



Aged Care  
Standards and Accreditation Agency Ltd

## **Murwillumbah Nursing Home**

RACS ID 2716

Ingram Place

MURWILLUMBAH NSW 2484

Approved provider: DPG Services Pty Ltd

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 8 October 2015.

We made our decision on 7 September 2012.

The audit was conducted on 31 July 2012 to 2 August 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                           |

**Standard 3: Resident lifestyle****Principle:**

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                           |

**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.

| 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                           |



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Murwillumbah Nursing Home 2716**

**Approved provider: DPG Services Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 31 July 2012 to 2 August 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 31 July 2012 to 2 August 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:   | Desma-Ann van Rosendal |
| Team member/s: | Debra Smith            |

## Approved provider details

|                    |                      |
|--------------------|----------------------|
| Approved provider: | DPG Services Pty Ltd |
|--------------------|----------------------|

## Details of home

|               |                           |
|---------------|---------------------------|
| Name of home: | Murwillumbah Nursing Home |
| RACS ID:      | 2716                      |

|   |     |
|---|-----|
| Total number of allocated places:           | 100 |
| Number of residents during audit:           | 64  |
| Number of high care residents during audit: | 63  |
| Special needs catered for:                  | N/A |

|                 |                                      |            |              |
|-----------------|--------------------------------------|------------|--------------|
| Street/PO Box:  | Ingram Place                         | State:     | NSW          |
| City/Town:      | MURWILLUMBAH                         | Postcode:  | 2484         |
| Phone number:   | 02 6672 4233                         | Facsimile: | 02 6672 4082 |
| E-mail address: | Tracey.Holmes@domainprincipal.com.au |            |              |

## Audit trail

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

### Interviews

|                            | Number |  | Number |
|----------------------------|--------|--|--------|
| General Manager Queensland | 1      | Residents/representatives              | 12     |
| Quality Manager Queensland | 1      | Enrolled nurses                        | 3      |
| Acting Facility Manager    | 1      | Care staff                             | 5      |
| Facility Manager           | 1      | Diversional Therapist                  | 1      |
| Medical Officer            | 1      | Physiotherapy aide                     | 1      |
| Pharmacist                 | 1      | Administration officer                 | 1      |
| Physiotherapists           | 2      | Workplace safety committee coordinator | 1      |
| Acting Clinical Manager    | 1      | Cook                                   | 1      |
| Registered nurses          | 3      | Hospitality and support services staff | 6      |

### Sampled documents

|                                    | Number |                                     | Number |
|------------------------------------|--------|-------------------------------------|--------|
| Residents' files                   | 9      | Medication charts                   | 20     |
| Summary/quick reference care plans | 9      | Residential care service agreements | 5      |
| Blood sugar monitoring charts      | 8      | Personnel files                     | 6      |

### Other documents reviewed

The team also reviewed:

- Activity program and evaluations
- Allied health referrals
- Audit results
- Case conference records
- Chemical register and safety data sheets
- Cleaning matrix
- Clinical monitoring tools
- Colour coded procedure reference records
- Communication books and appointment diaries
- Complaints records
- Consolidated register of reportable incidents
- Continence management forms and resources
- Continuous improvement records
- Contracts for external service providers

- Dietary needs and preferences including nutrition matrix
- Drugs of addiction register
- Education records and attendance matrix
- Email correspondence
- Fire and emergency records
- Food safety records and food service license
- Hand over forms
- Incident reports and trend analysis records
- Infection control records and trend analysis reports
- Job descriptions and duties lists
- Laundry matrix and procedures
- Maintenance records and matrix
- Medication resources and guidelines
- Memoranda and notices
- Menu
- Minutes of meetings
- Nutrition and hydration matrix
- Outbreak trend data and evaluation report
- Plan for continuous improvement
- Police check records
- Policies, procedures and documentation manuals
- Records of orders for supplies
- Recruitment records and advertisements
- Register of nurses registrations
- Residents' evacuation list and emergency details
- Residents' information package and surveys
- Risk assessment records, hazard reports and risk register
- Rosters
- Self-assessment
- Staff and resident handbooks
- Temperature monitoring records

### **Observations**

The team observed the following:

- Activities in progress
- Charter of rights and responsibilities
- Cleaning and laundry services
- Daily toolbox meeting in process

- Equipment and supply storage areas
- File and information storage areas
- Fire fighting equipment and exit pathways
- Hand-washing facilities and sanitiser units
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and dining service
- Living environment
- Maintenance sheds and chemical storage
- Medication storage and medication administration
- Notice boards
- Outbreak and spills kits
- Resident meeting in progress
- Sharps and waste disposal
- Signage
- Utility rooms

## 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

As part of a large organisation, Murwillumbah Nursing Home is supported to implement continuous improvement systems effectively across the four Accreditation Standards. The home has reviewed its operational services and implemented a wide range of new organisational and locally developed continuous improvement systems and processes. Staff and residents have input into the system through meetings, surveys, complaints processes and suggestions for improvement forms. Key personnel monitor incident, infection and clinical indicator data monthly and implement actions to address areas of concern as needed. The home completes scheduled audits and completes additional audits as part of the review process. Management and key personnel maintain a register of improvement activities and monitor the progress of these activities through ongoing meetings and reviews. Organisational key personnel and an organisational Quality Manager visit the home regularly to provide support as needed. Staff are familiar with the new continuous improvement processes relevant to their roles.

Examples of continuous improvement initiatives related to Standard 1 Management systems, staffing and organisational development include:

- The Domain Principle Group has reviewed its operational services and revised its procedures and documents in consultation with representatives from homes and stakeholders. New standardised systems, processes, procedures and documents were developed and distributed for trial within the organisation affecting all service areas. Based on positive feedback, four manuals of standardised procedures and controlled documents relevant to the four Accreditation Standards were released and implemented within their homes with the support of new electronic processes. Management of Murwillumbah Nursing Home have implemented these over time, with major changes fully implemented throughout 2012, and consider the new processes provide an improved and consistent approach for supporting service delivery, controlling documentation and monitoring of systems and processes. Specific improvements are as follows:
  - Key personnel stated the new comments and complaints processes have streamlined the process and promote a more efficient follow up to issues that are raised.
  - Maintenance, catering, cleaning and laundry staff consider the new matrix approach to scheduling duties provides a more efficient approach to planning their duties and monitoring progress for completing the scheduled tasks.
  - Clinical staff state the new clinical management documentation system is more efficient and ensures correct forms are used where needed and supports timely analysis of residents' clinical needs.
  - Management state that data analysis is easier to achieve using the electronic data from the systems.

The General Manager provided details of the support provided to the home during the implementation and for the future to manage risks associated with significant changes to systems and management personnel.

- Management provided details of the home's review of service operations and equipment needs. In consultation with staff, additional equipment has been purchased that ensure more efficient operation of services.

Specific examples include:

- New shelving and dishwasher equipment for the kitchen to improve the management of cleaning and storing catering equipment.
  - Additional resources to improve after hours lifestyle activities and improved storage areas to support easy access to the resources after hours.
  - Additional linen skips with spring loaded mechanisms to reduce manual handling risks.
  - New colour coded equipment to support the improved cleaning and laundry procedures.
- To enhance communication between service areas during the change of processes, management introduced daily 'toolbox meetings' with representatives from all service areas. This meeting includes a snapshot of events, changes and progress for each area. Key personnel state this meeting has ensured all personnel are aware of activities occurring and ensures there is support when needed.

## 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 has effective systems and processes to ensure the home meets regulatory compliance requirements. The organisation has networks with peak bodies in the aged care industry to keep informed of current legislation, requirements and professional standards and guidelines. Key personnel review policies and procedures to include relevant details and changes and disseminate this information to the home. Staff and residents/representatives are informed of requirements and changes through memoranda, education, policies, meetings and notices. Staff are aware of legislative and professional standards relevant to their roles including the Accreditation Standards and compliance with providing criminal history checks. Staff have access to resources and information to guide work practices.

## 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 organisation supports the home to implement an education program and provide a range of educational resources to support management and staff to have appropriate knowledge and skills to perform their roles effectively. The home requires staff to attend annual mandatory sessions and offers staff opportunities to attend additional sessions either within the home or with external providers. Focused education sessions are planned to ensure new

procedures, new equipment and changed documentation requirements are managed. Key personnel monitor risk assessments, staff practice, residents' needs and clinical indicators to identify education needs. The home monitors attendance at education session using an attendance matrix and seek feedback from staff regarding the effectiveness of sessions they attend. Staff are aware of the education opportunities offered relevant to Standard 1 such as the Accreditation Standards, documentation systems and use of equipment and report they regularly attend mandatory education. Staff are satisfied with the education they receive.

#### **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 effectively implements organisational and local mechanisms to ensure residents/representatives and others are able to raise comments or complaints. Residents' handbooks, notices and brochures are accessible and there is access to private or public telephones. There are regular meetings to provide a forum to raise comments or complaints. Management respond to complaints when they are raised and ensure follow up occurs to correct identified issues. Details of complaints are recorded on forms and logged in a matrix for management to monitor for trends and progress of corrective activities. Residents/representatives and staff are aware the mechanisms to raise comments and complaints and consider the home's management respond appropriately when issues are raised.

#### **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 home distributes the documented organisational vision and philosophy of care using handbooks, agreements and notices. The organisation has policies and procedures that reflect the home's commitment to maintaining quality service provision.

#### **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

The home has effective processes to ensure there are appropriately skilled and qualified staff delivering services as required. Key personnel review the home's operational and service needs to determine appropriate staffing requirements and develop rosters accordingly. Recruitment processes include review of experience, qualifications and outcome of reference and criminal history checks prior to commencing employment. New staff receive orientation and education to support the commencement of their employment. Management review the roster regularly and are in the process of developing a new staffing model for the future. Staff

are guided by procedures, duty lists, job descriptions and schedules of required activities. Key personnel monitor staff performance through observation of practices, education attendance and management are in the process of ensuring all staff complete an annual performance appraisal using the organisation's new format. Staff are aware of the duties relevant to their roles and the education opportunities to maintain their skills and knowledge. Residents/representatives are satisfied with staff responsiveness to their needs.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has effective processes to ensure there are stocks of appropriate goods and equipment to support quality service provision. Key personnel review service needs to determine stock supply and equipment needs. Staff monitor stock usage and complete regular ordering mechanisms to maintain sufficient supplies in line with new organisational procedures. Staff have input into the type of goods and supplies they require and consider they have access to sufficient supplies to meet residents' service needs. There are maintenance services to implement preventative and responsive maintenance mechanisms to ensure equipment is fit for its purpose and identify equipment replacement needs. The home has updated a wide range of equipment across its service areas and included staff in the decision making process for these items. Staff and residents consider there are sufficient and appropriate equipment and supplies to perform their roles.

### **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 a range of effective information systems that are implemented in line with the organisation's new mechanisms to ensure there is a uniform approach to managing information and procedures. Management generally provide residents/representatives and staff with relevant information using handbooks, newsletters, meetings, memoranda and one to one discussions. Staff and management have access to information through the organisations' electronic systems, care plans, progress notes, incident reports, memoranda, notice boards, handover documentation, communication diaries, daily toolbox meetings and regular monthly meetings. Staff are satisfied with their access to information to enable them to deliver quality care to residents and to perform their roles effectively, including new guidelines and matrices to guide practices. Staff and residents' personal information is securely stored and electronic information is password protected. There are processes to ensure the security and privacy of records and a new archiving process stores records off site. Management monitor the effectiveness of information systems using feedback from staff and residents at meetings and audits as well as observation of staff practices. Residents/representatives are satisfied with the information they receive regarding services provided by the home.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The organisation supports the home to ensure they effectively manage external service providers to meet the required service needs. Each external service provider is subject to contractual arrangements and the quality of service provision is considered as part of the contract renewal process. Performance is monitored by key personnel to ensure services are in line with organisational requirements and maintain compliance with workplace health and safety. The home maintains a register of approved service providers and ensures only approved providers are used for service provision. Contractors receive an induction, are required to sign on and off when visiting the home, are subject to police checks and are supervised by staff where required. Staff provide feedback regarding the quality of services provided and management, staff and residents consider the contracted service providers are effectively providing services to the home.

## 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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of continuous improvement initiatives related to Standard 2 Health and personal care include:

- The home has reviewed their medication management system in consultation with clinical staff and the pharmacy service provider. As a result, the home has changed to a sachet system and provided education to staff relating to the changes in medication management. In addition, the home now has access to an online medication management service to provide support and advice regarding medications. Clinical staff consider the new processes are more efficient to use, with medications easier to check for accuracy and enables the crushing of medications more safely. Management consider the new processes have improved staff practice to ensure safe and correct practices and now offer more consistent support and education resources for staff.
- The home has reviewed its communication processes relating to nutrition and hydration needs in consultation with key personnel across service areas. These staff developed a nutrition and hydration matrix to guide catering and clinical staff. The matrix provides a single point of reference for residents' needs and preferences and clinical staff review and update the matrix on a daily basis to ensure timely amendments are communicated. Feedback from catering and clinical staff indicates the matrix is more effective in keeping them informed of residents' nutrition and hydration needs, changes to health status and changes to location meals are to be provided each day.
- The organisation's new process for monitoring clinical indicators was developed in consultation with clinical staff across the organisation and successfully trialled within the organisation. The home provided education to clinical staff and implemented the process over time. Feedback from clinical and management staff indicates the process is easier to use and now provides monthly data on clinical indicators in a more efficient process. As a result, clinical staff are now able to monitor residents needs more effectively and trends are identified more efficiently to ensure more timely interventions for residents.
- Clinical staff have reviewed the pain management processes in consultation with the physiotherapist. As a result, a new clinic style of pain management program has been introduced to provide regular pain therapy by the physiotherapist. The physiotherapist states the program has improved residents' pain management and reduced rigidity of joints and improved residents' mobility. Registered staff and residents state the pain management program is more effective and has resulted in improved pain management and mobility for 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 findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems to identify and ensure compliance. The home ensures medication is managed as required and residents’ care is provided by appropriately qualified personnel.

## **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

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to manage the ongoing education program. Education relevant to Standard 2 includes medication management, pain management and dementia care.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems and processes to assess residents’ care needs on entry to the home and on an ongoing basis. Care plans are developed by registered nurses utilising information gathered from assessments and residents/representatives input with evaluation undertaken three monthly or as required. Daily care needs are evaluated, monitored and reviewed by the registered nurse through the handover process, review of progress notes and clinical incident data with changes communicated to staff and care plan adjustments made as required. Communication and referral between external and allied health professionals for residents’ individual care needs is appropriate and timely. Staff demonstrate an understanding of individual resident care needs and preferences and are satisfied with the communication processes utilised to inform them of resident clinical care changes. Residents are satisfied that the clinical care they receive is appropriate to their needs and preferences.

## **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

Residents’ specialised nursing care needs are identified through assessment and care planning processes conducted on entry to the home and as required. The Facility Manager is supported by a Clinical Manager and registered staff in the provision of specialised nursing care and assistance is sought from specialist health services as required. Specialised care

needs currently being provided include management of a percutaneous endoscopic gastrostomy (PEG) regime, oxygen therapy, diabetic management, urinary catheter care and stoma care. Ongoing monitoring of care needs is conducted through observation, discussion with residents, review of residents' records, and feedback from staff and health professionals. The visiting medical officers, allied health practitioners and specialist services are contacted if additional support is required for individual residents. Residents who receive specialised nursing care are satisfied with the care they receive.

## **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

Residents' allied health needs are identified on entry to the home and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home including physiotherapy, podiatry, dietician, speech pathology, dementia specialist and older persons mental health with regular assessments undertaken for individual residents as required. A referral is initiated by registered nursing staff for medical and allied health reviews. The outcome of the referrals are documented appropriately and retained in residents' records. Staff demonstrate an understanding of the circumstances to refer residents for re-assessment by other health specialists and are aware of the referral process. Residents are referred to appropriate health specialists in accordance with their needs and preferences.

## **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

The home has systems and processes to identify residents initial and ongoing medication management needs. The home utilises a sachet system for residents' routine medications with 'as required' and short course medications supplied in their original packaging. Registered staff administer medications and are responsible for the ordering of unpacked medications and notifying pharmacy of changes to residents' medications. All medications including restricted and refrigerated drugs are stored and monitored appropriately. Resident medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Residents are satisfied that their medication is administered safely and correctly.

## **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

Residents with pain are identified on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as heat packs, soft tissue massage and exercise/movements are implemented for residents to ensure they remain as free as

possible from pain. Staff outlined pain management strategies for individual residents. Progress notes entries show that action is taken in response to residents' reports of pain. The effectiveness of pain management strategies is evaluated. Residents are satisfied with the way their pain is managed.

## **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

Residents' end of life requests are collected in consultation with the resident and their representatives when appropriate. Copies of information such as enduring power of attorney and advanced health directives (if applicable) are located in the residents' records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. Pastoral care support is provided by visiting clergy at the resident's and their families' request. Care plans are developed in consultation with residents' family members and representatives and form part of the resident's pain management interventions. Residents are satisfied staff are caring and respectful of their wishes and preferences in ensuring their care needs are met.

## **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' nutrition and hydration needs including likes, dislikes and cultural requirements, allergies and assistive equipment devices required are identified on entry to the home through the completion of a dietary profile. The information gathered is used to develop the resident's care plan and inform the kitchen, to ensure appropriate meals are provided to all residents. Residents are weighed on admission then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist residents to maintain adequate nourishment include the provision of texture modified diets, dietary supplements, and referral to dietitians and speech pathologists, as required. Residents are satisfied with the quality and sufficiency of food and fluids provided.

## **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 assessed and a risk assessment is completed on entry to the home or when the resident's care needs change. Nursing staff monitor residents' skin integrity during hygiene routines and the delivery of care. Staff have access to suitable stocks and equipment including emollients and pressure relieving devices to maintain residents' skin integrity. Residents' care needs are communicated to staff via care plans, exception reports, verbal and written handover and communication diaries. When residents' skin is compromised, a wound assessment is undertaken and treatment regime is completed

identifying any specific treatment and interventions. A wound record is completed to document interventions and progress of wound healing. Residents are satisfied with the care provided by staff to help maintain their skin integrity.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure that residents’ continence management is assessed on entry to the home and on an ongoing basis by registered nurses. Any factors that affect each resident’s urinary and faecal continence are determined and strategies put in their care plan to manage individual continence in relation to their preferences and needs. The home monitors the use of continence aids, aperients and urinary tract infections. Residents are satisfied they are provided with support to manage their continence needs.

## **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 generally has processes to ensure that residents with challenging behaviour are managed effectively. Residents’ behaviour is assessed on entry to the home and strategies reassessed to identify the context of behaviours, possible triggers and successful interventions. Strategies for behaviour management are documented in the resident care plan and reviewed every three months or more frequently if the residents’ health status changes. The home has access to community behaviour management support services if required. Residents are satisfied with the way challenging behaviours are managed.

## **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

Residents’ mobility and dexterity needs are assessed on entry to the home by registered staff and a physiotherapist who is also involved in identifying appropriate mobility aids. The lifestyle and physiotherapy programs include a variety of sessions used to promote exercise and residents are encouraged to attend. Residents’ transfer requirements are documented on a physiotherapy care plan and staff are familiar with the individualised needs of the residents in relation to this. Residents are satisfied with the level of support provided in relation to their mobility and dexterity.

## **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

Residents’ oral and dental status is identified on entry to the home through assessments with the level of assistance required included in the care plan to guide staff. Strategies to assist residents to maintain their oral and dental health include referral to relevant external dental services, fluid maintenance and application of oral moisturisers. Texture modification of meals is provided where oral and dental health is compromised. Staff are provided with education on oral hygiene safety for those residents with impaired swallowing capacity. Residents are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

## **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

Residents with sensory loss are satisfied with the assistance they receive from staff. Information relating to the residents’ sensory needs including vision, hearing and speech is identified on entry to the home and on an ongoing basis. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in accordance with assessed need and in consultation with the resident, their representative and doctor. Appointments are diarised and staff assist residents to attend as required. Staff have an understanding of individual resident needs and strategies to promote effective communication. Residents report satisfaction with the management of their sensory losses.

## **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’ sleep patterns are identified through assessment processes including a sleep monitoring chart. Staff conduct regular checks overnight to identify residents who are awake or uncomfortable. Night routines maintain an environment that is conducive to sleep and factors that may compromise sleep such as confusion, incontinence, pain, temperature variances and noise are identified and addressed. Strategies to promote sleep include additional bedding, light adjustment, repositioning, toileting, massage and/or a light snack if requested. Residents are satisfied with the assistance provided to receive sufficient rest.

### **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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of continuous improvements in relation to Standard 3 Resident lifestyle include:

- The home has reviewed its lifestyle program in consultation with lifestyle staff, key personnel and residents. It was identified there was a need to improve the coordination of activities. As a result, lifestyle staff are now allocated a planning day each month to support effective coordination and decision making for developing the next month’s activities. Lifestyle staff and management consider the new planning process now ensures there is a more effective lifestyle program for residents and offers opportunities to ensure there is more comprehensive review of residents’ preferences and participation in activities.
- After a review of the residents’ lifestyle program, the home now has a dog to provide pet therapy for residents. Residents consider the dog gives them opportunity to look after a pet and they receive comfort and enjoyment from having the dog spend time with them. We observed residents enjoying time with the dog. Residents provided details of the positive experience the dog provided to a resident during the residents’ terminal care.
- In response to a suggestion from residents, the home has recommenced distribution of a residents’ newsletter. Management consider the newsletter provides an additional mechanism to inform residents/representatives of events relating to the home. Feedback from residents at a residents’ meeting indicates they are enjoying the additional information the newsletters give them and their family and that they want the newsletters to continue on a regular basis.

#### **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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems to identify and ensure compliance. The home has systems for ensuring residents’ privacy requirements are maintained and to implement mandatory reporting of assaults and discretionary reporting when indicated.

### **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

Refer to Expected Outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills. Education relevant to Standard 3 includes mandatory reporting of assaults, privacy and resident rights and responsibilities.

### **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

The home has processes to ensure residents are supported in adjusting to their new home and on an ongoing basis. Prior to or on entry the resident and their family receive an information pack explaining the services offered and their rights and responsibilities. Residents and their families are oriented with a guided tour of the home, assisting them to meet staff and residents. In consultation with the resident and family, recreational staff commence a detailed assessment of the resident's lifestyle that captures social, cultural and spiritual histories. Lifestyle care plans are developed and document preferences and strategies to assist residents in enjoying life at the home. Residents and representatives are satisfied with the support provided by 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

Residents are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. The lifestyle program offers a range of physical activities designed to maximise residents' physical strength and independence and includes exercise programs and outings. Residents' are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Residents are encouraged to use aids such as hearing aids and walking frames to maintain their independence. They are also encouraged to participate in decisions about their physical, intellectual, spiritual, financial and social care. Residents are satisfied with the support and encouragement given by staff to enable them to remain as independent as possible.

### **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

There are systems to support residents' privacy and dignity. Residents' privacy, dignity and confidentiality wishes and preferences are identified and documented in care plans. Information on residents' right to privacy is explained to residents and representatives during their initial entry to the home. Information is stored and archived securely and handover is conducted in a confidential manner. Staff practices maintain residents' confidentiality and staff are discreet when managing care needs. Residents' said staff are respectful of their privacy and dignity when caring for them.

### **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

The home offers residents a varied lifestyle program that incorporates a range of interest and activities of interest to them. A lifestyle assessment is completed for each resident, capturing information that assists with their individual participation levels. The home offers one to one options for residents who choose not to be involved in group activities. Group activities are designed around residents' preferences and suggestions and the monthly activities calendar is displayed in communal areas of the home. Resident participation and level of interest is monitored and evaluated. Review of the activity program occurs through observation, lifestyle surveys, resident feedback and regular meetings. Residents' said they are satisfied with lifestyle options and participate in decision making at regular meetings and consultations.

### **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

On entry to the home individual cultural and spiritual preferences and interests are captured in consultation with the resident and family. Residents are encouraged to maintain their spiritual practices if they wish and the home provides a variety of religious services. Days of religious or cultural significance for residents are included on the activities calendar and celebrated at the home including ANZAC Day, Remembrance Day, Christmas, Easter and Melbourne Cup. Visiting clergy assist residents and families with their spiritual needs as required and community visitors from various cultures visit residents as required. Residents said they are satisfied residents' cultural and spiritual needs are being met by the home.

### **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

Management demonstrates the rights of each resident and/or their representative to make decisions and exercise choice and control over lifestyle and care planning are recognised and respected. The home uses consultative processes to actively obtain information from residents/representatives including surveys, meetings, suggestions and one to one communication. Monitoring processes include personal care and activity plan reviews, and evaluation of feedback through the continuous improvement process. Staff encourage and assist residents to participate in choice and decision making about the services provided to them. Residents and representatives said that they are satisfied with their participation in making choices and decisions about issues that affect their daily life.

### **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

Management demonstrated residents have secure tenure within the residential care service and understand their rights and responsibilities. On entry to the home residents are provided with a handbook that details information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Resident agreements are offered to all residents and include details regarding security of tenure and documents care and services provided. Residents' representatives are consulted where changes may require a higher level of care. Staff are informed of resident rights through orientation and ongoing training with resident satisfaction monitored through surveys and feedback. Residents are satisfied they have appropriate access to information regarding their rights and feel secure in their tenure.

## **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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of continuous improvements related to Standard 4 Physical environment and safe systems include:

- The home has implemented the organisation’s new risk management system including electronic incident and risk reporting processes, risk analysis and development of risk registers to highlight priority areas for corrective action. Computer terminals have been installed and education provided to all staff. Staff consider the new processes have improved the timeliness of reporting issues. Key personnel consider the new processes have improved their ability to report and follow up risks, incidents and infections in a more efficient manner. As a result, the home is managing the home’s safety needs more effectively and improving the safety of residents and staff. The General Manager reports the new processes enhance the organisation’s ability to monitor and support the home’s performance.
- Key personnel reviewed the residents’ incident data and identified increasing incidence of skin tears. Additional education has been provided to staff, additional discussions have occurred during regular toolbox meetings and additional monitoring of staff practice and manual handling techniques has been implemented. As a result, skin tear data now indicates there is a reduction in residents’ skin tears from 13 in May 2012 to five in June 2012.
- As a result of discussions with residents and staff, a suggestion for serving meals in the dining room was raised. A bain marie servery has been installed in the dining room and meals are served from this equipment. Residents consider this change has improved the meal service and they are now able to see and smell food in the dining room. Staff and key personnel consider the servery has improved the serving efficiency and has enhanced the dining atmosphere for residents.

### **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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems to identify and ensure compliance. The home has a food service license, access to fire safety advisor, a food safety program and processes for ensuring workplace health and safety and fire safety requirements are met.

### **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

Refer to Expected Outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills. Education relevant to Standard 4 includes fire training, infection control, food safety, workplace health and safety and manual handling.

### **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

The home has effective processes to ensure the residents' environment is maintained to enhance privacy, safety and comfort. Residents are accommodated in single, double and triple shared bedrooms with shared bathrooms. Residents are assisted to personalise their rooms with their own furnishings and personal items and have access to indoor and outdoor communal areas to entertain visitors. The home has implemented new maintenance and cleaning schedules and effective processes are established to address emergency maintenance needs. Key personnel review restraint authorisations regularly and residents state they feel safe in the home. Management monitor the living environment through observation and the reporting and actioning of hazards, risk assessments, incident/accident reporting, audits and resident/representative and staff feedback. Residents/representatives are satisfied with the comfort and safety of the environment.

### **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

The home effectively implements workplace health and safety systems and processes in line with the organisation's new standardised risk management procedures, guidelines and electronic reporting mechanism. Management monitor the safety of the environment using hazard reports, risk assessments, incident reports, environmental audits, maintenance records, observation of staff practice and monthly meetings. Key personnel analyse the details of all reports and identify potential trends where indicated. Hazards and deficits are addressed, corrective actions taken and outcomes are communicated to relevant parties. The home provides education to staff during orientation and on an ongoing basis to ensure a safe environment, safe manual handling practices and safe use of equipment and chemicals. Signage alerts staff to chemical and oxygen storage, spills kits and safety information is displayed to guide staff practice. Staff are aware of workplace health and safety requirements including policies and procedures, reporting mechanisms, safe manual handling techniques, chemicals and use of protective equipment. Staff consider management address safety issues in a timely manner and provide sufficient and appropriate equipment and training.

#### **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

The home has effective systems and processes to minimise risks and to assist in the detection of and action required in the event of fire, disaster, security issue or other emergency. External service providers maintain fire fighting equipment and fire identification panels and records of these services are accessible on site. Evacuation plans and procedures are accessible and exits are marked and free of obstructions. Education regarding emergencies and security is provided to staff during orientation and emergency procedures education is repeated annually. Staff have knowledge of their responsibilities for maintaining security and actions to take in the event of a fire or other emergency such as power outage or flood. Key personnel review emergency and security procedures and attendance at education through observations, audits, maintenance reports and feedback from staff and contracted service providers. Residents state they feel safe in their environment, are instructed regarding alarm response and are satisfied that staff have the knowledge to ensure their safety 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 processes to minimise the risks associated with the transmission of infection and to promote effective infection control. A registered nurse and the Facility Manager have responsibility for coordinating infection control processes and the mandatory reporting of outbreaks. The home focuses on infection prevention and staff are provided with education, information and resources to guide staff practices, including access to outbreak kits and hand-washing facilities. All resident infections are logged in the new incident reporting mechanisms and the data is analysed to enable additional control measures to be implemented if indicated. The home monitors staff practices and infection control through analysis of infection and pathology reports, clinical records, review of audit results and observation of staff practice. Staff are aware of infection control principles in line with their roles and responsibilities, including the management of shared equipment and living environment. Hospitality services adhere to infection control guidelines and implement the new organisational procedures and the food safety program. Staff have sufficient stock and equipment to implement effective infection control procedures and residents/representatives are satisfied with the home's approach to managing infection control.

#### **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 home has a wide range of new processes to ensure the effective provision of catering, cleaning and laundry services to enhance residents' quality of life and the staff's working environment. Meals are freshly cooked daily and registered staff complete a nutrition and hydration matrix on a daily basis to guide catering staff to meet residents' dietary needs and

preferences. The home has a seasonal menu that is amended in consultation with home's residents and includes offering residents a choice of meals on a daily basis. Staff implement the new cleaning schedules and effectively maintain a clean environment and minimise odour. The on-site laundry operates in line with new procedures, provides effective labelling of clothing for residents and ensures the recovery of lost personal clothing items. The quality of catering, cleaning and laundry services is monitored through resident/representative and staff feedback, audits, meetings, surveys and the continuous quality improvement mechanisms. Residents/representatives and staff are satisfied with the quality of the hospitality services.