



Aged Care  
Standards and Accreditation Agency Ltd

## **John H Kerr Centre**

RACS ID 3105  
288 Melbourne Road  
NEWPORT VIC 3015

Approved provider: Southern Cross Care (Vic)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 6 September 2015.

We made our decision on 17 July 2012.

The audit was conducted on 13 June 2012 to 14 June 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

<b>Standard 3: Resident lifestyle</b> <b>Principle:</b> Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

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



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Standards and Accreditation Agency Ltd

# Audit Report

**John H Kerr Centre 3105**

**Approved provider: Southern Cross Care (Vic)**

## Introduction

This is the report of a re-accreditation audit from 13 June 2012 to 14 June 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 13 June 2012 to 14 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

## Assessment team

Team leader:	Jenny Salmond
Team member:	Wendy O'Rielly

## Approved provider details

Approved provider:	Southern Cross Care (Vic)
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## Details of home

Name of home:	John H Kerr Centre
RACS ID:	3105

Total number of allocated places:	37
Number of residents during audit:	35
Number of high care residents during audit:	31
Special needs catered for:	None

Street:	288 Melbourne Road	State:	Victoria
City:	Newport	Postcode:	3015
Phone number:	03 9391 6911	Facsimile:	03 9391 8281
E-mail address:	rwalls@southern-cross.org.au		

## Audit trail

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

### Interviews

	Number		Number
Management / Corporate management and support staff	9	Residents/Representatives	9
Nursing staff/Care staff/ Lifestyle staff/Volunteers	8	Allied health/Pastoral care	2
Administrative staff/Maintenance	2	Catering staff/Domestic staff	4

### Sampled documents

	Number		Number
Residents' files	5	Medication charts	10
Summary/quick reference care plans	5	Diabetic records	6
Weight records	9	Wound management plans	7
Lifestyle assessments/care plans and progress notes	8	Incident reports	6
Resident's administrative files	7	Personnel files	5
External service agreements	13		

### Other documents reviewed

The team also reviewed:

- Additional food roster
- Advanced care planning discussion record
- Annual report (2011)
- As required progress note stickers
- Audits and audit schedule
- Blood sugar care pathway
- Care plan review schedule
- Centralised mandatory reporting documentation
- Certification: essential services and catering premises
- Cleaning schedules
- Clinical assessments
- Clinical charting - sleep, behaviours, continence and pain
- Competency assessments
- Complex care folder
- Comprehensive medical assessments
- Continuous improvement plan
- Daily care charting - bowel monitoring, turn charts, physio charts, hygiene records
- Diabetes medical directives
- Diet specifications and meal record
- Drug of addiction registers
- Duty lists
- Education calendar, matrix, attendance records and evaluations
- Emergency evacuation plans, fire orders and emergency response codes
- Emergency management and disaster response information

- Essential safety measures manual
- Evacuation related resident listings
- Falls risk assessments
- Fire safety and essential service records
- Food brought into the home register
- Food safety plan and related documentation
- Frequent observation charts
- 'Getting Better All The Time' form, related documentation and register
- Incident, accident and occupational health and safety hazard alert/staff injury reporting systems and related reports
- Influenza vaccination register
- Lifestyle program, attendance and evaluation records and related documentation
- Maintenance request system
- Material safety data sheets
- Meal preferences summary and breakfast preferences lists
- Meals, drinks and dietary requirements and preferences
- Meetings schedule and minutes
- Memoranda
- Menu and related documentation
- New provider proforma and service agreement checklist
- Newsletters
- Nursing registration register
- Nutritional supplements list
- Occupational health and safety framework and related documentation
- Oxygen administration and management plan
- Pathology results
- Pest control process
- Physiotherapy, allied health and doctors communication folders and referral system
- Policies and procedures
- Position descriptions
- Records of police checks and applicable statutory declarations
- Recruitment policies and procedures
- Refrigerator and food temperature monitoring records
- Regulatory compliance information updates
- Reportable assaults and non-reportable assaults registers
- Resident handover sheets
- Resident sighting chart
- Residents' information package and handbook
- Restraint authorisation review
- Risk screening assessment
- Security check register
- Self medication assessment authority
- Site plan
- Smoking care plan
- Staff allocation sheet
- Staff handbook
- Staff profile survey
- Staff rosters
- Stoma care management plan
- Strategic plan
- Testing and tagging manual
- Volunteer information handbook
- Weekly oxygen check and cleaning schedule

- Wound management folder and register.

## **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Blood and body fluid spill kits
- Call bell system
- Charter of residents' rights and responsibilities (displayed)
- Chemical storage and dispensing system
- Cleaning trolley, room and colour coded mops and buckets
- Designated smoking area
- Dirty linen storage shed
- Emergency evacuation kit
- Emergency fire plans, unobstructed exits, egress routes and assembly area
- Equipment and supply storage areas
- Fire detection, fire fighting and containment equipment and signage
- First aid kit
- Flammable liquid storage
- Hand hygiene/washing availability
- Handover in progress
- Interactions between staff and residents
- Internal and external living environment
- Keypad door security
- Kitchen and food storage areas
- Laundry
- Lifestyle office and resources
- Macerator
- Meal preparation, meal and refreshment service and assistance to residents
- Medication storage and administration
- Menu on display
- Mobility and lifting equipment
- Noticeboards and information displays
- Nurses/care staff station
- Office areas
- Oxygen storage
- Pamphlets and external complaints scheme brochures
- Personal protective equipment availability
- Pharmacy returns box
- Preventative and reactive maintenance documentation system
- Secure documentation storage
- Services wing
- Specimen refrigerator
- Spills and outbreak kits
- Staff room
- Suggestion box
- Wound care supplies
- Wound photographs.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home actively pursues continuous quality improvement across the Accreditation Standards. Organisational principles and strategic goals form the basis for the home's quality system. A schedule of audits and surveys identifies the level of the home's performance in meeting residents' needs, management systems and the environment. Effective feedback processes from stakeholders, regular analysis of key performance indicators and a schedule of planned meetings enhance the home's insight into improvement opportunities. The documentation of a continuous improvement plan and associated actions enables monitoring of progress. Evaluations of improvements occur through observation, verbal feedback, regular monitoring and data analysis. Staff said they are informed and actively participate in the improvement activities and audits. Residents and representatives confirmed they have opportunity for input and are aware of improvements occurring in the home.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include the following:

- Following the identification of a gap in information, the care coordinator systematically liaised with residents and representatives to ensure advanced care planning forms were complete. Management reports the clear and specific instructions regarding resident choices eliminate confusion as to the level of medical intervention required.
- In response to staff feedback and observation, the management enhanced the staff roster to ensure staff ability to meet the increase in care needs associated with residents ageing in place. The lengthening of two shifts on the morning and afternoon shifts and ensuring an enrolled nurse is rostered in charge on each shift of the day has increased staff morale. Management report the increase in staff morale is a result of the ability of staff to meet the standard of care they strive to achieve. Staff confirm their satisfaction with the increase in staffing resources.
- Management report the implementation of a standard notification form advising representatives of a change of a resident's classification from low to high care has enhanced communication.
- Over the past year nursing and care staff have been actively involved in undertaking the scheduled audits. Management report an evolution of staff understanding of the rigorous process of auditing and notes evaluation and staff education is ongoing.
- The installation of a new pager system worn by staff has resulted in an improved process for alerting staff and reduced call bell response times. Management and staff report satisfaction with the minimisation of risk to residents associated with a delayed response time.

## 1.2 Regulatory compliance

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

### Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Information and updates from peak body memberships, a professional advisory service, government bulletins and newsletters ensure organisational awareness of legislative changes. An established communication process ensures all stakeholders know of regulatory compliance changes. Management demonstrates compliance through monitoring and data analysis of incident reporting, audits, competency testing and observation of staff practice. Staff confirm they receive information regarding compliance and regulatory compliance and any changes to work practice. Residents and representatives are satisfied with the information provided to them by the home.

Examples of responsiveness to regulatory compliance relating to Standard 1: Management systems, staffing and organisational development include the following:

- A register of practicing certificates for all registered and enrolled nurses is maintained and monitored.
- There is a system to ensure all staff, volunteers and external contractors provide police checks and statutory declarations as appropriate.
- Current organisational policies and procedures guide staff practice and reflect professional and regulatory guidelines.
- Staff and residents/representatives confirm their knowledge of the re-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 findings

The home meets this expected outcome

The home demonstrates staff have the knowledge and skills required for effective performance in relation to management systems, staffing and organisational development. As part of a larger organisation, education and training is coordinated through the learning and development manager. Education sessions offered are responsive to staffs’ and residents’ identified needs. Training needs are identified through a variety of sources including performance appraisals, changing resident needs, training needs analyses and staff requests. The home informs staff about education opportunities through an education planner, text messages and via verbal and written reminders. The organisation has a mandatory training program and staff attendance at all education sessions is recorded and monitored. Staff state they have sufficient education and training to perform their roles effectively. Residents and representatives say staff have the skills and knowledge to deliver appropriate care.

Staff training relevant to Standard 1 Management systems, staffing and organisational development include:

- customer service
- leadership development
- risk management
- rostering and recruitment

- teamwork – helping each other.

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

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

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

The home meets this expected outcome

The home has systems to ensure each resident, their representative and other interested parties, have access to internal and external complaints mechanisms. The continuous improvement system includes mechanisms for recording and acting on comments and complaints. Information about comments and complaints is included in resident and staff handbooks and external complaints information is readily available. Stakeholders can use the home's feedback form or can raise their concerns with management and staff verbally. The home's manager addresses all complaints, involving relevant personnel, in a timely manner. Staff demonstrate a commitment to facilitating an early resolution of resident concerns and understand the processes for addressing comments and complaints. Residents and representatives indicate their confidence in raising concerns and their satisfaction with the responsiveness of staff and 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 findings**

The home meets this expected outcome

The organisation's strategic plan documents the residential care service's purpose and guiding principles. These include accountability, Christian ethos, client focused approach, communication, inclusiveness, partnership and collaboration, quality, recognition and achievement, safety and sustainability. The resident and staff handbooks, the continuous improvement system and the organisation's policies and procedures reflect the strategic plan. Staff induction included the home's vision and staff indicate their commitment to providing quality care for residents and their families. Residents and representatives confirm their satisfaction with the quality of care and services provided.

#### **1.6 Human resource management**

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

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

The home meets this expected outcome

Management demonstrates there are processes for appointing appropriately skilled and qualified staff to deliver quality resident care and services. Recruitment is coordinated through the organisation's human resources department and processes include competency based interview questions, reference checks, police checks, professional qualifications and registration checks and orientation. Position descriptions, duty lists, handbooks, policies and procedures are available to support staff in their roles. The site manager monitors staff skills and professional development through audits, annual performance appraisals and

competency testing. There are processes to manage planned and unplanned staff leave. Staff confirm they have sufficient time to perform their roles and residents and their representatives are satisfied with the care residents receive.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has systems to ensure adequate stocks of appropriate goods and equipment for quality service delivery are available. Hospitality, clinical and other health and general supplies are regularly ordered by nominated staff through preferred suppliers. Stock is rotated where required and goods stored in clean, tidy and secure storage areas. Equipment is trialed prior to purchase to ensure equipment is appropriate and staff training is provided in the use of new equipment. The home has effective corrective and preventative maintenance procedures to ensure equipment is safe and in working order. Staff, residents and representative expressed satisfaction with the quality, quantity and availability of stock and equipment and the responsiveness of management to their requests.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The home has systems and processes to assist with the collection, analysis and dissemination of information related to resident care, business and operational issues. Staff state they have access to and make use of accurate and appropriate information to enable them to perform their roles in the delivery of resident care and services. The home has guidelines ensuring all staff practice meets legislative and reporting requirements. Confidential information is stored securely and processes are in place to safeguard computer based information. Residents and representatives report they have access to information appropriate to their needs to enable them to make decisions about residents' care and lifestyle.

### **1.9 External services**

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

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

The home meets this expected outcome

The home has systems to ensure all externally sourced services meet the residential care service's needs and service quality goals. The organisation ensures the home has contracts with external providers who provide a wide range of services including chemical supply, medication management, fire and emergency equipment maintenance, hairdressing, continence supply and physiotherapy. Regularly reviewed, signed service agreements include reference to meeting regulatory, legislative and performance standards. The home has an induction process for external service providers and monitors their performance through observation and feedback processes. Management works closely with the

organisation to evaluate service delivery and central office processes are in place for the resolution of disputes. Staff, residents and representatives indicate their satisfaction with the quality of the home's external services.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home actively pursues continuous improvement for all aspects of residents' health and personal care. Residents and representatives are satisfied with the quality of care provided by staff at the home. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- The introduction of a sensory assessment has improved the resident assessment process. Management report care staff are more aware of residents' sensory deficits when planning care.
- Following a request from the home, each doctor prescribed 'as required' medications for each resident. Management reports as a result of the formal documentation of 'as required' medication orders there is no further need for nurse initiated medications.
- The appointment and training of a continence coordinator within the home has resulted in improved staff skills and knowledge and improved care planning for residents. Evaluation is ongoing.
- The introduction of a resident weight loss/gain data spreadsheet permits staff to track each resident's weight over a twelve month period. Staff report satisfaction with the effectiveness of this documentation tool and their ability to recognise variations from the norm promptly.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The organisation's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for details of the home's regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include the following:

- Appropriately qualified and trained staff plan, supervise and undertake specialised nursing care.
- The home demonstrates its compliance with policy and legislative requirements in relation to medication storage and management.
- The home maintains a consolidated mandatory reporting file.

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

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

#### **Team’s findings**

The home meets this expected outcome

Management ensures there are systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. Staff attend both in-house and external training in clinical topics. Refer to expected outcome 1.3 Education and staff development for further details on the home’s education system and processes. Residents and representatives confirm staff training at the home forms the basis of appropriate care.

Staff training relevant to Standard 2 Health and personal care include:

- catheter management
- continence
- feeding techniques
- medication administration
- palliative care
- parkinson’s disease: a person centred approach.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

A registered nurse oversees all clinical care at the home. Following a settling in period, extensive clinical assessments are undertaken and care plans developed which include input from allied health professionals, residents and representatives. Care plans guide staff in the delivery of individual resident care. Appropriate staff review care plans every second month or more frequently if required. The clinical care coordinator oversees all direct care and is available to guide staff practice with specific care needs. A registered nurse is on call after hours and on weekends. Staff confirm knowledge of individual care management strategies and interventions. Residents and representatives say they are satisfied with the level of consultation and the care given at the home.

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

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems in place to ensure appropriately qualified staff monitor specialised nursing care delivery. Complex care plans are developed and reviewed by a registered nurse on a two monthly basis and updated when changes arise. The home currently cares for residents with complex care needs such as dysphagia, diabetes, oxygen management, catheter and colostomy care. A registered nurse is available to advise staff on all specialised care needs across each shift throughout the day. Referral to appropriate external health specialists and professionals occurs as required. Education and competency assessments support the provision of specialised nursing care. Staff have access to appropriate

equipment and supplies. Residents and representatives confirm they are confident staff have the skills to provide appropriate specialised care.

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

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

### **Team’s findings**

The home meets this expected outcome

The home has access to a range of health specialists and refers residents according to their needs. Physiotherapists visit the home regularly to assess individual residents and provide individual and group exercise programs. Other services used include podiatry, dietetics, optometry, dental services, audiology, wound care and speech pathology. Nursing staff arrange specialist referrals and document changes on residents’ care plans. Residents and representatives confirmed residents have choice in their health specialists, are assisted to attend appointments and referrals are made as required.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Staff at the home manage residents’ medication safely and correctly. The care coordinator oversees medication administration and enrolled nurses and care staff give out medication and complete a competency assessment each year. Medication is stored securely and the home has procedures for ordering and returning medication no longer required. Residents’ medication charts have a photograph for identification, document any known allergies and identify how staff are to give medication when the resident has difficulty swallowing. Doctors’ orders include dates for ceasing medication and there are systems for reviewing and auditing residents’ medications. A well represented medication advisory committee reviews all medication incidents. Residents and representatives stated they are satisfied with the management of resident’s medication.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems in place to identify, implement and evaluate pain management strategies to ensure each resident remains as free from pain as possible. Staff assess residents with identified pain and implement a detailed care plan with appropriate interventions such as the use of pain charting, pain relief, pressure relieving equipment and exercise. Residents with ongoing pain and increasing use of ‘as required’ pain relief medications are referred to their general practitioner for review. Staff describe their role in pain management including the identification and reporting of pain. Residents and representative’s state staff are available to give pain relief whenever required and residents are generally free from pain.



## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to provide comfort and dignity to terminally ill residents. On entry to the home, residents and representatives document end of life choices and preferred care requirements. If the need arises, a palliative specialist, representatives and the medical practitioner consult regarding palliative management procedures. Staff described a range of interventions employed when caring for terminally ill residents such as pressure care, additional mouth care, adequate pain relief, skin and eye care to ensure comfort and dignity is maintained at all times. Staff state management provide education and support to care for terminally ill residents.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive adequate nourishment and hydration. During initial assessment residents’ nutrition and hydration needs, food preferences, the presence of food allergies, intolerances, any swallowing difficulties and weight management assessments inform the care plan. Referrals are made to the dietician and speech pathologist where indicated. Catering staff receive specific documentation regarding relevant dietary requirements. Texture modified meals, thickened fluids and adaptive cutlery and crockery are available where required at all meal and snack times. Staff weigh each resident monthly and refer unplanned weight loss or weight gain appropriately. A range of nutritional supplements are available and administered as necessary. Residents and representatives confirm choice at mealtimes and satisfaction with the quality, quantity and variety of meals provided by the home.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Staff assess residents’ initial skin care needs and preferences on entry to the home. Care plans are individualised to include preferred soaps, emollients, barrier creams and protective bandages. Staff initiate repositioning, pressure relieving devices, dietary supplements and individual toileting times for ‘at risk’ residents and monitor each resident’s skin condition for bruises, skin tears and excoriations. The enrolled nurses manage any necessary first aid or wound care and make appropriate referrals to the wound consultant or specialist as necessary. The home monitors wounds through the incident reporting system. Nutritional supplements, regular podiatry attendance and hairdressing services assist staff with good skin care practices. Education on skin care and wound management is provided for staff and residents confirm satisfaction with the skin care they receive.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has appropriate systems to identify, assess, manage and monitor residents’ toileting requirements. Initial bladder and bowel assessments inform continence management plans and toileting programs. Behavioural changes, increased confusion and physiological changes prompt investigation for infection. Fresh fruit, adequate fluids, exercise and good dietary practices promote regular bowel patterns. Staff monitor, report and treat urinary tract infections appropriately and ensure residents have the correct continence aids and assistance to maintain comfort and dignity. Residents stated staff are very helpful and dignified in their approach to continence issues.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home has strategies and processes to effectively assess, manage and review residents with challenging behaviours. Assessments and discussion on entry to the home identify behaviours and triggers and care plans are subsequently developed. Staff review intervention strategies and resident behaviours in consultation with the medical practitioner to ensure they are effective and make referrals to external services where appropriate. Staff education in behaviour management assists in the care of residents with identified behaviours. Residents were satisfied with the home’s approach in managing behaviours.

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

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

### **Team’s findings**

The home meets this expected outcome

The home ensures all residents achieve optimum levels of mobility and dexterity. Staff assess residents’ mobility and dexterity levels on entry to the home and review these regularly. A physiotherapist visits the home each week and has developed individual exercise programs, provides group exercises and reviews each resident following a fall. Care plans identify mobility aids and equipment required to transfer residents. Staff receive education in manual handling and residents have access to range of aids to maintain their independence. Staff complete incident forms following falls and documentation reviewed showed residents receive appropriate follow up and review by a doctor and the physiotherapist. Staff were observed assisting residents to walk around the home. Residents and representatives were satisfied with the assistance given to residents to maintain their mobility, dexterity and independence.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Staff assist residents to maintain oral and dental health. Residents have an assessment of their oral and dental needs on entry to the home and staff refer them to the dentist or dental technician of their choice if required. Care plans identify teeth and denture care and individual preferences and assistance required. Staff encourage residents to participate in their daily dental care. Residents and representatives state they are satisfied with the oral and dental care provided to residents.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Staff assess residents’ sensory losses and manage them effectively. The assessment process includes all five senses and staff document care strategies in the care plan. Residents have access to visiting specialists for optical and hearing assessment and staff assist with arranging external consultations where necessary. Guidelines on the care and management of hearing equipment are in place to direct care staff. The registered nurse reviews and evaluates care using information from care staff, the progress notes and from resident feedback. Residents are satisfied the home has appropriate measures in place to manage sensory loss.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ sleeping routines are assessed on entering the home; habits, needs and preferences are identified on care plans to assist them to achieve natural sleep. Staff explained how during the initial assessment period they gathered information on residents’ sleeping patterns. This includes any difficulties they may be experiencing in relation to sleep and what the resident would consider normal sleep patterns. Care plans reviewed contained complementary alternatives to sedation. Residents confirmed no disturbances overnight and they maintained their normal sleep regimes.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home actively pursues continuous improvement activities in relation to residents’ lifestyle. Representatives and residents are satisfied with the communication processes and feedback they receive from staff. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Resident lifestyle include the following:

- A review of the documentation of the monthly lifestyle program highlighted format deficits limiting its use as a communication tool. The documentation of the program on one side of the page improves communication, the times of activities ensure availability of staff and each resident’s room contains a copy. Lifestyle staff report improved communication with residents and families. Activities now occur as planned and staff actively follow up activities with residents. Evaluation is ongoing.
- Filing of lifestyle related assessments, care plans and progress notes in each resident’s clinical file ensures clinical staff have access to the information. Staff report this enhancement ensures all staff develop a more holistic view of each resident.
- The introduction of larger numbered balls and playing cards has enhanced the involvement and enjoyment of hearing and sight impaired residents in bingo. Lifestyle staff reports an increase in resident attendance and enjoyment in this popular activity.
- To more effectively meet individual resident’s needs and capabilities, the physiotherapist has been involved in the exercise group run as part of the lifestyle program. Lifestyle staff report increased resident attendance at the regular exercise group. Evaluation is ongoing.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The 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. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Residents and representative receive a comprehensive residents’ handbook and sign a residential service agreement specifying residents’ rights and responsibilities, fees and charges, care and services, complaints mechanisms and security of tenure.

- Resident related information is stored according to privacy legislation.
- The Charter of residents' rights and responsibilities is on display.
- The home has processes to manage compulsory reporting requirements ensures mandatory reporting is centrally registered.

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

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to resident lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. Staff state they are encouraged to participate in the education program.

Staff training relevant to Standard 3 Resident lifestyle include:

- culture change
- dementia care
- person centred care.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Each resident and their family receive support in adjusting to life in the home and on an ongoing basis. All prospective residents have a tour of the home; interviews and a comprehensive handbook enhance their understanding of life within the home. In collaboration with the resident and their representative staff assess the emotional needs of each resident. This forms the basis of the care plan which is regularly evaluated and updated. Residents are encouraged to personalise their room and supported by staff to maintain and build friendships of their choosing both within and outside the home. The home has access to specialized counseling services to assist residents as necessary. We observed staff interacting with residents in a caring and friendly manner during the re-accreditation audit. Staff demonstrate awareness of residents' emotional needs and preferences and describe how they provide support to residents and their families. Residents and representative spoke highly of the support provided by management and staff.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home provides support and assistance to residents to achieve maximum independence, maintain friendships and links to communities and events within and outside the home. To optimize physical and social independence a care plan is developed and regularly evaluated

in consultation with the resident and representatives. Strategies to maximise resident independence include assisting residents in attending outings, voting and the use of mobility and sensory aids. Residents unable to represent themselves have authorised representatives to act on their behalf. The lifestyle program offers a variety of programs and activities promoting independence and socialisation. Residents and their representatives confirm their satisfaction with the respect shown by staff for residents' choices and the support they receive to maximise their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home ensures each resident's right to privacy, dignity and confidentiality is recognised and respected. On entry to the home residents receive information on privacy matters and give permission for the use of their photograph. Staff are informed and educated about respectful practices and how to manage resident feedback and clinical issues confidentially. Residents are encouraged to personalise their own space and internal and external areas are available for the use of residents wishing quiet time with visitors. We observed staff ensuring privacy when undertaking personal care, knocking on doors prior to entering resident rooms and addressing residents with courtesy and by their preferred name. Resident information is stored securely and handover conducted in a confidential manner. Residents and representatives express satisfaction with the level of respect staff demonstrate for residents' privacy, dignity and confidentiality.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

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

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities, special days and cultural events which are of interest to them. In consultation with residents and representatives the assessment process identifies individual resident's interests, cultural, spiritual and lifestyle needs. A care plan developed and regularly reviewed. The lifestyle program offers activities which take into consideration residents' social, emotional, physical, cognitive, sensory and cultural needs. The lifestyle program is flexible, well advertised and includes group and individual activities and remains responsive to residents' changing needs. The lifestyle program includes special celebrations, shopping and bus outings and visiting entertainers. During the visit we observed residents enjoying a variety of organised activities. Residents confirmed their enjoyment of the lifestyle program which offers varied activities of interest.

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

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

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

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. In consultation with residents and representatives staff develop a care plan to meet residents' cultural and spiritual needs, which is regularly reviewed. Catholic services occur regularly at the home, residents who choose to participate in spiritual practices receive individual support and residents regularly watch a television program of spiritual music. Cultural events of significance and birthdays are celebrated and planned throughout the year. Support of an interpreter service is available should the need arise. Residents confirm their satisfaction with the support provided to meet their cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home ensures residents' and/or representatives' choice and decision making forms the basis for lifestyle and care plan development. Residents and representatives receive a comprehensive handbook providing information on the operations of the home to inform and assist in their decision-making. On entry to the home, staff document preferences in relation to all aspects of daily living and lifestyle in consultation with residents and representatives. Regular care plan evaluation ensures capture of changes to resident preferences. The Charter of residents' rights and responsibilities is displayed and residents are encouraged to provide feedback in person, through the home's feedback form and via attendance at the resident and family meetings. Staff assist and support residents to maintain their preferred lifestyle and respect their daily choices. Residents and representatives said they are satisfied with the home's encouragement of and respect for their choices and decision making.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

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

The home meets this expected outcome

The home ensures residents have secure tenure and understand their rights and responsibilities. Prior to entry residents and representatives receive a comprehensive handbook detailing information relating to residents' rights and responsibilities, security of tenure, complaints mechanisms, privacy and confidentiality. Following careful explanation residents and/or their representative sign a residency agreement detailing situations which may terminate the agreement, residents' rights and responsibilities and which documents care and services provided. Management confirmed residents move to another room only following appropriate consultation. Staff demonstrated an understanding of the Charter of residents' rights and responsibilities. Residents and representatives confirm their understanding of residents' rights and responsibilities and the prompt communication of changes to care and services.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the living environment, laundry, domestic and catering services. Refer to expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 physical environment and safe systems include the following:

- A new vinyl floor replaced the old in the macerator room following identification of safety and infection control issues. Management and staff report satisfaction with the quality of the new floor surface.
- The landscaping of the remainder of the front garden area followed the success of the upgrade of the front garden outside the dining room. Residents, staff and visitors were surprised at the transformation. Management report the de-cluttering of the pathways has made residents more attracted to walking in the area.
- To enhance the use of the multipurpose education room, a concertina door now divides the room in two. As a result lifestyle staff use one side as an office and the other as a reflection room/chapel. Management reports residents, staff and families enjoy the use of the reflection room and plans are in process to further enhance this environment.
- To minimise risk to staff and the environment, the chemical supply contract was re-tendered. As a result chemicals used in the home are non-toxic. Staff and management report satisfaction with the new dispensing system, the safety of the chemicals now in use and the improved education on their use.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 4 physical environment and safe systems include the following:

- Fire monitoring and fighting equipment is regularly monitored and maintained.
- Organisational management demonstrate comprehensive systems are in place to actively promote occupational health and safety.
- The home has a food safety plan and external third party audits demonstrate current compliance.



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

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. Staff confirm they attend regular education relating to the physical environment and safe systems. Examples of education attended by staff relevant to Standard 4 include.

Staff training relevant to Standard 4 Physical environment and safe systems include:

- chemical training
- evacuation drills
- first aid
- food safety refresher courses
- infection control.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management provides a safe and comfortable home environment consistent with residents' care needs. Residents reside in single rooms with shared ensuite bathrooms and personalise their rooms with memorabilia and furniture. The home maintains a restful atmosphere and comfortable temperature and residents' call bells are in reach. Dining and lounge areas are utilised for celebrations and activities and quiet areas are available to enjoy private time or visits with family and friends. The home maintains external paths and garden areas well and staff secure the home after hours. An effective preventative and corrective maintenance program including testing and tagging of electrical appliances and pest control ensures environmental safety. Management monitors and reviews the living environment through feedback from stakeholders, observation, regular environmental audits and monthly analysis of incidents. Staff demonstrate their understanding of their role in ensuring environmental safety and comfort for residents and all stakeholders. Residents, representatives and staff confirm their satisfaction with the comfort and safety of the home and their pleasure in the garden.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The home has trained and active occupational health and safety representatives and policies and procedures guide safe work practices minimising risk. All

staff receive training in occupational health and safety issues and confer with safety representatives where required. There are appropriate supplies of personal protective equipment and the occupational health and safety program includes effective preventative and reactive maintenance schedules and an electrical testing and tagging program. Chemicals are stored securely, staff trained in their use and safe handling and material safety data sheets are current and available at point of use. Regular staff and occupational health and safety meetings occur and issues identified through audits, incident and hazards reports and risk assessments resolved. Staff stated they attend training in manual handling and infection control and demonstrate an understanding of safe work practices and occupational health and safety issues.

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

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

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

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire detection and fire fighting equipment, exit paths are free of obstruction and identified by exit signs, evacuation maps and emergency procedure guidelines are in place. Contracted specialists test all fire alarm systems and fire fighting equipment on a scheduled basis and compliance records are current. An evacuation pack and a current residents' list includes residents' mobility status and emergency contact details of next-of-kin. Contractors and visitors are required to sign in and out at the main entrance. The building is secure through keypad access and in the evening by use of a doorbell system. Staff confirm they attend annual compulsory training in fire and emergency procedures and the use of fire and safety equipment. Residents express confidence in the security of the home and in staff skills and knowledge in the event of an emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control system in place. Policies and procedures are available to guide staff practices in the event of an outbreak. The clinical care coordinator and site manager monitor infections in the home. An effective waste management system is in place including the use of sharps containers and personal protective equipment. Vaccinations are available for residents. The organisation has a food safety plan and maintains food and equipment temperature checks. Laundry and cleaning procedures occur according to the home's procedures. Infection education occurs at orientation, through annual mandatory training and in response to the needs of the home. Staff confirmed the availability of personal protective equipment and said they attend infection control training on an annual basis.

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

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

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

The home meets this expected outcome

The provision of hospitality services at the home enhances residents' quality of life and the staff's working environment. Recording residents' dietary requirements and preferences occurs on entry to the home and is updated as changes occur. Resident information in the kitchen includes identification of individual likes and dislikes, food allergies and sensitivities and special needs to inform catering staff. Residents, the dietician and catering staff participate with the development and review of the seasonal menu. Meals are freshly prepared in the onsite kitchen and served to residents in the dining room or their own rooms if they prefer. Alternative choices are available for residents as well as the menu options. The kitchen follows an approved food safety program and has current third party certification as per legislative requirements. Domestic staff follow duty lists and schedules to ensure residents' rooms and common areas are regularly cleaned and maintained. The home launders personal clothing on site with flat linen outsourced to an external contractor. A labelling service and staff knowledge of residents minimises the loss of personal items. Staff complete regular infection control and chemical handling training and the home monitors service satisfaction through feedback from residents and representatives, regular audits and observation. Residents and representatives stated they are very satisfied with hospitality services provided by the home.