



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Milpara Aged Care Facility**

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

The Agency has decided that the period of accreditation of Milpara Aged Care Facility is three years until 29 March 2014.

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.

This home is a 2012 Better Practice Award winner. [Click here](#) to find out more about their award.

## Home and approved provider details

### Details of the home

Home's name:	Milpara Aged Care Facility				
RACS ID:	6930				
Number of beds:	90	Number of high care residents:	80		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• People with dementia or related disorders</li> </ul>				
Street:	147 St Bernard's Road				
City:	ROSTREVOR	State:	SA	Postcode:	5073
Phone:	08 8366 8000		Facsimile:	08 8366 8099	
Email address:	jboylan@ach.org.au				

### Approved provider

Approved provider:	Aged Care & Housing Group Inc
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### Assessment team

Team leader:	Judy Aiello
Team members:	Sandra Lloyd-Davies
Dates of audit:	4 January 2011 to 6 January 2011

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

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

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

**Standard 2: Health and personal care**

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

**Accreditation decision**

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

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

<b>Agency findings</b>
Does comply
Does comply
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Does comply
Does comply
Does comply
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	Milpara Aged Care Facility
RACS ID	6930

## **Executive summary**

This is the report of a site audit of Milpara Aged Care Facility 6930 147 St Bernard's Road ROSTREVOR SA from 4 January 2011 to 6 January 2011 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 Milpara Aged Care Facility.

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 4 January 2011 to 6 January 2011

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:	Judy Aiello
Team member:	Sandra Lloyd-Davies

## Approved provider details

Approved provider:	Aged Care & Housing Group Inc
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## Details of home

Name of home:	Milpara Aged Care Facility
RACS ID:	6930

Total number of allocated places:	90
Number of residents during site audit:	90
Number of high care residents during site audit:	80
Special needs catered for:	People with dementia or related disorders

Street:	147 St Bernard's Road	State:	SA
City:	ROSTREVOR	Postcode:	5073
Phone number:	08 8366 8000	Facsimile:	08 8366 8099
E-mail address:	jboylan@ach.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Milpara Aged Care Facility.

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

#### Interviews

	Number		Number
Site manager	1	Operational projects and Quality systems manager	1
Assistant site manager	1	Residents/representatives	16
Clinical case coordinators	2	Volunteer social worker	1
Clinical nurse consultant	1	Laundry staff	1
Registered nurses	1	Cleaning staff	1
Enrolled nurses	4	Maintenance staff	1
Care staff	2	Services coordinator	1
Physiotherapist	1	Hairdresser	1
Infection control nurse	1	Artist in residence	1
Catering staff	2		

#### Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Care plans	10	Personnel files	6
Lifestyle wellbeing plans	10	Wound care charts	8

#### Other documents reviewed

The team also reviewed:

- Allied health communication file
- Audit results
- Audit schedule
- Board governance manual
- Bowel charts
- Case conference and evaluation records

- Cleaning schedules
- Clinical assessment tools and protocols
- Comments and complaints log
- Continuous improvement log
- Continuous improvement plan
- Contractors' register and induction checklist
- Correspondence re; voting
- Credentiailling records
- Dental care plans
- Dietary requirements folder
- Dietitian's menu review
- Doctor's folder
- Emergency management protocols
- Emergency procedure manual
- Falls risk management plans
- Food safety plan and audit records
- General practitioners communication file
- Hazard, staff and resident incident data
- Infection control resource folder
- Job descriptions
- Language register and community profile
- Menu
- Menu review report 5 Jan 2011
- Minutes of various meetings
- Nutrition and hydration risk assessment tool
- Observation charts
- Policies and procedures
- Project evaluation records
- Public health standards of practice for hairdressing
- Recruitment policies and procedures
- Regulatory compliance register and guidelines
- Resident case conference
- Resident evacuation list
- Resident handbook
- Residential service agreement
- Residents' information handbook
- Residents' information package
- Restraint assessment and authority documents
- Roster
- S4and S8 drug licences
- Staff education records
- Staff handbook
- Staff performance competencies
- Temperature monitoring records
- Various audits and surveys
- Various meeting minutes
- Various policies and procedures
- Various staff and resident surveys

## **Observations**

The team observed the following:

- Activities in progress
- Call bell system



- Cleaning in progress with colour coded equipment
- Equipment and supply storage areas
- Fire suppression equipment and evacuation maps
- Gastroenteritis and influenza outbreak kit
- Hairdressing services
- Interactions between staff and residents
- Kitchens and pantries
- Laundry
- Living environment
- Locked suggestions box
- Meal service
- Medication round
- Noticeboards
- Nurses' station
- On-site café
- On-site gymnasium
- Pendant alarms in use
- Personal protective equipment
- Residents' art work displayed
- Secure area
- Secure chemical storage
- Spills kit
- Storage of medications

## Assessment information

This section covers information about 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 recommendation

Does comply

There is an organisational framework and processes to support continuous improvement guided by an overarching strategic plan and divisional objectives. Opportunities for improvement are identified from management initiatives, outcomes of the home’s monitoring processes such as audits, comments and complaints, surveys, incident reports and feedback and requests from staff, residents and other stakeholders. Improvements are logged and progress on actions and evaluation outcomes are monitored through the Heads of Department meeting. Key staff are allocated responsibility for managing improvements related to specific Standards. A continuous improvement plan records improvement details, initiation dates and close out. Both staff and residents are informed of continuous improvement processes and confirm that management are responsive to their feedback and requests. Improvements initiated by the home relevant to management systems, staffing and organisational development include:

- To improve staff attendance and participation in meetings and ensure their understanding and knowledge of care and safety issues the home implemented regular but ad hoc care and safety ‘huddles’ conducted by the clinical nurse consultant. Topics were selected depending on required updates on process changes, deficits noted in staff practice or items related to current care or safety issues. A record of the topic discussed and staff attendance is maintained. A staff survey was conducted to evaluate staff feedback which indicates staff appreciate the discussions which have improved their knowledge and benefitted residents.
- The home employs a large proportion of overseas staff and to ensure their language and comprehension skills were appropriate for their roles and responsibilities the organisation engaged an external service to conduct a twenty-week English pathway course between October 2009 and April 2010. Staff survey results report that overseas staff found the course very helpful in improving their language comprehension and well as a better understanding of the unique Australian vocabulary.

#### 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

There are processes for identifying relevant legislation, regulations and guidelines relevant to management systems, staffing and organisational development. Site management is advised of legislative changes from corporate office in addition to notification through peak body membership. A log of legislative changes is maintained together with guidelines for managing the key aspects of relevant legislation. A flow chart indicates actions and responsibilities for legislative change including communication to staff and residents and required changes to policies and procedures. Internal and external audits assist the home to monitor regulatory compliance. The home demonstrated effective processes for informing residents and representatives about the accreditation audit. There are monitored processes for ensuring police clearance certificates and required statutory declarations and staff and contractor registrations are current.

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

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

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

Does comply

The home has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. Training needs are identified through an annual training needs analysis, internal audits, surveys, staff competency workbooks and staff and resident feedback. A training calendar is developed and staff are informed of planned education through memoranda and flyers. Education is delivered internally and externally. The home records staff attendance at training sessions and has processes for following up attendance at mandatory training. Staff training relevant to management systems, staffing and organisational development includes customer service and accreditation processes. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

### **1.4 Comments and complaints**

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

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

Does comply

Residents and representatives are generally satisfied that concerns they raise are managed effectively and resolved. The home has processes to inform residents and representatives of internal and external complaints mechanisms including information in the residents' handbook and agreement, residents' meetings, food focus groups and verbal feedback. The home provides 'Please let us know' forms and suggestion boxes for residents and representatives to raise concerns confidentially. Written and verbal feedback received from residents and representatives are forwarded to management for actioning. The Site Manager has an 'open door' policy for staff, residents and representatives.

## 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 organisational vision, mission, values and commitment to quality services are documented and visible throughout the home. The home's vision, mission and values statement is acknowledged in the residents' and staff handbooks. A Board of management develop strategic goals for the Aged Care and Housing Group Inc. The organisation has a current strategic plan 2009-2014. Staff are aware of the home's vision, mission, values and healthy ageing framework.

## 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

Recruitment and induction processes are planned and implemented according to resident care needs, organisational policies and legislative requirements. Corporate recruitment processes include monitoring of police clearance certificates. Vacant shifts are filled from a pool of casual staff and the home uses agency staff as required. Staff are guided in their roles by job descriptions, a code of conduct, various policy and procedure manuals and staff handbook. Commencing employees complete an orientation program, including information on occupational health and safety. Staff performance appraisals are conducted annually following a six month probationary period. The home regularly reviews and evaluates care outcomes to ensure resident care needs are met. Staff report they have sufficient time to complete their tasks. Residents and representatives are satisfied with the responsiveness of staff and the care provided to them.

## 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 a system for identifying and monitoring the goods and equipment required for providing a quality service for residents and staff. New equipment is trialled prior to purchase. Feedback is sought from staff and residents through internal auditing processes. The purchasing and monitoring of goods is managed by designated staff from various areas within the home. A program of preventive and corrective maintenance, including electrical testing and tagging, is used for maintaining the safety of equipment. External contractors are selected from a preferred service provider list. Staff and residents are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

The home uses an electronic information management system to record resident care and lifestyle information. Communication mechanisms include resident and staff meetings, policies and procedures, intranet, handover documentation, communication books, incident and hazard reports and memoranda. Resident files are stored in locked nurses' stations with access to confidential information restricted to authorised personnel. The home provides secure storage for archived information. Staff and management have access to sufficient and relevant information to perform their roles and to meet resident care needs. Residents are satisfied with the information provided to them on entry to the home and on an ongoing basis.

## 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's agreements for external contractors are managed corporately. Services are selected from an approved supplier list. The home's corporate office maintains records of required registrations and police clearances for relevant services. Staff and resident formal and informal feedback processes, including audits, surveys and verbal communication contribute to the evaluation of service provision. Service suppliers are changed if considered unsatisfactory.

## **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

There is an organisational framework and processes to support continuous improvement guided by an overarching strategic plan and divisional objectives. Opportunities for improvement are identified from management initiatives, outcomes of the home’s monitoring processes such as audits, comment and complaints, surveys, incident reports and feedback and requests from staff, residents and other stakeholders. Improvements are logged and progress on actions and evaluation outcomes are monitored through the Heads of Department meeting. Key staff are allocated responsibility for managing improvements related to specific Standards. A continuous improvement plan records improvement details, initiation dates and close out. Both staff and residents are informed of continuous improvement processes and confirm that management are responsive to their feedback and requests.

Improvements initiated by the home in health and personal care include:

- The home has introduced new corporate palliative care guidelines to improve the management of palliative care processes. The guidelines include a palliative care flow chart and end of life pathway with specific staff instructions and relevant forms and documentation for each phase of resident management and care. The guidelines are contained in a composite palliative care file which also includes relevant information brochures for residents and their families. Staff training in these new processes has been provided and the guidelines used in the last few months for five residents requiring end of life care enabling the effectiveness of these new processes to be evaluated with representative and staff feedback reported as very positive.
- To improve the management of resident nutrition and hydration the home has initiated a project with a particular focus on resident hydration. In consultation with a dietitian the home has developed new nutrition and hydration guidelines. These include flow charts for nutrition and hydration management, assessment tools, and guidelines for action and referral. Nutrition assessment includes BMI calculation with regular dietitian reviews and monitoring for at-risk residents. Hydration assessment includes a three day fluid intake chart for residents on entry and a list of high fluid content foods to assist staff to ensure optimum fluid intake for residents. Staff education was conducted in November 2010 and all existing residents re-assessed using BMI guidelines. Outcomes for residents have already been evident with improved weight management demonstrated. The new processes will progressively be implemented for all new residents.

### **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

There are processes for identifying relevant legislation, regulations and guidelines relevant to health and personal care. A log of legislative changes is maintained together with guidelines for managing the key aspects of relevant legislation. A flow chart indicates actions and responsibilities for legislative change including communication to staff and residents and required changes to policies and procedures. Internal and external audits assist the home to monitor regulatory compliance. Staff are informed of relevant legislative changes through meetings, memoranda and training and knowledge of required procedures is assessed. The home has required S4 and S8 drug licences and processes and documentation to support the management of residents at risk of wandering. Resident care is provided according to the Quality of Care Principles and staff have access to best practice manuals and clinical guidelines.

### **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

The home has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively. Training needs are identified through an annual training needs analysis, internal audits, surveys, staff competency workbooks and staff and resident feedback. A training calendar is developed and staff are informed of planned education through memoranda and flyers. Education is delivered internally and externally and at ‘huddle’ meetings. The home records staff attendance at training sessions and has processes for following up attendance at mandatory training. Staff training relevant to health and personal care includes oral health, safe eating/sound nutrition, wound care, palliative care, pain management and cardio-pulmonary resuscitation. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents are satisfied the care they receive meets their needs. Initial care planning and subsequent regular review and evaluation processes include consultation with residents, their families and relevant staff. Clinical assessment processes identify at risk residents and referrals to relevant allied health staff are arranged. There is regular attendance and consultation with general practitioners. Care plans are accessible to staff and residents changing care needs are communicated through handover records, care alert forms and exception reporting notes. Regular clinical meetings, incident reporting, audits and surveys monitor staff practice in addition to supervision and observation by senior clinical staff.

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

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

#### **Team’s recommendation**

Does comply

Residents confirm that their specialised care needs are met. Assessment and care review processes conducted by qualified staff, identify residents' specialised care needs. Care plans include specific guidelines for the management of specialised care such as catheter care, or angina management. Guidelines are also provided to residents able to participate in their care. Additional treatment orders and records, and wound care plans are accessible to relevant staff who have received relevant training and credentialing in specialised care practices. Duty guidelines inform staff of their reporting responsibilities, and clinical procedures guide practice. Specialised nursing care is monitored through incident reporting, audits and resident satisfaction surveys, together with observation and supervision of staff practice by registered nurses.

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

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

### **Team's recommendation**

Does comply

Residents confirm they are aware of health services accessible to them and that they are referred to appropriate specialists as needed. Entry assessments and regular care reviews identify referral and screening requirements. On-site allied health services are provided by the home such as physiotherapy, occupational therapy, podiatry and a dietitian, who regularly monitor residents' care and provides staff support and training. Visiting screening services for sight, hearing and dental care are arranged or residents are supported to attend external services of their choice. A referral/outpatient form records outcomes of external visits and allied health progress notes record resident assessment, reviews and treatment requirements. Resident surveys monitor satisfaction with services.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's recommendation**

Does comply

Residents advise that their medications are managed safely and correctly. Medications are administered from pre-packed dose aids by registered and enrolled nurses and credentialed carers, according to assessed needs. Medication management guidelines are accessible to staff and there are processes for assessing and authorising self administration for relevant residents. Medication charts record administration guidelines, resident identification and known allergies. While medication orders are regularly reviewed and pharmacy drug profiles conducted, orders for 'as required' medications do not consistently record indications for administration. Medication management processes are regularly audited, incidents monitored and staff practices observed. A medication advisory committee advises on medication management practices and contributes to staff education.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply



Residents report satisfaction with how their pain is managed. Residents' pain management needs are assessed and pain experiences monitored to assist the development of pain management plans, which include a range of therapies in addition to medication. The physiotherapist contributes to assessment and planning and provides regular treatments and exercises to relieve resident pain and maintain comfort. Resident responses to treatments and medication are monitored daily. Pain management protocols guide staff practice, including monitoring pain in residents with cognitive deficit, and assessed training is provided. Pain management audits are conducted which review staff practice and process and consider resident outcomes.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Representative feedback and review of documented resident management processes indicates that the home's practices maintain the comfort and dignity of terminally ill residents. Residents' terminal wishes are discussed on entry or documented when residents' care needs change. A discreet stamp on residents' clinical notes advises staff that specific instructions for terminal care are documented. There are clinical guidelines for palliative care processes and palliative care staff on-site to support staff practice. A resource box contains required equipment and documentation. End of life care is documented and managed according to resident wishes. The home's palliative care processes have recently been audited following the introduction of revised processes, documentation and staff training with positive outcomes reported.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents are satisfied with the home's approach to meeting their nutrition and hydration needs although they are not always satisfied with the meals provided. On entry residents' dietary needs and preferences are communicated to catering staff and a risk based nutrition and hydration assessment conducted. Nutrition and hydration management plans include required utensils, support needs, food texture and fluid intake requirements. Specific treatment sheets record requirements for nutrition supplements. Residents' nutrition and hydration is regularly monitored and dietitian and speech pathology reviews regularly conducted for relevant residents. A dietitian has reviewed the home's menu. Staff have received training in nutrition and safely assisting residents with their meals. The home monitors nutrition and hydration practices and processes and resident satisfaction through regular audits, food focus groups and surveys.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

Residents are satisfied with the care they receive in relation to their skin integrity. At risk residents are identified and skin integrity management plans documented in care plans and also available in each resident’s room. These are regularly reviewed and evaluated. Prevention protocols are provided and staff are instructed on the importance of observation and reporting abnormalities. Preventive strategies may include regular position change, sheep skins, limb protectors, and air flow mattresses. Wound care requirements are assessed by registered nurses and healing processes regularly evaluated. Nutrition supplements may be used to assist healing and external consultants accessed to advise on the management of complex wounds. Staff have recently undertaken wound management training and staff knowledge of skin integrity management assessed. Skin integrity incident reports and wound incidence assist the home to monitor skin care management processes.

## 2.12 Continence management

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

### **Team’s recommendation**

Does comply

Residents are satisfied that their continence is managed according to their needs. Assessment processes include daily flow charts to assess patterns, required assistance and continence aids. The continence advisor documents toileting plans, bowel management plans and allocates required aids. The effectiveness of plans is regularly evaluated and bowel patterns monitored. There are specific guidelines for the management of residents with catheters. Urinary tract infections are monitored and preventive strategies may include resident instruction on hygiene practices. Continence management processes are audited and staff knowledge of continence management practices is assessed.

## 2.13 Behavioural management

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

### **Team’s recommendation**

Does comply

Residents and their families are satisfied with the home’s approach to managing challenging behaviours. Triggers to residents’ verbal and physical behaviours are identified from assessment processes and specific management and individual diversional therapy plans developed and the effectiveness regularly monitored. Residents with a tendency to wander are accommodated in a secure environment where no other form of restraint is applied. Residents with particularly challenging behaviours have a specific risk management plan added to their care plan. ‘Dementia champions’ assist with resident management in the secure area and group and individual programs and cognitive stimulation therapy support resident interaction, relaxation and engaging activities. Referrals for mental health and dementia care services are arranged as required. Behaviour incidents are monitored and staff knowledge and skill in behaviour management assisted with assessed training and regular staff discussion sessions or care ‘huddles’.

#### **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

Residents are satisfied that the home encourages their independence and provides opportunities to optimise their mobility and dexterity. A mental and physical assessment and risk of falling is identified on initial entry and the physiotherapist assesses and regularly reviews all residents’ functional capacity and balance prior to planning daily exercises, and safe transfer guidelines. Where relevant, a monitored restorative gymnasium program may also be planned, assisted by trained lifestyle staff. Case studies indicate successful outcomes for residents from these programs. The physiotherapist and occupational therapist also provide advice on furniture selection and placement and the allocation of mobility aids which are colour coded to indicate the required level of staff assistance. The Lifestyle program provides additional exercises and walking programs and opportunities for dexterity enhancement such as hand-writing sessions, wax baths, art therapy, and hand and wrist exercises. The incidence of falls is monitored and staff provided with assessed training in the safe support of resident mobility.

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

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

##### **Team’s recommendation**

Does comply

Residents are satisfied that the home supports their preferences for managing their dental and oral care. Following assessment processes a daily plan for care is developed and accessible in each resident’s bathroom. Alternative care strategies are planned for residents resistive to care. These plans are evaluated and regularly reviewed. On-site dental services are arranged according to assessed need. The home has accessed the ‘Better Oral Health in Residential Care’ training and resources including assessing staff knowledge and practice, and has applied the recommended oral health management strategies to oral health plans.

#### **2.16 Sensory loss**

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

##### **Team’s recommendation**

Does comply

Residents confirm they are provided with experiences and aids to manage their sensory deficits. All five senses are assessed and communication care plans, skin care plans and dietary preferences indicate strategies to manage identified deficits. Wellbeing plans include residents’ choices for activities and experiences they enjoy to enhance their sensory experiences and specific programs for residents with cognitive impairment include activities to stimulate their senses. Aids to assist sight and hearing impaired residents are provided and maintained by staff. The effectiveness of planned activities and sensory support strategies are regularly reviewed and evaluated.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

Residents confirm they are able to achieve natural sleep patterns. Settling plans are documented following consultation with the resident about their normal sleeping habits and observed sleep patterns as they settle into the home. Persistent sleep disturbances are referred to the general practitioner or may trigger re-assessment for other aspects of care such as pain management or continence needs. Staff have access to information on re-settling strategies. Sleep management processes and care are monitored by internal audits and resident satisfaction surveys.

## **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

There is an organisational framework and processes to support continuous improvement guided by an overarching strategic plan and divisional objectives. Opportunities for improvement are identified from management initiatives, outcomes of the home’s monitoring processes such as audits, comment and complaints, surveys, incident reports and feedback and requests from staff, residents and other stakeholders. Improvements are logged and progress on actions and evaluation outcomes are monitored through the Heads of Department meeting. Key staff are allocated responsibility for managing improvements related to specific Standards. A continuous improvement plan records improvement details, initiation dates and close out. Both staff and residents are informed of continuous improvement processes and confirm that management are responsive to their feedback and requests.

Improvements initiated by the home relevant to resident lifestyle include:

- As a component of the home’s wellness focus and providing residents with valued roles in the home a choir was initiated in October 2010 with the aim of providing entertainment and Carol singing for the Christmas celebrations. Residents volunteered to participate in the Songs for Joy project which included music workshops and collaborative singing. Resident feedback form this activity was positive with residents requesting that the regular music sessions continue. Sessions are scheduled each month and will again be reviewed in March 2011.
- To improve the quality of life for residents in the secure unit and provide sensory and social interaction experiences, the home has implemented the ‘life savours’ project based in the principles of cognitive stimulation therapy. A volunteer social worker conducts the program which includes one-to-one and group therapy sessions with varied activities which included singing, exercises, sensory stimulation, life history discussions and focussed conversations. A report of each session describes resident responses. Staff caring for residents who participate in the program have been surveyed to describe their observed impressions of the impact of this program on residents with all staff reporting the residents are engaged, with happy expressions, relaxed and non-aggressive, conversing and sharing their feelings.

### **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

There are processes for identifying relevant legislation, regulations and guidelines relevant to resident lifestyle. A log of legislative changes is maintained together with guidelines for managing the key aspects of relevant legislation and a flow chart indicates actions and responsibilities for legislative change, including required changes to policies and procedures. Internal and external audits assist the home to monitor regulatory compliance and surveys are conducted to assess staff knowledge of relevant procedures. Staff and residents are informed of relevant changes through meetings, memoranda, and training, for example staff have been provided with training in their responsibilities for mandatory reporting and a flow chart guides their actions in the event of suspected elder abuse. Residents are advised and consulted about their privacy and security of tenure rights and resident satisfaction surveys conducted.

### **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

The home has processes to ensure staff have the required knowledge and skills to perform their roles effectively in relation to residents' lifestyle needs. Training needs are identified through an annual training needs analysis, internal audits, surveys, staff competency workbooks and staff and resident feedback. A training calendar is developed and staff are informed of planned education through memoranda and flyers. Education is delivered internally and externally. The home records staff attendance at training sessions and has processes for following up attendance at mandatory training. Recent training relating to resident lifestyle includes; elder abuse awareness and the Partners in Positive Ageing model of wellbeing. Staff and management are satisfied with the ongoing support provided to them to develop their knowledge and skills.

### **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

Residents are generally satisfied with the emotional support provided by the home. The home has a system for identifying and supporting residents' emotional needs. Initial assessment processes record residents' social history, support needs and preferences. Monitoring processes include Wellbeing plan reviews, observation and one-to-one consultation with residents. Staff support residents during the initial settling in phase and on an ongoing basis. Residents are encouraged to maintain their links with family and community groups. Regular pastoral services are available to residents if required. Counselling and referral to specialist health services are available to residents as required. Staff provide one-to-one support to help residents settle into their new environment.

### **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

Residents are satisfied the home assists them to achieve maximum independence and maintain links with the community. The home identifies residents' needs and preferences through initial assessment processes. Monitoring processes include wellbeing plan reviews, surveys and case conferences with residents and representatives. Residents have access to their own money through Trust accounts held at reception and the home supports residents to maintain their mobility and maximise their independence. Residents have access to physiotherapy and other allied health services and are encouraged to participate in electoral processes where appropriate. The home provides large print books, bus trips and a pet program for residents. Staff assist residents to maintain their independence, mobility and contact with community groups.

### **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 are satisfied that staff are courteous and respectful of their privacy. The home maintains policies and procedures to protect residents' privacy and dignity. On entry residents are provided with information about their rights to privacy, dignity and confidentiality. Resident satisfaction is monitored through surveys, resident meetings and one-to-one discussions. Staff indicate they are mindful of appropriate practices, such as knocking on residents' doors and maintaining privacy when delivering or assisting with personal care. Files containing residents' personal information are stored in the nurses' stations with access by authorised staff and visiting health professionals.

### **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

Residents are satisfied with the activities program and with the variety of group and individual activities provided by the home. A Positive Ageing model of wellbeing is promoted at Milpara. Residents' current and past interests are identified on entry to the home in consultation with representatives if necessary. Wellbeing plans are developed to reflect the resident's capabilities, needs, desires and identified interests. Residents are encouraged to contribute and participate in activities, including Art classes and fitness programs. An activities program is on display throughout the home. Residents' attendance, staff and resident feedback and incident data are used to monitor the effectiveness of programs. Care staff, allied health professionals, an Artist in residence and volunteers are involved in the wellbeing program as part of a holistic approach to resident care.

### **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 are satisfied that their cultural and spiritual preferences are supported and valued. The home identifies residents' cultural and spiritual beliefs on entry to the home and on an ongoing basis. The Partners in Positive Ageing program is tailored to meet residents' individual needs. Pastoral services are available and residents are supported to attend religious services of their choice. Monitoring processes include wellbeing plan reviews, surveys and one-to-one discussions with residents. The home honours days of cultural significance, including ANZAC day, Christmas, Easter and Adelaide and Melbourne cup day. Staff support residents to engage in events and activities of spiritual and cultural significance to them.

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

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

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

Does comply

Residents are satisfied with their participation in making decisions and choices about their care needs and other issues that affect their daily life. Consent is obtained from residents prior to using photographs or personal information. The home uses consultative processes to obtain information from residents including surveys, resident meetings, 'Please let us know' forms, case conferences and one-to-one discussions. Monitoring processes include care plan reviews, audits and resident satisfaction surveys. Staff encourage and assist residents to participate in decisions about their care and the services provided by the home.

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

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

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

Does comply

The home has processes to inform residents and representatives regarding security of tenure, rights and responsibilities, and the Partnership in Positive Ageing prior to entry. Residents and representatives are also provided with a resident handbook and residential service agreement. Room changes are conducted in consultation with residents and representatives in line with the home's policies. Residents and representatives are satisfied their tenure is secure and that the home will support their individual needs. Brochures regarding independent sources of advice and advocacy are available within the home. Staff are aware of resident's rights and responsibilities.



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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

There is an organisational framework and processes to support continuous improvement guided by an overarching strategic plan and divisional objectives. Opportunities for improvement are identified from management initiatives, outcomes of the home’s monitoring processes such as audits, comment and complaints, surveys, incident reports and feedback and requests from staff, residents and other stakeholders. Improvements are logged and progress on actions and evaluation outcomes are monitored through the Heads of Department meeting. Key staff are allocated responsibility for managing improvements related to specific Standards. A continuous improvement plan records improvement details, initiation dates and close out. Both staff and residents are informed of continuous improvement processes and confirm that management are responsive to their feedback and requests. Improvements initiated by the home in relation to physical environment and safe systems include:

- While the home has on-site laundry services for residents’ personal laundry some resident requested they have access to facilities to manage their own personal items. A spare storage room was converted to a laundry for resident access. Residents have been surveyed following the provision of this facility with responses indicating that they prefer to manage their own personal laundry and like the spontaneity and independence this facility provides them.
- Following an outbreak of gastroenteritis between 2-7 August 2010, the home reviewed their outbreak and infection control procedures. The outbreak was promptly contained and no positive pathology was indentified. An infection control refresher for staff was conducted on 19 August with a focus on hand washing, use of personal protective equipment, environmental cleaning and outbreak management. The stocks of personal protective equipment were increased, signage reminding about hand washing, the use of alcohol gel and personal protective equipment was increased and laminated signage for use during an outbreak was prepared and placed in the outbreak kit ready for use. The outbreak management plan was reviewed and updated and a decision made to implement an annual infection control workbook for staff.

### **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

There are processes for identifying relevant legislation, regulations and guidelines relevant to physical environment and safe systems. A log of legislative updates is maintained together with guidelines for managing the key aspects of relevant legislation and a flow chart indicates actions and responsibilities for legislative change, including required changes to policies and procedures. Internal and external audits assist the home to monitor regulatory compliance and surveys are conducted to assess staff knowledge of relevant procedures. Staff and residents are informed of relevant changes through meetings, memoranda, handbooks and training. The home has required building certification and an audited food safety plan. There are monitored processes for occupational health and safety and infection control practices according to relevant guidelines.

#### **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

The home has processes for identifying, reviewing and planning staff education and training relating to the physical environment and safe systems. Training needs are identified through an annual training needs analysis, internal audits, surveys, staff competency workbooks and staff and resident feedback. A training calendar is developed and staff are informed of planned education through memoranda and flyers. Education is delivered internally and externally. The home records staff attendance at training sessions and has processes for following up attendance at mandatory training. Staff have participated in training relating to the physical environment and safe systems, including fire safety, manual handling, safe food handling, infection control and the Partners in Positive Ageing model of wellbeing. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

#### **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

Residents are satisfied the home provides a safe and comfortable living environment. Residents are generally accommodated in single rooms with en-suite bathroom facilities and are encouraged to personalise their rooms. Residents have secure storage space in their rooms. Communal lounges, an activity room and dining rooms are available and there is resident access to enclosed external courtyards. Preventive and corrective maintenance, audits, surveys and hazard reports assist the home to monitor the living environment in addition to resident and staff feedback. The home is secure and enables residents to wander freely within their living environment. Gardens are maintained by maintenance staff with creative input from care and lifestyle staff. While some residents request bed rails for safety, the home has a no restraint policy. Residents have access to call bells to summon staff assistance as required.

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

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

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

Does comply

The home provides a safe working environment for staff and residents. Staff are aware of their responsibilities for occupational health and safety according to the home's policies and procedures. Incident and hazard reporting processes are monitored through the Quality and Occupational Health and Safety Committee. Environmental safety audits contribute to the monitoring of processes. Staff are required to attend manual handling training annually. Corporate office liaises with site management to facilitate rehabilitation and return to work programs for staff affected by workplace injuries.

#### **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 safe systems to minimise the risk of fire, security and other emergencies. Emergency procedures incorporate fire and other threats. Fire alert panels are located throughout the facility and emergency procedures are accessible to staff. Residents' mobility status is recorded on handover lists. External services monitor fire safety systems and equipment. While staff are required to attend fire safety training on an annual basis, not all staff interviewed have attended training. The home's security is maintained through key pad operated external doors.

#### **4.7 Infection control**

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

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

Does comply

The home has systems and processes to provide an effective infection control program according to infection control guidelines. A senior clinical case coordinator (infection control nurse) undertakes the overall responsibility for the infection control program. The home provides an influenza vaccination program for staff. Residents have access to influenza vaccinations through their medical officers. Staff have access to a gastroenteritis kit and outbreak guidelines. Staff are aware of individual resident's infection status and standard infection control precautions, including the benefits of frequent hand-washing. Staff are satisfied with the quality and quantity of the personal protective equipment supplied by the home. Although staff are required to attend infection control education on an annual basis not all staff are familiar with infection control guidelines.

#### **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 are generally satisfied with the cleaning and laundry services provided by the home. Not all residents are satisfied with the catering services. A Summer/Winter rotating menu offers choice and variety to meet residents' individual dietary needs and preferences and is reviewed by a dietitian. Residents have an opportunity to comment on the catering services directly with staff, at resident meetings, through surveys, 'Please let us know' forms and food focus groups. Meals are prepared off-site by ACH and delivered to the home on a daily basis. Meals are stored in individual kitchen pantry units and reheated. Dietary preferences and nutritional requirements are documented in dietary requirement folders kept in each kitchen. Notification of changes is made by the speech pathologist or registered nurse. Residents' rooms, communal areas, carpets and soft furnishings are cleaned on a regular basis. The home monitors its hospitality services and staff practices through audits, surveys and staff and resident feedback. Resident clothing is managed on-site by appropriately qualified staff and a laundry is available to residents who want to wash personal items. The home provides a clothes labelling service to minimise the loss of items. Staff are provided with training, supplies, equipment, work schedules, guidelines and procedures to support them to undertake their duties and provide quality services to residents.