. This includes advising residents/representatives of comment/complaint mechanisms when they enter the home, providing information about complaint mechanisms in the resident handbook, providing continuous improvement forms throughout the home and reminding residents of complaint mechanisms. The home has an 'open door' policy and residents/representatives state that the home is very responsive to their needs and that they are able to raise any concerns with management.

### **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 organisation's mission statement, vision and values are displayed prominently in the home and are included in the resident handbook, staff handbook, volunteers handbook, orientation information and other documentation provided to residents/representatives and staff.

### **1.6 Human resource management**

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

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

Does comply

The home has recruitment policies and procedures in place to ensure the appointment of appropriately skilled and qualified staff. Interviews and documentation review show that staffing levels are reviewed and linked to resident care needs. Interviews with care staff and a review of rosters verify that there are systems to provide an appropriate skill mix and staffing levels. Staff skills are maintained through ongoing internal and external education programs and supervision. Interviews and documentation review demonstrated that staff have the skills, knowledge and qualifications to perform their roles and staff are able to knowledgably and confidently discuss their roles and duties. The team observed staff undertaking their duties with skill and care and residents/representatives confirmed that staff are competent and caring.

### **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

The home has systems in place to ensure that stocks of appropriate goods and equipment are available for the delivery of quality services. Interviews with staff, observations and a review of documentation demonstrated that an effective system, including centralised purchasing, imprest stock control and preventative maintenance, is in place that ensures that equipment is adequately maintained and appropriate stocks of supplies are available. An asset register records all purchases and there is a computerised system to track all maintenance. When appropriate, new equipment is trialled prior to purchase to ensure that it meets resident and staff needs. Stock levels are regularly checked to ensure adequate supply levels are maintained to meet residents' needs. Staff reported that the home has adequate stocks and equipment for them to effectively carry out their roles.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has systems in place for the generation, control, archiving, and destruction of documentation in the home. Staff and resident/representative interviews indicated satisfaction with the access and availability of information received from management. The home has systems to manage information about residents, staff, reporting systems, and updates of resident care. The home has computers available in the home for use as needed by staff and management. Computer systems are password protected, have restricted access to some information and a secure backup system. Information is disseminated through minutes of meetings, computerized communication logs, notices, and handover reporting. Staff sign confidentiality agreements and are aware of their responsibility to maintain confidentiality. Residents/representatives consider that they are kept well informed about the home, their care and the services provided.

## **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

The home has systems in place to identify necessary and preferred contractors. The home maintains written agreements with contractors and regularly reviews the performance and cost of contractors. Contractors and tradespeople entering the home are required to supply evidence of current insurance and comply with the home's contractors' handbook. The quality of external services is monitored through regular personal contact, reporting through the home's continuous improvement systems, staff and resident feedback and observation of work practices.

## **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

A description of the home's overall continuous improvement system is described under expected outcome 1.1 Continuous improvement. The home has made planned improvements in relation to this Accreditation Standard, which includes:

- After it was identified that case conferences have not been held regularly, the home implemented a plan to ensure that all case conferences were held and they are now up-to-date.
- Monthly care days have been introduced to ensure that each resident has a time when specific attention to be paid to their care.
- Registered nurse shifts and duties have been revised to better meet the needs of residents.
- After it was identified that some doctors were not reviewing residents' medications as required the home reminded all doctors of the procedure, sent letters to the doctors and established a medication review system.
- A physiotherapy program conducted by a qualified physiotherapist who visits the home on a fortnightly basis has been implemented to improve resident care.
- The home identified that all residents did not have a photograph on medication signing sheets. The home has now rectified this and all medication signing sheets have photographs attached.
- All reading glasses and hearing aids have been labelled to assist in ensuring that residents have the correct aids.

### **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

Refer to expected outcome 1.2 Regulatory compliance for a description of the home's system for ensuring regulatory compliance.

The team observed that the home has current information available to staff on legislation and guidelines relating to health and personal care. The team noted that appropriate arrangements are in place to ensure the correct management of medications and that the home has obtained current registration for registered nurses. The home monitors its compliance with the requirements in Accreditation Standard Two, for example, through audits and monitoring of staff practices. Information is provided to staff in relation to this expected outcome at orientation, within the education program and through meetings and intranet alerts.

### **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

A description of the home's overall education and staff development system is described under expected outcome 1.3 Education and staff development. Education attended by management and staff in relation to this Accreditation Standard in the past year includes medication systems, pain management, medication administration, pharmacology, oral hygiene, falls prevention, bowel management, depression and wound dressing

### **2.4 Clinical care**

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

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

Does comply

Holy Spirit Aged Care has systems in place to ensure that residents receive appropriate clinical care. Documentation reviewed by the team showed a comprehensive program of electronic assessments are completed when a resident moves into the home. Electronic care plans formulated from the assessment information are reviewed three monthly by registered nurses. Monthly special care days for residents attended by staff who monitor changes to the resident's personal care and mobility issues and report the changes to the registered nurse. All resident files reviewed confirmed care needs are assessed and evaluated and resident preferences identified. Residents/representatives are required to identify a doctor of choice who is available to care for the resident during their stay at the home. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Staff interviewed were able to confirm knowledge of procedures relating to clinical care and ways that individualised care is provided to the residents. All residents/representatives interviewed stated they are satisfied with the care provided by the home.

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

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

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

Does comply

The home has systems to assist staff in identifying, assessing and providing appropriate management of residents' specialised nursing care needs by the appropriate staff. Documentation and discussions with staff show residents' specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Registered nurses attend to all the specialised nursing care needs of residents. External nurse specialists are accessed when required and include wound care, palliative care and continence care. Specialised clinical equipment is available through the home or accessible through external services. Residents/representatives confirmed that the specialised nursing care needs for residents is managed appropriately by staff.



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

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

### **Team’s recommendation**

Does comply

Holy Spirit Aged Care residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences. The team observed a wide range of information documented in residents’ medical notes, progress notes, allied health folders and communication diaries relating to podiatry, physiotherapy, pathology, radiology, speech pathology, dental and optometry. Many service providers attend the home regularly and as required. Residents are accompanied to appointments if required and transport provided or arranged. Residents/representatives reported management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents/representatives are satisfied with the way referrals are made and the way changes to care are implemented.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that the resident’s medication is managed safely and correctly. The care staff liaise with the medical practitioners and the pharmacist regarding residents’ medication requirements. Residents who wish to self medicate undergo an assessment to ascertain their ability to self administer. Delivery of medication is via a blister packaging system; current pharmacy contract and a photo identification of each resident with their date of birth and clearly defined allergies is on each medication chart. The medication charts are signed in an appropriate manner and between medication rounds the medication trolley is locked. All staff are provided with education on medication management both external and internal education providers. Medication incidents are included in the reporting system. Policies and procedures provide staff with practice guidelines and their practices are consistent with this information. The medication management system is monitored by undertaking regular audits and through recorded medication incidents which are actioned appropriately.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Holy Spirit Aged Care has systems in place to ensure that the residents are free as possible from pain. The initial assessment identifies any pain that the resident may have had prior to entering the home. The nursing care plan is formulated from the assessments and reviewed by the registered nurse. Care staff demonstrated an ability to recognise and evaluate pain, including nonverbal and behavioural signs of pain among residents with communication and cognitive deficits. Pain medication is reviewed by staff on a regular basis and adjusted, in consultation with residents/representatives and the medical practitioner. Documentation review and resident interviews confirmed that pain management strategies are effective. Residents/representatives confirmed they are satisfied with the care provided in relation to residents’ pain management.

## **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 can demonstrate that the dignity and comfort of residents who are terminally ill is maintained in consultation with residents/representatives. Staff at the home receive education about managing the palliative care needs of residents and have access to appropriate health professionals for advice and assistance. There is a provision of a supportive environment for residents/significant others. Families are encouraged to become involved in the care of the resident. Pastoral care and spiritual support for residents, their representatives and staff is provided by the home. Residents/representatives confirmed the home’s practices maintain residents’ comfort and dignity.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home demonstrates residents receive adequate nutrition and hydration. Regular assessments of residents’ dietary and hydration preferences and needs are conducted and communicated to relevant staff. Residents provide feedback in relation to their satisfaction of care provided in maintaining nutrition and hydration through case conferencing, resident surveys, discussion groups and resident meetings. The home provides a four week rotation roster and residents/representatives are involved in the choice of meals. The care plan reflects the resident’s individual choice. There is regular consultation with residents/representatives and relevant others such as medical officers, dieticians and speech pathologists about nutrition and hydration needs and strategies to ensure these are effectively met. Residents/representatives confirmed they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

## **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 systems in place to assess and document skin integrity of all residents. There is regular consultation with residents/representatives and relevant others such as medical officers, dieticians and speech pathologists about nutrition and hydration needs and strategies to ensure these are effectively met. Care plans and progress notes reviewed by the team reflected the assessments and ongoing monitoring of residents’ skin integrity. The home’s reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in the monthly audit system. A podiatrist and hairdresser visit on a regular basis. Documentation review and staff interviews confirmed there is appropriate education provided. Infection control processes and continence management programs are in place to ensure the maintenance of resident’s skin integrity. Residents/representatives confirmed they are satisfied with the home’s approach to meeting residents’ skin care needs.

## **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 assess, monitor and evaluate to status of residents continence. The residents are assessed as to an immediate need on admission with ongoing assessments conducted as required. A continence advisor is available for additional assessment and development of individual continence management programs. Results of the team’s observations, interviews and document review indicate that the home has a system in place to ensure that residents’ continence is managed effectively. Continence is promoted through toileting regimes, continence product use and provision of adequate fluids. Infection data, including urinary tract infections, is regularly collected, collated and analysed. Residents/representatives confirmed they are satisfied with the continence management provided by the home.

## **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 a system in place to manage residents with challenging behaviours including an assessment to determine if placement within the home is suitable. Care plans are developed in consultation with residents/representatives and allied health specialists whenever possible. The care plan are evaluated and changed accordingly to the needs of the residents. All episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the effectiveness of strategies used. Care and therapy staff play a significant role in one-on-one and group diversional activities. Interviews with residents/representatives confirmed that residents with challenging behaviours are monitored by staff and identified strategies are implemented as required.

## **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

The home has systems in place to assess, manage and evaluate to mobility status of all residents. Residents have access to a physiotherapist, podiatrist and other health professionals to undertake focused assessments of residents’ mobility, dexterity and rehabilitation needs and the development of a care plan and individual exercise regime if required. Exercise is offered to all residents to increase muscle tone and mass thus minimising to possibility of falls. Incident information data is collected, collated and reported through the monthly monitoring system. A walking program has been introduced as part of the recreational activities program. Residents provide feedback in relation to their satisfaction of care provided in maintaining mobility, dexterity and management of rehabilitation through case conferencing, resident surveys and meetings.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

The home has systems in place for the assessment and management of oral and dental care including denture and natural teeth. The residents are assessed on admission and on an ongoing basis or as emerging needs are identified. Review of the clinical documentation showed that there is an initial assessment of oral and dental needs and a nursing care plan formulated which is updated as required. Residents have single rooms with ensuite bathrooms. The home has access to the dental services and dental technicians and the residents can have treatment from their local dentist. Staff informed the team that they arrange the appointments and transfer if required. Residents/representatives interviewed were happy with the oral and dental care.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

Holy Spirit Aged Care has policies and procedures in place for the effective assessing, managing and evaluation of residents' health status including sensory loss. Staff assess residents needs in relation to sensory deficits upon admission and on an ongoing basis. Staff facilitate access to optical and hearing services. In-service education is provided to staff on the care of hearing aids, dentures and glasses. Needs for each resident are discussed during care conferences in consultation with family or other representatives identifying personal preferences. Residents provided positive feedback about their satisfaction of care provided in maintaining management of sensory loss.

## **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 ensure that the residents are able to achieve natural sleep patterns. Residents normal sleep patterns are assessed during the admission period and the results identified are formulated in a nursing care plan. The local doctor is informed if there are problems with residents' sleep patterns and orders appropriate therapies. Residents have individual rooms to provide comfort and a safe environment; residents reported that they generally sleep well.

### **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

A description of the home’s overall continuous improvement system is described under expected outcome 1.1 Continuous improvement. The home has made planned improvements in relation to this Accreditation Standard which includes:

- A resident discussion group has been established to discuss the Aged Care Standards. The team noted that minutes of these meetings demonstrated that they provide an opportunity for residents to make suggestions for improvements.
- Recreational activity staff now attend area diversional therapy meetings which provides the staff with opportunities to network and explore new ideas.
- A Wii machine has been purchased to provide entertainment and relaxation for residents.
- A knitting group is being established to provide an interest for residents who previously knitted.

#### **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

Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s systems for identifying and ensuring compliance with relevant legislation, regulatory requirements, standards and guidelines. In relation to this Accreditation Standard the team noted that the home reviews staff practices and procedures to ensure compliance with legislation, regulations, professional standards and guidelines. Information is provided to staff in relation to this expected outcome at orientation, within the education program and through meetings and memorandums. This has included ensuring compliance with privacy legislation and introducing policies and procedures for mandatory reporting of abuse.

#### **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

A description of the home’s overall education and staff development system is described under expected outcome 1.3 Education and staff development. Management reported that staff attended education in relation to this Accreditation Standard in the past year that includes elder abuse and dementia respect.

### **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

Holy Spirit Aged Care has systems in place to ensure each resident is provided with support during their transition into residential aged care including integration of family, friends and previous social contacts where possible. The initial orientation process includes a tour of the home prior to admission and on the day of admission. The care staff informed the team of ways in which they provide residents with emotional support particularly after arrival such as introducing them to other residents, checking on a daily basis to ensure they are aware of and invited to attend activities on the day. Residents/representatives are very satisfied with the way that staff make them feel welcome to the home and support them.

### **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 systems in place to assist residents to achieve maximum independence, maintenance of friendships and participation in the community. Individual and general strategies are implemented to promote independence, such as equipment to assist mobility and leisure activity programs which actively seeks the involvement of residents and promotes mobility and independence. Residents are encouraged where ever possible to maintain their independence within the supporting setting provided by Holy Spirit Aged Care. Relatives, friends and community groups frequently visit the home and a bus is available to assist residents to undertake activities outside the home. Residents/representatives confirmed they are satisfied with the assistance the home provides in relation to residents' independence and continuing participation in the life of the community within and outside the home.

### **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 systems and processes in place to ensure residents' privacy, dignity and confidentiality is recognised and respected. Resident records and personal information are securely stored and electronic records are password protected. Staff address residents in a respectful manner. Observations of staff practices show these are consistent with the home's privacy and dignity related policies and procedures and are undertaken in a manner that promotes residents' confidentiality. The team observed that personal care for residents is provided in a manner that protects the dignity and privacy of residents. Residents/representatives confirmed that residents' privacy, dignity and confidentiality is recognised and respected in accordance with individual needs and preferences.

### **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

Holy Spirit Aged Care has systems in place to deliver care aimed at ensuring residents individual physical social psychological and spiritual needs are identified and accommodated. The recreational activities staff assesses each resident and develop a plan of care that provides a variety of internal and external recreational pursuits. The team reviewed the monthly activity programs displayed which are specifically constructed to demonstrate that the activities provided are suitable for the villa and the special care unit. The programs indicated that the activities are varied and interesting. The activities officer informed the team that other information used to assist in the development of the program includes attendance at activity sessions, results of resident/representative surveys and feedback via the resident meetings. Residents/representatives interviewed confirmed they are supported and encouraged to participate in activities and interests according to their needs and preferences.

### **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

Holy Spirit Aged Care has systems in place to ensure that individual interests, beliefs and cultural and ethnic backgrounds are valued and fostered. The spiritual aspect of care is central to the home's mission and is committed to providing service to individuals, families and communities. A person centred model of care that supports and nurtures the physical, social mental, emotional and spiritual aspects of human life is encouraged. Residents/representatives interviewed by the team stated that they felt that the home values and fosters residents' individual interests, customs, beliefs and cultural backgrounds. The staff advised the team that they arrange days to maximise residents' enjoyment in cultural experiences. Culturally specific days are celebrated for example, St. Patrick's Day, Melbourne Cup, Christmas, Anzac Day and Easter. The home's chapel is available to residents at the home on a regular basis for special services and pastoral care support is available. Residents interviewed also confirmed their satisfaction with the services available to them.

### **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 home ensures all staff, residents and their stakeholders are informed of the continuous improvement process that is available to encourage choice and decision making. Resident meetings, surveys, comments and complaint mechanisms, advocacy rights and input into care planning are avenues by which residents/representatives can participate in decisions regarding the services provided and are able to exercise choice and control in relation to their lifestyle. The initial assessment process on entry to the home and on an ongoing basis documents for example a residents preference for diet/meals, delivery of the daily newspaper, choice of medical officer and the level of involvement in activities. The team observed staff consulting with residents about their day-to-day wishes and preferences.

### **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 residential management systems provide specific processes to ensure resident's security of tenure is protected and understand their rights and responsibilities. The Charter of Residents' Rights and Responsibilities is prominently displayed in the home and included in the resident's handbook. Residents' tenure is secured by a written residents' agreement offered to the resident on entry to the home and meets the requirement of the Aged Care Act, 1997. The management reported a move within the home or to another home is only carried out with extensive consultation of all representatives involved in the care of the resident and with the resident or representative's agreement.



## **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

A description of the home’s overall continuous improvement system is described under expected outcome 1.1 Continuous improvement. The home has made planned improvements in relation to this Accreditation Standard which includes:

- As the result of an audit it was identified that there were insufficient hand washing facilities in the Rendu unit. As a result the home installed an additional hand washing station.
- As the result of resident concerns about the evening meal, the home has change the menu to include lighter options. The changes will be reviewed in several months.
- In response to resident concerns about missing and damaged laundry education was provide to staff and new clothing labels purchased.
- The outdoor area in the Rendu unit has been refurbished with new plantings and seating areas which now provides and inviting area for residents and visitors to relax.
- In response to concerns about the reliability and quality of maintenance work, a new maintenance contractor has been engaged. Management report that the service is now much improved.
- Rubbish under the building and in the alley that posed a fire and pest hazard has been cleared which has improved the safety and appearance of the building.
- A range of repairs and upgrades were undertaken in the kitchen to ensure that the home meet food safety requirements. This included replacing rusty fan cages, purchasing new shelving and storage containers, repairing tiles and painting, purchasing a new freezer and digital thermometers.

### **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

Refer to expected outcome 1.2 Regulatory compliance for a description of the home’s systems for identifying and ensuring compliance with relevant legislation, regulatory requirements, standards and guidelines. In relation to this Accreditation Standard, the team observed documents and notices throughout the home to inform staff of relevant legislation and regulatory requirements, such as occupational health and safety, manual handling information, fire safety, evacuation procedures, food safety guidelines and infection control policies and procedures. Information is provided to staff in relation to this expected outcome at orientation and within the education program. The team noted that the home’s annual fire statement was displayed, a food safety program is in place and processes for accident and incident investigation are in place.

#### **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

A description of the home's overall education and staff development system is described under expected outcome 1.3 Education and staff development. Education attended by management and staff in relation to this Accreditation Standard in the past year includes infection control, fire awareness and safety, manual handling and first aid.

#### **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 comprises of resident areas over two levels. The home has many sitting areas for resident and visitor use. Residents are accommodated in single rooms with ensuite bathrooms. Resident rooms are personalised with personal furnishings and mementos. Residents/representatives stated that they are pleased with the physical environment and safety of the home. The safety and comfort needs of the home's residents are addressed through its provision of safe access to communal indoor and outdoor areas and appropriate furnishings. The home conducts assessments and monitoring of its environment through its occupational health and safety system, continuous improvement tools and preventative maintenance program.

#### **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 actively works to provide a safe working environment that meets regulatory requirements. There are systems in place to identify hazards and for reporting and responding to accidents and incidents. Staff receive induction when they commence their employment that includes manual handling, infection control, hazard and incident reporting and occupational health and safety systems. The home conducts regular tagging and maintenance of equipment; has recently introduced risk assessments; and trials of equipment purchases when appropriate. Document review and interviews demonstrated that the home actively seeks solutions to identified hazards and reviews practices on a regular basis. Staff demonstrated a good understanding of safe work practices and hazard reporting.

#### **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

Management and staff of the home actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation plans are displayed throughout the home and regular fire drills and fire training is conducted. The home

is secured at night and there are two stand-up staff on duty throughout the night. Staff receive induction when they commence employment and ongoing training in responding to fire and other emergencies. Residents and staff demonstrated awareness of emergency procedures and are aware of what they should do in a fire emergency.

#### **4.7 Infection control**

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

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

Does comply

Evidence was provided that the home has an effective infection control program. Policies, procedures and training in infection control practices are in place. The home provides sanitising equipment and agents, colour-coded cleaning equipment, spill kits, needlestick injury kits, and staff hand washing facilities. There is a system in place to collect infection data and monitor incidents as part of the infection control process. The home's processes for identifying and minimising the risks of potential sources of infection include regular temperature testing of food, deliveries, refrigerators and freezers. Staff receive induction and training on infection control procedures and demonstrated a sound understanding of infection control principles.

#### **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

Observations, interviews and documentation review demonstrated that the home monitors the quality of catering, cleaning and laundry services that ensures hospitality services are provided in a way that enhances residents' quality of life.

##### **Catering**

The home has a well equipped kitchen and systems to ensure residents' preferences are identified and special dietary requirements met. Catering staff meet with residents to identify food preferences and residents are able to suggest menu changes. Food delivery and storage areas are organised with simple easy to follow methods and the team observed foods correctly stored, labelled and dated. Catering staff were observed to follow safe food handling practices and implement the home's food safety plan. All residents/representatives commented positively on the quality of meals.

##### **Cleaning**

The home has a cleaning program that ensures all public areas and resident rooms are cleaned according to a set schedule. Colour coded cleaning cloths and mops are used in all areas. A comprehensive staff education and monitoring system is in place. The team observed equipment for cleaning spills and staff demonstrated knowledge of their location and use. All areas of the home are clean and hygienic and residents/representatives confirmed satisfaction with the cleaning services.

##### **Laundry**

Linen is laundered using a laundry service and residents' personal laundry is laundered in the home. Residents stated that their clothes are laundered appropriately, are returned promptly and in good order. Staff were able to competently explain the laundry process and to clearly outline infection control procedures.