



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Inglewood Nursing Home**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Inglewood Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Inglewood Nursing Home is three years until 10 November 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:	Inglewood Nursing Home				
RACS ID:	3492				
Number of beds:	15	Number of high care residents:	15		
Special needs group catered for:	Nil				
Street/PO Box:	3 Hospital Street				
City:	INGLEWOOD	State:	VIC	Postcode:	3517
Phone:	03 5438 7000		Facsimile:	03 5431 7004	
Email address:	admin@idhs.vic.gov.au				

### Approved provider

Approved provider: Inglewood & Districts Health Service

### Assessment team

Team leader: Gillian Walster

Team member/s: Jo-Ann Holden

Date/s of audit: 25 August 2009 to 26 August 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
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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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<b>Agency findings</b>
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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	Inglewood Nursing Home
RACS ID	3492

### **Executive summary**

This is the report of a site audit of Inglewood Nursing Home 3492 3 Hospital Street INGLEWOOD VIC from 25 August 2009 to 26 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Inglewood Nursing Home.

The assessment team recommends the period of accreditation be three 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 25 August 2009 to 26 August 2009.

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

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

## Assessment team

Team leader:	Gillian Walster
Team member/s:	Jo-Ann Holden

## Approved provider details

Approved provider:	Inglewood & Districts Health Service
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## Details of home

Name of home:	Inglewood Nursing Home
RACS ID:	3492

Total number of allocated places:	15
Number of residents during site audit:	15
Number of high care residents during site audit:	15
Special needs catered for:	N/A

Street/PO Box:	3 Hospital Street	State:	Victoria
City/Town:	INGLEWOOD	Postcode:	3517
Phone number:	03 5438 7000	Facsimile:	03 5431 7004
E-mail address:	<a href="mailto:admin@idhs.vic.gov.au">admin@idhs.vic.gov.au</a>		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Inglewood Nursing Home.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Director of nursing and community services	1	Residents/representatives	4
Registered nurses division one	3	Chief executive officer	1
Care staff	2	Quality improvement officer	1
Registered nurses division two	2	Occupational health and safety officer	1
Lifestyle activities staff	2	Infection control officer	1
Catering staff	2	Maintenance staff	1
Cleaning staff	1	Best practice coordinator	1

#### Sampled documents

	Number		Number
Residents' files	5	External service agreements	6
Summary/quick reference care plans	7	Personnel files	3
Medication charts	8	Palliative care files	2

#### Other documents reviewed

The team also reviewed:

- Activities calendar
- Activities photo albums
- Advanced care plan form
- Antibiotic usage in nursing home
- Approved supplier list
- Asset register
- Audits
- Braden score action sheet
- Care plan cover page
- Certificate of renewal of registration of food premises

- Cleaning schedule / duty list
- Cleaning standards audit
- Comments and complaints register
- Complaints brochures
- Compliments, suggestions and complaints forms
- Consent to use photo
- Continuing nurse education calendar
- Continuous improvement plan
- Contractors hand book
- Courses and certificates list
- Daily food temperature log
- Diabetes treatment
- Dietary/nutrition and menu choices assessment
- Drug of addiction-administration book
- Education and training plan 20909
- Education attendance list
- Education evaluation
- Emergency evacuation procedures
- Essential safety measures maintenance schedule
- Essential services and preventative maintenance logs
- Evaluation of care
- External services management manual
- Fire and evacuation procedures
- Food delivery temperature records
- Food handling certificates
- Food safety audit
- Food safety audit report
- Food safety plan
- Food safety program
- Gastroenteritis flowchart
- Hand hygiene report
- Incident reports
- Influenza flowcharts
- Material safety data sheets
- Memorandums
- Menus
- Minutes of meetings
- Newsletters
- Nursing home residents breakfast choices
- Observation record
- Outbreak policy and procedures
- Pain flow and management chart
- Pest control
- Police check report
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule
- Registered nurse division one and two 2009 register
- Resident evacuation and fire education
- Resident hand book
- Resident of the day – checklist
- Residents' information package
- Residents' surveys and questionnaires

- Restraint assessment and authorisation
- Rosters
- Secure external garden areas and courtyards
- Self administration assessment
- Sharps flowchart
- Signing sheet and administration record
- Staff hand book
- Staff orientation program
- Standard precautions
- Statement of choices
- Suggested education feedback
- Supplier agreements
- Types of infections 2003 -2008
- Vision and mission objectives and values statement
- Volunteer's information handbook
- Wound assessment and management chart

### **Observations**

The team observed the following:

- Accreditation site audit notification poster
- Activities in progress
- Archive storage
- Certificate of accreditation
- Charter of residents rights and responsibilities
- Clean store room
- Elderly deserve the best departmental publication
- Emergency procedures
- Equipment and supply storage areas
- Evacuation plans
- Fire detection systems testing
- Imprest room
- Infection prevention and control poster
- Interactions between staff and residents
- Internal and external living environment
- Lunch served
- Material safety data sheets
- Meal services
- Medication refrigerator
- Medication trolley
- Menu boards
- Noticeboards and whiteboards with posters and information displayed
- Sharps containers
- Spill kit
- Texture modified foods

## **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 and processes in place and actively pursues continuous improvement. The quality system is overseen by the quality improvement coordinator and opportunities for improvement are sourced from feedback gained at meetings, audits and survey results, verbal suggestions, incident reports and quality action request forms. Quality action request forms offer a forum for raising maintenance issues, risk management, comments, complaints or suggestions and are readily available to all stakeholders. Quality action requests are logged onto the home’s internal database which enables staff to track the progress of issues raised. An annual audit and survey schedule measures the home’s performance against the accreditation standards. Stakeholders confirm that management regularly reports at relevant meetings, ensuring all stakeholders are informed of the continuous improvement activities conducted by the home. Residents and staff state that they are aware of the continuous improvement system and that management are responsive to their suggestions receiving appropriate and prompt feedback.

Examples of recent improvements relating to standard one include the following:

- Following concerns that in the event of a power failure continual electricity supply could not be maintained, management installed a generator capable of providing a twelve hour back up supply to ensure that electronic data is not lost and that there is a limited emergency power supply.
- The home identified the need to develop policies, procedures and forms to report suspected abuse of residents following recent changes to statutory requirements.
- An electronic documentation system has been commissioned and is used to record the home’s quality activities and resident care information. All staff has received the necessary training and have embraced the new system.
- During a staff training day, management and staff identified the need to improve their resident evacuation summary. These now include resident photos assisting new staff members who are not familiar with residents to easily recognise them in the event of an emergency.

### **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 organisation has systems in place to identify changes to relevant legislation, regulations, professional standards and guidelines relevant to the operation of the home. Staff have access to copies of relevant legislation and the home receives updates from peak body association via email. Legislative changes are discussed at meetings and policies are updated when required. Any changes to practices are communicated to staff via memorandum and meetings. Monitoring of regulatory compliance is carried out through the organisations auditing system and is reflected in the education program. The home maintains

a system that requires all staff, volunteers and contractors to furnish a current police check. Residents were appropriately informed of the accreditation audit.

### **1.3 Education and staff development**

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

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

Does comply

Inglewood nursing home staff have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. A staff satisfaction survey is conducted annually and used as a basis in planning education and other prompts for training include anecdotal discussion, feedback, meeting minutes, and the changing needs of residents. Education is conducted using lectures, one-on-one support, computer based learning packages, posters, handover, competency assessment, at orientation and staff have access to policies and procedures. Staff are informed and encouraged to attend external education, attendance records and evaluations are maintained to monitor individual staff members' attendance. Education provided for standard one includes training for a new software package, governance education and the aged care funding instrument. All new staff is given an orientation checklist and is partnered with a buddy for their first shift. Staff confirm access to a wide variety of education.

### **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

Stakeholders have access to both internal and external complaints handling mechanisms. Comments and complaints can formally be made using the home's quality action request forms that are readily available and are provided with a suggestion box where complaints, suggestions and compliments can be lodged. Information regarding external complaint avenues and advocacy services are freely available for stakeholders to access. On the entry to the home, residents receive a handbook that provides information regarding the home's complaint resolution systems. Residents and representatives confirm resident meetings are conducted on a monthly basis and are used as a forum to raise concerns, stating that prompt and suitable feedback is provided. Residents and relatives confirm an awareness of the complaints handling systems, stating that are comfortable in raising issues directly with staff and management without fear of reprisal.

### **1.5 Planning and leadership**

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

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

Does comply

The home has documented mission, vision, values and statement of commitments. These are included in information provided to residents and staff and are displayed within the home along with the resident rights and responsibilities. Management demonstrates its commitment to the provision of quality via all components of the quality management system and management takes an active role in promoting the homes values with residents, staff and stakeholders. Goal setting workshops include staff input and family forums encourage residents and representatives to participate in issues involving the home. The commitment to

quality is demonstrated through the provision of resources that have resulted in improved outcomes and satisfaction for stakeholders.

## **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

There are documented systems and practices to ensure that staff are appropriately skilled and qualified to meet residents' care needs. Resident are assessed and regularly reviewed with staffing adjusted to meet their changing requirements. New staff receive a handbook, position description and attend a 'buddy' shift program where work practices are assessed and monitored. Police, registration and reference checks are conducted at on application with appropriate registers maintained. Staff are encouraged to participate in performance appraisals that are scheduled on a biannual basis with staff conducting a self assessment process and are encouraged to set future goals. Staff confirmed satisfaction with the supernumerary program stating that they receive ongoing training and support from management. Residents and representatives state that they were satisfied with the level of care provided by staff and the availability of care staff to meet their needs.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

The home has systems and processes in place to ensure that stocks of appropriate goods and equipment are available for the delivery of quality service across all service areas. Adequate supply levels are maintained with a routine stock rotation system employed for the perishable items used by the home. The team observed appropriate storage facilities throughout the home and an asset register of equipment and furnishings is maintained. A regular audit system complements the preventative and corrective maintenance program, and ensures that equipment is maintained in good working condition. Staff confirmed that equipment is trialled prior purchasing and that appropriate training is provided as new equipment is introduced to the home. Staff stated that there are sufficient supplies and suitable equipment available for them to perform their duties; that management is responsive to purchasing goods and equipment; and that maintenance is actioned in a timely manner.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has an information management system in place and maintains both electronic and hard copy documentation. Resident agreements and staff personal information is stored within lockable cabinets that are located within secured areas of the home. The home's computer system is password protected providing a restricted access system, and back ups of electronic data is regularly conducted. Archived documents are stored in a secured area and a suitable register maintained. Staff state that information is provided via email, memoranda, at shift handover and staff meetings, confirming that they are well informed of changes at the home. Document and data control systems are maintained by the director of

nursing with staff confirming that they have access to up to date policies and procedures. Residents and relatives are notified of activities and events held within the home with meeting minutes, newsletters and activity calendars regularly published. Residents and relatives confirmed their attendance to resident meetings stating that the home keeps them well informed.

### **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 maintains agreements with preferred external contractors and service providers. Contracts are maintained by the chief executive officer who ensures contractors maintain the appropriate qualifications and insurances necessary to undertake their duties. Continual performance monitoring takes place using the home's external service contracts performance evaluation audit form, with agreements reviewed by management as they expire. External service suppliers are aware and encouraged to participate in the home's continuous improvement system. Stakeholders confirm their satisfaction with the service they receive from 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

The home maintains a regular audit schedule that provides management with both clinical and management indicators. Audit results and incidents are trended and monitored by the quality improvement coordinator and reviewed at board level. Issues identified through this process prompts repeat audits where lower compliance is observed, and an action plan is developed to address the more complex issues. Staff state that they actively participate in the home's continuous improvement system. Residents and relatives confirm an awareness of the home's continuous improvement endeavours.

Examples of recent improvements relating to standard two include the following:

- The home has implemented a new electronic software system that facilitates the collection and analyses identified clinical data. This new system captures the reporting of needle stick injuries, documenting a previously identified gap.
- Management and staff participated in a clinical risk awareness educational month. This concentrated training program provided relevant information relating to residents' care needs including pressure ulcer basics, skin integrity and compulsory reporting of elder abuse. Management observed that 75% of staff participated in the program.

### **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

The home has systems in place for identifying and ensuring compliance with relevant legislation, regulations and guidelines relating to health and personal care. High care residents are appropriately informed of the specified care and services that the home will provide. Specialised nursing services are provided by appropriately qualified staff with personnel files including copies of professional registrations and qualifications. There is a system in place to ensure all relevant individuals have current professional registrations and they are monitored annually. Staff hand books provide guidelines to the privacy and confidentiality legislation and staff confirm they are aware of their roles and 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

Management demonstrates staff have knowledge and skills required for their effective performance in relation to health and personal care. Recent education sessions relevant to standard two include wound management, mental health, speech pathology and diabetes.

Staff have attended an external palliative experience in a local hospice. Staff are encouraged to upgrade their qualifications and state they are satisfied with the educational opportunities available to them. Refer to expected outcome 1.3 education and staff development for further details.

## **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. When residents enter the home an initial assessment forms the basis of the immediate care plan which include personal details and usual care needs. The formal assessment process then leads to the compilation of the care plan which outlines needs and preferences and is discussed with the resident and representative. The resident and clinical issues are reviewed regularly and the care plan is adjusted. Appropriately qualified and experienced staff provide care and records of care are maintained in clinical charts and progress notes which also show regular medical reviews and increased monitoring when needed. Staff who spoke with the team said that they have sufficient rostered time to provide the planned care for residents. Representatives were very complimentary of the care provided and said that any episodes of ill health or accident are responded to quickly and properly and they are informed appropriately.

## **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

There are processes in place to ensure residents have their specialised care needs identified, planned and provided by appropriately qualified nursing staff. There are formal policies and procedures in place to give direction to clinical staff, regular assessment and evaluation occurs and is documented. Technical care needs of residents at the home include diabetes management, wound management, indwelling catheter care. There is a staff member involved as a best practice champion in a project of creating dementia friendly environments and currently is assessing strategies used with residents with behaviours of concern. There are adequate supplies of products and goods to meet the specialised care needs of residents. Residents and representatives confirm that they are satisfied with the specialised nursing care provided.

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

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

### **Team's recommendation**

Does comply

The home ensures regular assessments of each residents needs and preferences are conducted and residents are referred to allied health specialists as required. All residents are assessed on entry by the physiotherapist who compiles an exercise plan, visits the home every second week and reviews all residents every six months or when required following a fall or ill health. Documentation also shows that speech pathology, podiatry, dietician and continence nurse visit the home and review residents at regular intervals. The aged person's psychiatric team is accessed as required and residents are transported to the larger centre for specialised wound care assessments and reviews. Residents and representatives who

spoke with the team said that they are satisfied with the range of allied health services available.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Management demonstrate the home has systems and processes to ensure residents medications are managed safely and correctly. Medications are dispensed by the pharmacy in original packaging, stored in the locked medication trolley and administered by division one registered nurses and division two medication endorsed registered nurses. Medications administered on an as needs basis are recorded in the progress notes and include a reason for administration and an evaluation of the medication intervention. The residents’ medication charts provide a photograph of the resident, allergies and the medication administration assessment provides a summary of identified problems with the level of assistance required and any special considerations when administering medications. Residents and representatives are satisfied that medications are managed appropriately.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

The home has processes to ensure residents are as free as possible from pain. Pain needs and risk factors are assessed on entry to the home and documented for all residents and regularly reviewed. Care plans detail interventions used to assist residents and include repositioning, analgesia, massage, hot packs and pillows for supporting limbs. ‘As required’ analgesia is documented in the progress notes and the effectiveness of the analgesia is evaluated. Residents and representatives who spoke with the team said they were satisfied and that staff respond appropriately whenever residents 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

The home has practices in place to maintain the comfort and dignity of terminally ill residents. Residents’ terminal care wishes are established on entry to the home in consultation with the residents, relatives and the resident’ medical practitioner and reviewed as required. Chaplaincy and pastoral care is available for the residents and their representatives. Pain, personal care and mobility assessments are reviewed and a palliative care plan is completed with issues addressed including pain management, pressure area care, fluid and food intake and personal hygiene. Staff have recently attended education in a local hospice to enhance their approach when caring for palliative residents. Records show residents requiring palliative care are monitored by appropriately qualified staff in consultation with the residents’ representatives and medical practitioner.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home has processes in place to ensure that residents receive adequate nourishment and hydration. Care plans reflect the nutrition and hydration requirements and preferences of residents, including information regarding allergies and clinical needs. Residents were observed utilising dietary aids, were assisted in an appropriate manner and fed calmly and quietly by staff. The kitchen caters for residents with special dietary needs and preferences, with normal, soft and texture modified meals provided, meals are plated in the kitchen and transported on a trolley to the residents in the dining room or their rooms if preferred. Beverages and snacks were observed to be accessible to all residents. There is a six week seasonal rotating menu which has dietitian input. Residents and representatives are satisfied that food and fluid intake is monitored, that there is choice at meal times and confirm that the meals are tasty and balanced.

## **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 ensure residents’ skin integrity is consistent with their general health. Assessments of skin integrity are undertaken following entry to the home and are reviewed regularly. Care plans record residents’ individual preferences and staff implement strategies including moisturising skin creams, application of protective creams after personal hygiene, position changes and pressure relieving equipment to maintain residents’ skin integrity. Residents with wounds and skin tears are assessed and wound management charts commenced which document dressing regimes. Staff are aware of residents’ individual skin requirements and residents are satisfied that their skin needs are being met.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

The home has systems to ensure residents’ continence is managed effectively. Residents are assessed initially and on an ongoing basis for their urinary and bowel continence needs and supported by staff to manage their continence. Assistance with toileting and aids required are determined and recorded in care plans. Records are maintained and strategies are recorded in the care plan to assist in the management of residents at risk of constipation. Staff confirm their knowledge of residents individual toileting needs and were observed to be toileting residents and assisting residents with their continence care with discretion. The team observed that there were adequate supplies of products available to meet residents’ needs. Residents are satisfied with continence management.

### **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 processes in place to assess, manage and review residents with challenging behaviours. Residents with challenging or complex behaviours are assessed on entry to the home and reviewed regularly. Care plans detail triggers to behaviour, interventions list strategies to assist staff to manage behaviours and progress notes detail incidents and evaluation of interventions used. The regional psychogeriatric assessment team is available to assist and plan strategies for individual residents. A project currently underway is addressing behaviours of concern in the bush and encouraging best practice including developing a kit with resources needed for residents with behaviour issues. Strategies in use include explanation, one on one time with the resident, and lifestyle activities. Residents and representatives report they are satisfied that the home manages residents’ challenging behaviours.

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

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

#### **Team’s recommendation**

Does comply

The home has systems in place to optimise residents’ mobility and dexterity. Residents’ mobility and dexterity levels, and falls risk are assessed when they enter the home and as required in conjunction with the physiotherapist and identified needs are used to develop individualised care plans. The physiotherapist reviews all residents every six months and as required. The falls risk assessment identifies residents who are at risk of falls and provides strategies to decrease risk which include behavioural strategies, hip protectors, bed poles, slide sheets, and ensuring the environment is clutter free. Falls and fall related injuries are reported and entered onto an incident report, investigated and strategies evaluated. Staff confirm they receive training and annual competencies to assist residents with transfers and manual handling. Residents and representatives are satisfied that mobility and dexterity needs are met.

### **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 to assist residents to maintain optimal oral and dental health. Oral and dental care plans are developed for each resident from assessed clinical data that takes into consideration care needs, preferences and assistance required to maintain dental health. Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. The home accesses a mobile dental service for regular dental attention and education on oral care provided by the dental service at that time. Residents with swallowing difficulties are referred to the speech pathologist at the regional level. Residents and representatives confirm that staff provide assistance with residents’ swallowing, oral and dental hygiene.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

The home has systems in place to effectively manage residents’ sensory deficits. Residents are assessed on entry to the home to identify communication and sensory needs and preferences. Issues are identified and a care plan is developed to manage needs and minimise sensory loss, and the effectiveness of interventions is reviewed regularly. Residents are encouraged to consult external specialists for the provision of sensory aids and visits to specialists are facilitated by the staff. Staff are aware of residents’ sensory needs and the level and degree of assistance they require. Residents confirm that staff assist them as required with their sensory needs.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Practices at the home enable residents to have their rest and sleep routines met. Residents’ sleep and settling patterns are identified through assessment on entry to the home and care plans developed to enable residents to achieve natural sleep patterns if possible. Staff monitor residents’ sleep patterns and assist them with appropriate settling strategies including toileting and continence care, warm drinks, pain relief medications, heat packs and a quiet and warm environment is provided with residents accommodated in individual rooms, the home is generally quiet and comfortable at night. Residents who spoke with the team said that staff respect their wishes and 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

The home has systems and processes in place to pursue continuous improvement to enhance residents’ lifestyle. Residents’ lifestyle improvement opportunities are sourced through surveys, activities attendance records and suggestions made at residents and relative meetings. Suggestions, complaints and compliments can be made using the home’s quality action request forms that can be anonymously lodged in the suggestion box. Staff stated that management encourage them to be involved with the continuous improvement system at the home, with resident and relatives confirming they are informed of changes through meetings, newsletters and informal discussions.

Examples of recent improvements relating to standard three include the following:

- A new sofa chair has been purchased and is available for families wishing to stay overnight to support residents receiving palliative care. Management stated that families have been complimentary of this improvement and that it has assisted in providing emotional support to residents receiving this care.
- The lifestyle activities calendar has been reviewed with a weekly calendar adopted in preference to the previous monthly calendar. Identifiable graphics and more detail of the proposed activities is now displayed to encourage resident participation. Residents stated that the new weekly calendars are easier to read and staff have observed increased participation levels.
- A monthly newsletter has commenced to improve management’s communication with staff, residents and families. The newsletter includes reports from all service areas, jokes, planned future activities and special announcements.

### **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

The home has systems in place for identifying changes and ensuring compliance with relevant legislation, regulations and guidelines relating to resident lifestyle. Residents’ security of tenure is outlined in a residency agreement, and the conditions of tenure are detailed by management. Privacy statements are provided to residents and the charter of residents’ rights and responsibilities is displayed throughout the home and described in the residents’ handbook. External privacy brochures from the Victorian privacy commissioner are displayed throughout the home outlining residents’ privacy rights according to the Victorian Privacy Act 2000. An elder abuse and missing residents policy has been developed and staff have received education stating that they understand their obligations.

### **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. Recent staff education related to Standard Three includes sessions focusing on behaviours of concern in the bush and elder abuse. A staff member has accepted the role as champion for the best practice project of creating dementia friendly physical and social environments to address behaviours of concern in the bush. A lifestyle staff member has completed a certificate 4 in lifestyle and leisure. Refer to expected outcome 1.3 education and staff development for further details.

### **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

A detailed orientation and facility tour is conducted for residents and their families upon entry to the home. A comprehensive application information pack is provided to residents together with a resident handbook which details the support and referral systems available. The home encourages new residents to build friendships with other residents encouraging them to participate in a range of leisure activities. The emotional needs of residents are assessed on admission and reassessed on an ongoing basis using the homes 'social and human needs' assessment. The home's social workers assist and support residents in adjusting into their new home. Emotional support is provided through regular "one on one" sessions with lifestyle visiting residents' rooms on a daily basis. Care plans are updated to identify the changing needs of residents, and activity attendance records are regularly monitored. The team observed staff to be supportive and using a caring approach with residents. Residents stated they are satisfied with the emotional support provided.

### **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 assists residents to achieve maximum independence and encourages residents to maintain friendships and participate in life in the local community and within the home. On entry to the home a thorough assessment process identifies residents' individual abilities to undertake activities of daily living. Morning exercise programs are regularly conducted encouraging residents to maintain or improve their physical condition and suitable mobility aids including an electric wheelchair and modified cutlery are available, promoting individual independence. Regular bus and trips to local shops encourage residents to maintain community links. Residents are encouraged to maintain financial independence and the home manages a small trust account for incidental spending. Families and volunteers are invited to participate in resident activities, with residents confirming that their independence is encouraged.

### **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

Residents' privacy, dignity and confidentiality is recognised and respected by the home and is reflected in the home's privacy and freedom of information policy. The home provides residents with single room accommodation that includes two lockable drawers, with private en-suites predominantly available. Resident information is securely stored with electronic files appropriately password protected. The home's commitment to respecting residents' privacy, dignity and confidentiality is reinforced in the staff hand book and resident agreements. Staff practice observed by the team indicates that the privacy, dignity and confidentiality of its residents is valued. Residents confirm their satisfaction with the respect they receive from the staff.

### **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

The home encourages and supports residents to participate in a wide range of leisure interests and activities. On entry to the home, a comprehensive assessment is conducted to identify residents' interests, activity preferences, hobbies, and preferred community associations. Care plans are formulated by the lifestyle staff and reviewed on a regular basis. Resident activity attendance records are maintained highlighting the residents' participation levels, and assist with the evaluation of the program. Residents' input is invited at meetings and in the resident survey that assists in the formulation of the program. A variety of leisure interests and activities are offered including visiting entertainers, bingo, gardening, cooking, knitting and exercise groups. Leisure interests and activities are advertised in the monthly resident newsletter and on notice boards located in each dining room. Residents confirm that they are encouraged and supported to participate in a wide range of interests and activities to them.

### **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

Residents' individual customs, beliefs, cultural and ethnic backgrounds are valued and fostered in the home. Residents' cultural and spiritual interests are assessed on entry to the home with relevant information recorded in care plans. The home's activities program incorporates cultural celebrations and theme days including Christmas in July, Chinese and ANZAC days. Multi denominational church services are conducted on a regularly with ministers visiting on a weekly basis and observes the Christian calendar. The home embraces the need to respect individual preferences including diet, dress and personal grooming. Residents and relatives confirm they are satisfied with the respect the home has for the observance of their cultural and spiritual beliefs.

### **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 recognises and respects the right for residents to express freedom of choice and encourages residents to participate in the decision making process relating to services they receive. Residents' preferences including social interests and diets are assessed on entry to the home, with relevant information recorded in their care plans. Residents are offered a forum to regularly participate in menu planning, and are encouraged to assist in the formulation of the activities program. Residents stated that they do not have to participate in activities; that there are always alternatives to the home's activity program and meal services; that they have a choice of general practitioner or allied health professionals they wish to see; confirming choices are offered and provided. Residents are free to smoke in designated areas at the home and staff confirm that residents participate in decision making processes and are offered choice in service delivery.

### **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

Residents and representatives are provided with information about security of tenure and information on their rights and responsibilities. Residents and representatives are offered a residency agreement, which includes information regarding fees and charges, their security of tenure, and the process for termination of the agreement detailed. All residents are provided with an annual letter confirming their security of tenure and prudential arrangements. Information about the internal and external complaints mechanisms and resident rights and responsibilities are also provided in a resident's handbook and are displayed throughout the home. Residents and relatives said they are satisfied with the information the home provides and feel secure in their home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has systems and processes in place to identify improvement opportunities encompassing the physical, environmental and safe systems at the home. Staff, health safety and environment, and the quality committee meetings are regularly held and are the forum for raising identified hazards and for the discussion of environmental audits. Regular scheduled maintenance and service work is conducted by the home to maintain the living environment, enhancing the safety and comfort of stakeholders. Resident input is invited through formal surveys, meetings, improvement forms and through informal discussions with staff and management. Stakeholders state that their improvement requests are considered and actioned appropriately with feedback given in a timely manner.

Examples of recent improvements relating to standard four include the following:

- Management has reviewed and updated its infection control policy manual and now it reflects the departmental infection control guidelines.
- A new lifting machine has been purchased in support of the home’s “no lift” policy. The new machine replaces an out dated model and reduces the possibility of staff injury and facilitates expedient transfers.

### **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

The home has systems in place for identifying and ensuring compliance with relevant legislation, regulations and guidelines relating to physical environment and safe systems. Regular health, safety and environment meetings are held with staff represented from all services areas. A food safety program is in place and annual independent food audits are conducted. Essential services are appropriately monitored with fire fighting equipment observed to be within test date. The home has a “no lift” policy and staff receives the appropriate education relating to manual handling, fire and emergency and infection control procedures.

### **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 staff have skills and knowledge for their effective performance and provides training opportunities for staff in relation to physical environment and safe systems. Education related to standard four conducted recently includes fire and emergency

training, infection control, occupational health and safety, catering staff have had an education day and cleaning staff have had education regarding cleaning standards. Refer to expected outcome 1.3 education and staff development for further details.

#### **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 provides a comfortable and safe living environment for residents and offers single room accommodation most with private en-suites. A comfortable ambient temperature was observed, with living areas sufficiently furnished and uncluttered. Dining areas encourage social interaction and are complemented with intimate lounge areas including a fish tank and a piano encourages resident sing-a-longs. External courtyard gardens offer residents and visitors secure areas to enjoy. Regular health, safety and environmental audits are conducted and sufficient equipment storage areas were observed. The home has a responsive maintenance system with stakeholders confirming that maintenance requests are dealt with in a timely manner. Residents stated that they feel safe and are comfortable in their 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 organisation observes occupational health and safety through mechanisms such as the health, safety and environment committee, staff education, assessments of risk, and incident reporting. Representatives attend regular health, safety and environment meetings and minutes are provided to all staff. A review of documentation demonstrates the home monitors the safety of its environment and takes corrective action where deficiencies are identified. Staff interviewed demonstrated an understanding of their responsibilities and knowledge on the home's incident and hazard reporting mechanisms. Staff confirm that there is an active occupational health and safety culture at the home and appropriate occupational health and safety information, training and support are provided.

#### **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 in place to ensure the safety and security of residents and staff. The home is equipped with fire detection and alarm systems and log books confirm external contractors undertake regular inspections, and maintain all fire detection and fighting equipment. Emergency manuals and evacuation plans are located throughout the building. Fire, emergency and evacuation training for all staff takes place annually as part of a compulsory education program. Emergency exits are clearly marked and free from obstruction. Security mechanisms are in place include an access control system and the automatic locking of external doors after hours. Staff and residents interviewed confirmed an understanding of the appropriate responses to fire, emergency and evacuation procedures, stating that they feel safe in the home.

#### **4.7 Infection control**

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

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

Does comply

Management demonstrates its infection control program is effective in identifying and containing infection. The infection control coordinator oversees the program, participates in regional infection control meetings, conduct audits, completes monthly infection surveillance data and antibiotic usage, participates in annual staff competencies, ensures new staff have orientation regarding infection control measures in the home and supports the staff as necessary. Residents' immunisations are organised by their doctor and staff vaccinations are provided. An outbreak kit is kept in the home supported by clear documentation of gastroenteritis and influenza measures, sharps containers and spill kits are provided and medical waste is disposed of appropriately. Catering staff comply with food safety guidelines and cleaning staff use a coloured coded system of mops to ensure infection prevention. Staff demonstrate compliance with infection control measures.

#### **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 representatives are very satisfied with the catering, cleaning and laundry services provided by the home. The kitchen prepares meals freshly on site and plates residents' meals in the kitchen and delivers in trolleys either to the dining room or to individual rooms. There is menu which has dietitian support, staff have position descriptions and duty lists. There is a six-week rotational seasonal menu and residents have a choice of main meal, salads or sandwiches to cater for individual likes and dislikes. Cleaning is undertaken by internal staff that follows daily, weekly and monthly schedules, adhere to infection control procedures and practices resulting in a very clean and tidy home. Residents' personal laundry and linen is contacted to a regional linen service with personal items labelled at the home.