



## **Decision to accredit Regis Canning Lodge**

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

The Agency has decided to accredit Regis Canning Lodge and that the period of accreditation is three years until 20 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and approved provider details

### Details of the home

Home's name:		Regis Canning Lodge			
RACS ID:		5973			
Number of beds:		120	Number of high care residents:		Nil
Special needs group catered for:			Nil		
Street/PO Box:		65 Mewett Street			
City:	CABOOLTURE	State:	QLD	Postcode:	4510
Phone:		07 5433 7900		Facsimile:	07 5433 7999
Email address:		caboolture@regis.com.au			

### Approved provider

Approved provider:	Regis Group Pty Ltd
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### Assessment team

Team leader:	Jill Winny
Team member/s:	Richard Young
	Mark Rankin
Date/s of audit:	24 June 2009 to 25 June 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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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
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<b>Agency findings</b>
Does comply
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Does comply

## Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.

## SITE AUDIT REPORT

Name of home	Regis Canning Lodge
RACS ID	5973

### Executive summary

This is the report of a site audit of Regis Canning Lodge 5973, 65 Mewett Street CABOOLTURE QLD from 24 June 2009 to 25 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Regis Canning Lodge.

The assessment team recommends the period of accreditation be 2 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 24 June 2009 to 25 June 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Jill Winny
Team member/s:	Mark Rankin
	Richard Young

## Approved provider details

Approved provider:	Regis Group Pty Ltd
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## Details of home

Name of home:	Regis Canning Lodge
RACS ID:	5973

Total number of allocated places:	120
Number of residents during site audit:	116
Number of high care residents during site audit:	116
Special need catered for:	Residents with dementia and other related disorders

Street/PO Box:	65 Mewett Street	State:	QLD
City/Town:	CABOOLTURE	Postcode:	4510
Phone number:	07 5433 7900	Facsimile:	07 5433 7999
E-mail address:	Caboolture@regis.com.au		

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Regis Canning Lodge.

The assessment team recommends the period of accreditation be two years

**Assessment team's recommendations regarding support contacts**

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

**Assessment team's reasons for recommendations**

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

**Audit trail**

The assessment team spent 2 days on-site and gathered information from the following:

**Interviews**

	Number		Number
Residential service manager	1	Residents/representatives	15
Compliance officer	2	Administration manager	1
Clinical manager	1	Catering staff	1
Clinical nurse	1	Speech therapist	1
Registered nurses	1	Laundry staff	2
Endorsed enrolled nurse	2	Cleaning staff	3
Assistant in nursing	6	Continence coordinator	1
Exercise physiologist	1	Maintenance staff	1
Physio assistant	1	Maintenance manager	1

**Sampled documents**

	Number		Number
Residents' files	14	Medication charts	18
Resident financial files	6	Personnel files	8

**Other documents reviewed**

The team also reviewed:

- Activity evaluation
- Activity program
- Aged care certification assessment against the 1999 certification instrument
- Allied health referral forms
- Audits
- Blue behavioural check book
- Care plan consultancy record with family and resident
- Certificate of assurance – kitchen
- Clinical indicator data and analysis reports
- Communication books
- Condemned linen log
- Cooking verification log

- Daily care charts
- Daily observation charts
- Dementia training sheets
- Dietary preferences
- Dietitian – nutrition care plan
- Education flyers and memos
- Emergency contractor list
- Evaluation of supplies
- External services due dates matrix form
- External services evaluation form
- Fire system monthly inspection receipt
- Food business licence
- Fridge temperature recording records
- General and specialised resident menus
- Handover sheets
- Hazard folder/log
- Hazard substances register
- Hazards alert form
- Homes vision, mission and philosophy statement
- Incontinence aid monitoring records
- Infection control worksheet
- Infection trends
- Inventory and assets list
- Job function and shift specific duty lists
- Leisure interests and activities assessment
- Lifestyle programs and activities
- Maintenance folder
- Maintenance log book
- Management, staff and resident meeting schedule
- Mandatory reporting template
- Manual handling risk form
- Medical officer referral lists
- Medical officer request and recommendations
- Medication incident forms and reports
- Medication ordering and monitoring forms
- Meetings folders and minutes
- Memos
- Menu
- Minutes of management, staff and resident meetings
- Mobility guidance plan
- Monthly maintenance schedule
- Preventative maintenance checklist/procedures
- Procedures and operational documents and forms
- Regulatory compliance folders
- Repairs maintenance system folder
- Resident handbook
- Resident one-on-one interviews log
- Resident weight records
- Resident/relative survey
- Residential care agreement
- Residential menu selection
- Residents user rights sheet
- Residents' dietary and hydration needs forms
- Risk management folder/log and forms
- Staff and resident incident and investigation reports



- Staff communication books and diaries
- Staff handbook
- Staff memos and notices
- Staff roster/schedule
- Staff training records/mandatory
- Suggestions, concerns, compliments forms
- Supplier continuous improvement form
- Surveys
- Work request/order form

## **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Chemical signage
- Cleaning in progress
- Clear exits
- Communications diary
- Door signage of “nurse in attendance”
- Equipment and supply storage areas
- Feedback forms
- Fire equipment
- Fire evacuation mustering area
- Hand washing stations
- Interactions between staff and residents
- Kitchen supplies and environment
- Lifting chairs
- Living environment
- Lunch time meal services
- Maintenance shed
- Maintenance storage area
- Medication rounds
- Notice boards
- Oxygen storage
- Palliative care/pain room
- Pan rooms
- Resident BBQ area
- Resident library
- Residents smoking area
- Sign in/out books
- Staff interacting with residents

## 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

The home has a continuous improvement system in place to assist the home in actively pursuing continuous improvement. Input into the system comprises compliments/complaints forms, staff/resident meetings, surveys, audits, infection control data, falls and incident data, one-to-one discussion, hazard reporting and monthly monitoring of clinical data. Input data is discussed at the monthly front line management meeting which is attended by department heads from all areas. Improvements are entered into the plan for continuous improvement, and then given to department heads for implementation with a timetable for improvements implemented and monitored by the Residential Services Manager. Feedback is given to residents and stakeholders at resident/staff meetings, the front line management meeting, memos, surveys and individually as required. Residents/representatives and staff reported satisfaction with being able to raise any concerns or improvements with management with feedback given in a timely manner.

Examples of improvements made by the home include:

- The home has introduced a new plastic multi document holder located at each wing to hold communications between visiting medical staff and the home. This new communication system has improved the communication for the home with staff and doctors reporting that this system enables work to be done in a more timely and efficient manner.
- To improve replacement of staff as a result of absenteeism a special phone is now held at the home and a system in place that requires a four hour minimum call or text to the home for any staff not being able to attend to their shift. Shift staffing levels have improved, absenteeism decreased as a result of the new process.
- Due to crockery going missing from various wings of the home, a new colour coded system is now in place with each wing having a specific colour for crockery which has reduced the amount of missing items.

#### 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

A corporate based system is in place to identify current legislation, regulatory requirements and guidelines through professional bodies, subscriptions, membership to Aged Care Queensland and other industry providers. Information is sent automatically to the home for both state and commonwealth legislative changes with policies reviewed by the Residential Services Manager, referenced to relevant legislation or professional guidelines and then tabled at the front line management meetings. Monthly staff meetings keep staff informed of legislative changes with staff having access to hard copies of policies, procedures and legislation in the regulatory compliance folder kept in each wing of the home. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits, compulsory reporting processes and competency assessments with notification of accreditation audits discussed at staff and resident/representatives meetings. A process is in place to ensure all staff at the home has current criminal record checks

which they have passed. Staff reported they receive information on changes to work practices or requirements through meetings, memoranda, handover and through verbal discussion with management.

### **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 an education program based on identified needs, staff requests, mandatory, legislative and organisational requirements with established processes for the recruitment and selection of staff. Policies are in place allowing staff access to education and training programs applicable to their area of interests including self directed learning packages, intranet training, power point packages and additional community based training as required. Permanent staff and agency staff undergo orientation with training needs identified through staff practice with all staff completing mandatory training applicable to their position with additional training added as necessary. Ongoing monitoring and evaluation of staff skills and knowledge occurs through completion of competency assessments, training needs analysis, performance appraisals, audits, orientation buddy feedback, surveys and attendance at training with non-attendance at compulsory training followed up. Staff reported that they have access to mandatory and development training, sufficient facilities to receive education and demonstrated knowledge in their respective roles.

### **1.4 Comments and complaints**

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

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

Does comply

The home has a complaints mechanism that is accessible to residents and representatives and other interested parties. Residents and representatives are informed of internal and external complaint mechanisms through the resident handbook, residential care agreements, resident meetings and notice boards. Comments/complaints/compliments forms, continuous improvement forms and information on the external complaints process are placed in accessible locations. The staff handbook includes information on the comments and complaints mechanism and staff were aware of the ways to assist residents raise a concern. Residents, representatives and staff reported they are aware of internal and external complaints processes and are satisfied they have access to them.

### **1.5 Planning and leadership**

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

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

Does comply

The home has documented the residential care service's mission; vision, values, philosophy, objectives and commitment to quality in the residents' handbook, staff handbook, at staff/resident induction and is clearly displayed throughout the home. The homes planning and leadership is resident focussed to ensure a high quality of services is maintained.

### **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

Staff are recruited based on specific selection criteria such as their qualifications/experience, position descriptions, skills, knowledge, reference checks, medical/police checks and the developing needs of resident care. Staff undergo orientation encompassing mandatory training combined with buddy shifts which ensures new staff knowledge and skills are maintained and enhanced. The residential services manager reviews staffing requirements by review of resident needs, roster requirements, performance management processes, competency assessments and staff feedback with absenteeism and planned vacations replaced mainly by internal staff with minimal use of agency staff. All registered nurses and endorsed enrolled nurses hold current registration/enrolment with all staff having current criminal record checks. Residents/representatives expressed satisfaction with the care and services they received and that staff attended to their requests promptly and staff reported that they were able to complete their tasks within a timely manner.

### **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 processes in place to ensure that there are sufficient stocks of goods and equipment for delivery of services. Established service agreements with suppliers and contractors are used to guide purchases and to maintain goods and equipment. Stock items are rotated and monitored for expiry dates. Education is provided to staff on the correct use of equipment and service agreements have been established for on-going maintenance as required. Staff were aware of processes for accessing stores and reported that they have access to goods and equipment required to carry out their duties. Residents/representatives were satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet their needs.

### **1.8 Information systems**

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

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

Does comply

The home has effective information management systems in place to ensure the security and confidentiality of staff, resident and organisational records which includes password protection, daily backup for electronic records, restricted access, destruction and archiving for non-current records. Staff and residents receive information on privacy and confidentiality during orientation to the home and in staff/resident handbooks with information collected by the home including incidents/hazards, infections, falls, satisfaction levels and resident/staff data. Staff receive information via regular meetings, memos, case conference reviews, shift handover process, intranet, diary books and resident files with information regarding changes to residents' care needs communicated in a timely manner. Residents/representatives reported they are satisfied with information provided to them and their ability to communicate with management.

### **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

Agreements with external service providers have been established with processes in place for checking both professional registration and criminal record checks where applicable. External service contracts contain specific requirements for the provider to meet, with a review of external service providers carried out yearly including consideration of performance against the terms of the agreement, quality, timeliness of service, cost effectiveness, and compliance with safety regulations and the home's policies. Staff and resident feedback is obtained through continuous improvement processes and discussed at staff meetings with any identified issues/concerns addressed as they arise in consultation with management.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

The home has a continuous improvement system in place to assist the home in actively pursuing continuous improvement. Input into the system comprises compliments/complaints forms, staff/resident meetings, surveys, audits, infection control data, falls and incident data, one-to-one discussion, hazard reporting and monthly monitoring of clinical data. Input data is discussed at the monthly front line management meeting which is attended by department heads from all areas. Improvements are entered into the plan for continuous improvement, and then given to department heads for implementation with a timetable for improvements implemented and monitored by the Residential Services Manager. Feedback is given to residents and stakeholders at resident/staff meetings, the front line management meeting, memos, surveys and individually as required. Residents/representatives and staff reported satisfaction with being able to raise any concerns or improvements with management with feedback given in a timely manner.

Examples of improvements made by the home include:

- To enable a more efficient and easy reference for staff working with behavioural issues in the secure unit a new blue book has been created to allow quick reference for interventions to be put in place for residents. Staff acknowledged that this has helped them work more effectively during their shift.
- Resident representative and family feedback to the home indicated a lack of knowledge about dealing with dementia and related illnesses. An information booklet has been created and distributed to families and residents that have received positive feedback in assisting them to understand and better cope with dementia and related illnesses.
- Staff input at meetings generated a request for more information on dementia and related illnesses when working in the secure unit. A new welcome pack for staff with home generated self learning on behaviour has been implemented with staff acknowledging in a positive way.

### **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

A corporate based system is in place to identify current legislation, regulatory requirements and guidelines through professional bodies, subscriptions, membership to Aged Care Queensland and other industry providers. Information is sent automatically to the home for both state and commonwealth legislative changes with policies reviewed by the residential services manager, referenced to relevant legislation or professional guidelines and then tabled at the front line management meetings. Monthly staff meetings keep staff informed of legislative changes with staff having access to hard copies of policies, procedures and legislation in the regulatory compliance folder kept in each wing of the home. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits, compulsory reporting processes and competency assessments with notification of accreditation audits discussed at staff and resident/representatives meetings. All staff at the home have current criminal record checks and nurse registration is up-to-date with identified non-compliance followed up and action taken. Staff reported they receive information on changes to work practices or requirements through meetings, memoranda, handover and through verbal discussion with management.

### **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 an education program based on identified needs, staff requests, mandatory, legislative and organisational requirements with established processes for the recruitment and selection of staff. Policies are in place allowing staff access to education and training programs applicable to their area of interests including self directed learning packages, intranet training, power point packages and additional community based training as required. Permanent staff and agency staff undergo orientation with training needs identified through staff practice with all staff completing mandatory training applicable to their position with additional training added as necessary. Ongoing monitoring and evaluation of staff skills and knowledge occurs through completion of competency assessments, training needs analysis, performance appraisals, audits, orientation buddy feedback, surveys and attendance at training with non-attendance at compulsory training followed up. Staff reported that they have access to mandatory and development training, sufficient facilities to receive education and demonstrated knowledge in their respective roles.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The Clinical Nurse Manager (CNM), prior to admission through preliminary interviews, initially identifies residents’ needs with the resident/representative and health personnel. A care directive is completed within the first 24 hours to guide staff practice. A comprehensive care plan is developed in the following six weeks after admission. Further focus assessments are completed by the CNM and clinical nurse through a case conference approach. The care plan has a “quick reference” component, which care staff use daily. Staff use verbal hand-over and progress notes to communicate changes in residents’ care needs. The clinical care delivered is evaluated through regular care plan reviews, ongoing consultation with residents/representatives, monitoring of incidents and auditing of staff practices.

Resident/ representatives confirmed that they were satisfied with the level of care provided and confirmed that they participated in the care planning process.

### **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

Staff identify residents’ specialised nursing needs through initial and ongoing assessments in consultation with residents/representatives. Residents with specialised needs are referred to health professionals in a timely manner. Instructions by medical and health professionals as well as residents’ individual preferences are included in the resident’s care plan to guide staff practice. Care plans are reviewed regularly for effectiveness by registered nurses and other health professionals when necessary. At the time of this audit a resident receiving specialised nutritional care was being managed by the service. Identified staff have enhanced training/knowledge in areas of interest (including continence management, wound care, manual handling, dementia care) and are able to support other staff as required.

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

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

### **Team's recommendation**

Does comply

The assessment process includes the identification of residents' allied health care needs. Referrals are generated to the appropriate service if required. Podiatrists, physiotherapists, optometrists, audiologists, dietitians, speech pathologists, dentists and medical specialists are available through the local hospital/community health or visiting contracted services. Information regarding attendance or consultation is documented in the residents' progress notes and the referral log. Recommendation resulting from the consultation is included in the care plan. Residents/representatives reported that they are able to access allied health services when necessary.

### **2.7 Medication management**

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

### **Team's recommendation**

Does comply

The home's medication management systems include supply of medications from the local pharmacy in multi dose packs that are supplied weekly. Care planning and review processes identify the level of assistance required by residents and this is communicated within individual medication charts. Photographic identification is attached to each medication chart. Residents' medications are stored securely in accordance with recommended storage requirements and relevant legislation. Records of administration and remaining stock levels are maintained. Routine internal auditing and analysis of any medication-related incident monitors the safety of the medication. Residents who wish to self-administer medications are able to do so following assessment and the agreement of the prescribing medical officer. Medications are administered by qualified staff who have successfully completed competency training. Residents confirmed that they were satisfied with supply and administration of their medications.

### **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents' pain is assessed on admission and when any changes occur in the level of pain or medication used. Non-verbal and verbal pain assessment tools are used to identify an individual pain management plan. Strategies are documented in the care plan; they include both pharmacological and non-pharmacological interventions, including hot packs, exercise programs, physiotherapy, massage and specialised equipment. The home has recently implemented its own on site pain clinic for the treatment of residents' pain. The effectiveness of 'as required medication' for pain relief is noted in the progress notes following administration. Ongoing management of pain is through a consultative process with staff, residents/representatives, medical and allied health staff. Residents/representatives confirmed that they are satisfied with the approach that the service has in the management of their pain. A registered nurse is available 24 hours a day to assess and administer prescribed pain relief medications including 'as required' medications.

### **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Where possible, residents' end of life wishes are identified and documented on entry to the home or shortly thereafter. Residents are supported to remain at the home in the event of requiring palliative care, if the home can meet their care needs. The level of care the home can provide is discussed prior to admission and is included in the residents' agreement. The home gains consent to share any information regarding care needs. The information is then available if the resident is admitted to hospital. At the time of the site audit visit there were residents requiring palliative care.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

A dietary profile is completed for each resident on admission and includes likes, dislikes, and special dietary needs, including meal supplements, diabetic, weight reduction and meal/fluid textured diets. This information generally reflects the residents’ actual dietary needs. Residents are referred to appropriate health professionals, such as doctors, speech pathologists, occupational therapists and dietitians as necessary, and any recommendations are recorded on the residents care plan. The catering staff are notified of residents’ dietary needs. Catering staff communicate their observations with clinical staff regarding residents’ dietary intake at each meal. Weight is monitored regularly and action is taken in response to a fluctuation in body weight, including referral to a medical officer, dietician or providing dietary supplements. The effectiveness of nutrition and hydration is reviewed in residents’ meetings, audits and resident surveys. Residents confirmed that they were satisfied with the meal size, temperature and quality and that they received a choice daily. Residents are assisted with their nutritional intake by staff if required.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Residents confirmed that staff assist them with their skin care if required, including wound dressings and the application of creams. Residents’ skin is assessed on admission and on a daily basis for actual or potential problems. The home provides resources on best practice in the management of wounds and skin care. There is the provision of aids such as limb protectors, pressure-relieving mattresses and an emphasis on safe moving of residents. The qualified nurses attend to wound assessment and management, develop care plans and evaluate wound management. All staff receive training on safe manual handling techniques. The home monitors and analyses incidents of wounds and skin damage. The information is used to identify any equipment or training needs.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Residents’ continence status is assessed on entry to the home, which includes current strategies, such as scheduled toileting and the use of continence aids. Continence aids are supplied for the high care residents, and low care residents are assisted to access suitable aids. The home’s external continence aid supplier can be accessed as required for advice and the provision of staff training. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. Residents/representatives reported they were satisfied with the continence care provided by the service.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

The needs of residents with challenging behaviours are assessed on admission and monitored on an ongoing basis. Behaviour care plans identify patterns, triggers and effective interventions to minimise each identified challenging behaviour. The effectiveness of strategies implemented is consistently evaluated. Staff expressed their understanding of strategies and interventions to



minimise the effects of challenging behaviours. The home has links with external support services to support them with training and advice regarding the management of challenging behaviours.

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

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

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

Does comply

Residents' mobility, dexterity and rehabilitation needs are assessed on admission and referred to the visiting physiotherapist for review at the next visit. Designated staff team members liaise with the visiting physiotherapy service between visits. Preventative and rehabilitation strategies are included in the residents' care plans, such as daily exercise programs. Recreational activities include mobility and dexterity exercises. Aid devices and specialised equipment are available to the residents and staff as required. The incidence of falls is monitored and the analysis identifies corrective action. Residents/ representatives confirmed that they were satisfied with the level of support and assistance they receive.

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

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

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

Does comply

On admission, residents' oral and dental needs are assessed, and strategies for managing residents' oral health is recorded on their care plans. Residents are referred to dentists and a visiting service is available to the facility if required. Residents' oral and dental care is monitored through documentation in progress notes, staff observations and the monitoring of food intake at each meal. Day-to-day oral care is monitored by care staff who report any needed changes to registered staff. Residents/representatives reported they are happy with the support and assistance they receive with maintaining their oral and dental health.

#### **2.16 Sensory loss**

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

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

Does comply

Residents' sensory deficits and needs are identified on admission and on an ongoing basis. Strategies to manage sensory losses are included in the care plan. Care staff assist residents to use and care for aid devices as required. Residents are referred to external providers or their provider of choice to assess their needs and to supply and maintain aids such as spectacles and hearing aids. Residents with sensory deficits are catered for in the recreational activity programme with the use of music, large print books, cooking, touch and handling activities.

#### **2.17 Sleep**

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

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

Does comply

Residents are assessed on admission and reviewed regularly to identify any disturbances to their normal sleep patterns. Information identified during the assessment phase is included in the care plan. Residents reported that staff respond promptly to their needs during the night. Strategies used by staff include offering food or warm drinks, heat packs, behaviour management, appropriate continence aid, one-to-one time and night sedation, if prescribed by a medical officer.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has a continuous improvement system in place to assist the home in actively pursuing continuous improvement. Input into the system comprises compliments/complaints forms, staff/resident meetings, surveys, audits, infection control data, falls and incident data, one-to-one discussion, hazard reporting and monthly monitoring of clinical data. Input data is discussed at the monthly front line management meeting which is attended by department heads from all areas. Improvements are entered into the plan for continuous improvement, and then given to department heads for implementation with a timetable for improvements implemented and monitored by the Residential Services Manager. Feedback is given to residents and stakeholders at resident/staff meetings, the front line management meeting, memos, surveys and individually as required. Residents/representatives and staff reported satisfaction with being able to raise any concerns or improvements with management with feedback given in a timely manner.

Examples of improvements made by the home include:

- The diversional therapist has improved activities for secure unit residents with the implementation of changing colour for uniforms and theme days which has resulted in decreased behaviour incidents and staff being more positive in interactions with residents.
- Residents’ lifestyle has been improved with reference to palliative care with the home sending the clinical nurse to an education session enabling for palliative specific training to be held at the home for other staff members. Staff commented that this has assisted them in supplying better care for such residents.
- To better capture the concerns of residents the home has created a new one on one interview program with residents. This new system has resulted in capturing a greater number of resident concerns (as compared to the previous comments and complaints only forum) which are then addressed in a timely manner.

### **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

A corporate based system is in place to identify current legislation, regulatory requirements and guidelines through professional bodies, subscriptions, membership to Aged Care Queensland and other industry providers. Information is sent automatically to the home for both state and commonwealth legislative changes with policies reviewed by the residential services manager, referenced to relevant legislation or professional guidelines and then tabled at the front line management meetings. Monthly staff meetings keep staff informed of legislative changes with staff having access to hard copies of policies, procedures and legislation in the regulatory compliance folder kept in each wing of the home. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits, compulsory reporting processes and competency assessments with notification of accreditation audits discussed at staff and resident/representatives meetings. A process is in place to ensure all staff at the home has current criminal record checks which they have passed. Staff reported they receive information on changes to work practices or requirements through meetings, memoranda, handover and through verbal discussion with management.

### **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 an education program based on identified needs, staff requests, mandatory, legislative and organisational requirements with established processes for the recruitment and selection of staff. Policies are in place allowing staff access to education and training programs applicable to their area of interests including self directed learning packages, intranet training, power point packages and additional community based training as required. Permanent staff and agency staff undergo orientation with training needs identified through staff practice with all staff completing mandatory training applicable to their position with additional training added as necessary. Ongoing monitoring and evaluation of staff skills and knowledge occurs through completion of competency assessments, training needs analysis, performance appraisals, audits, orientation buddy feedback, surveys and attendance at training with non-attendance at compulsory training followed up. Staff reported that they have access to mandatory and development training, sufficient facilities to receive education and demonstrated knowledge in their respective roles.

### **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 supported to adjust to the home's environment through information given prior to admission and during assessment of care needs. Assessment information includes social and family history, personal routines, preferences and specific emotional needs and is used to guide staff practice. Admission processes include an orientation to the home, provision of information about care and services available and an introduction to other residents and staff. Residents are encouraged to personalise their rooms and are assisted to maintain external social and supportive connections with family, friends and community groups. Staff provide additional contact with residents at times of special need. Residents and representatives interviewed indicated that they are satisfied with the support received from staff and management at entry and on a continuing basis, to assist them adjust to their changed lifestyle.

### **3.5 Independence**

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

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

Does comply

The home has systems in place to assist and encourage residents to maintain their independence within the home and the wider community. Resident's level of independence in meeting health and personal care needs, lifestyle preferences, interests and abilities is assessed on entry and on an ongoing basis. Residents are encouraged to maintain friendships and links with the community and to develop new friendships within the home. Appropriate equipment such as mobility aids and feeding utensils are provided to support independence. Staff reported that they respect residents' independence while providing necessary care and services. Residents and representatives said that they are encouraged and assisted to maintain their independence within the home and the wider community.

### **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

On entry to the home residents are provided with information about their rights including their right to privacy. Staff and volunteers are provided with information relating to confidentiality and respect for residents' privacy and dignity at orientation, through meetings, education and handbooks. Staff said that they are aware of ways to maintain residents' privacy and dignity when providing care. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals. Residents and representatives reported that staff are courteous and respect their privacy and treat them with dignity.

### **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 encouraged and supported to participate in a wide range of interests and activities of interest to them. The diversional therapists visit each new resident to assess residents' preferences and to provide information about the current activity programs and the range of services available. Lifestyle care plans are developed and reviewed in consultation with the resident and their representatives. Planned interventions include resident's interests and their physical, cognitive, cultural, social and emotional needs. Activities incorporate varying levels of participation and feedback about satisfaction with activity plans is sought on an individual basis and through feedback at residents' meetings. Residents are satisfied with the leisure and activity programs offered and with the support provided by staff and volunteers to enable them to participate in activities of interest to them.

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

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

### **Team's recommendation**

Does comply

Residents' cultural and spiritual needs and preferences are identified on entry to the home and used in the development of individual care plans. Church services for a variety of denominations are regularly held within the home and residents are supported to attend services in the wider community. Residents are encouraged and supported to attend cultural and spiritual activities of significance to them and special cultural dietary requirements are communicated to catering staff through the dietary preference sheets. Information is available from external bodies to assist staff in meeting residents' individual cultural and spiritual needs. Residents indicated that their cultural and spiritual needs and preferences are respected.

### **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

Processes have been established to support residents' choice and decision making in the planning and provision of care and to encourage active involvement. Methods to identify residents' choices are incorporated into the admission process and on an ongoing basis through resident interviews, comments and complaints and daily contact between staff and residents. Identification of alternative decision makers such as enduring power of attorney are detailed in residents' admission records. Interaction between staff and residents supports the right of residents to make choices and

decisions including participation in activities, personal care, flexibility in routines, clothing, and meal preferences. Residents are satisfied with choices offered in matters relating to their care and lifestyle.

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

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

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

Does comply

Residents and/or their representatives are provided with information prior to entry to the home explaining conditions of tenure, rights and responsibilities, dispute resolution and the care and services provided. This information is further discussed upon admission to support their understanding. Staff are provided with education about residents' rights and customer service including ways to protect residents from harassment, retaliation and victimisation. Relocation of residents is conducted in consultation with residents and/or their representatives and involves consultation and support from staff throughout the process. Residents and representatives indicate they are aware of residents' rights and responsibilities and residents believe that their stay in the home is secure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has a continuous improvement system in place to assist the home in actively pursuing continuous improvement. Input into the system comprises compliments/complaints forms, staff/resident meetings, surveys, audits, infection control data, falls and incident data, one-to-one discussion, hazard reporting and monthly monitoring of clinical data. Input data is discussed at the monthly front line management meeting which is attended by department heads from all areas. Improvements are entered into the plan for continuous improvement, and then given to department heads for implementation with a timetable for improvements implemented and monitored by the Residential Services Manager. Feedback is given to residents and stakeholders at resident/staff meetings, the front line management meeting, memos, surveys and individually as required. Residents/representatives and staff reported satisfaction with being able to raise any concerns or improvements with management with feedback given in a timely manner.

Examples of improvements made by the home include:

- To better facilitate after hours emergency maintenance calls to the home, a new centralised folder containing key documents such as the homes plumbing, air-conditioning and electrical plans has been created for staff to distribute in the event of an emergency. Staff now feel more confident in the case of an emergency and their role in advising outside maintenance departments.
- A new security light has been installed behind the facility as a result of a risk/hazard form being compiled due to a prowler being suspected during the evenings. This has increased the safety of residents and staff at the home.
- As a result of residents who smoke and have access to flammable lighter fluids it was decided after a risk assessment that all residents are no longer permitted to carry lighters/matches. New retractable lighters have been installed into the walls at the residents’ designated smoking area. The team witnessed these in use with residents commenting that the new system is safer for all concerned.

### **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

A corporate based system is in place to identify current legislation, regulatory requirements and guidelines through professional bodies, subscriptions, membership to Aged Care Queensland and other industry providers. Information is sent automatically to the home for both state and commonwealth legislative changes with policies reviewed by the residential services manager, referenced to relevant legislation or professional guidelines and then tabled at the front line management meetings. Monthly staff meetings keep staff informed of legislative changes with staff having access to hard copies of policies, procedures and legislation in the regulatory compliance folder kept in each wing of the home. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits, compulsory reporting processes and competency assessments with notification of accreditation audits discussed at staff and resident/representatives meetings. A process is in place to ensure all staff at the home has current criminal record checks with all building/fire certifications met and a food safety plan in place. Any identified non-compliance is followed up and action taken to correct. Staff reported they receive information on changes to

work practices or requirements through meetings, memoranda, handover and through verbal discussion with management.

#### **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 an education program based on identified needs, staff requests, mandatory, legislative and organisational requirements with established processes for the recruitment and selection of staff. Policies are in place allowing staff access to education and training programs applicable to their area of interests including self directed learning packages, intranet training, power point packages and additional community based training as required. Permanent staff and agency staff undergo orientation with training needs identified through staff practice with all staff completing mandatory training applicable to their position with additional training added as necessary. Ongoing monitoring and evaluation of staff skills and knowledge occurs through completion of competency assessments, training needs analysis, performance appraisals, audits, orientation buddy feedback, surveys and attendance at training with non-attendance at compulsory training followed up. Staff reported that they have access to mandatory and development training, sufficient facilities to receive education and demonstrated knowledge in their respective roles.

#### **4.4 Living environment**

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

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

Does comply

The home actively works to provide a safe and comfortable living environment through the establishment and monitoring of daily cleaning programs, preventative and reactive maintenance programs and workplace health and safety processes which include regular environmental and safety auditing and hazard/risk identification, assessment and management. Incidents are investigated as they occur and data used to monitor trends with the home responding to individual resident incidents through clinical assessment and review processes and any identified actions/strategies are recorded in care plans to guide staff. The ground maintenance officer monitors the home's living environment with walk through evaluations and actions put in place to rectifying any concerns raised. Residents/ representatives expressed satisfaction with the living environment and stated that they feel safe and comfortable in the home.

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

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

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

Does comply

The home has an established workplace health and safety processes which include regular environmental and safety auditing, hazard and risk assessment and incident reporting and monitoring. Safety issues are addressed as they are identified and collated monthly at the workplace health and safety meeting to discuss accidents and incidents, review safety outcomes and develop improvement plans where applicable. The home has a preventative and reactive maintenance program in place for equipment and buildings, a hazard and chemical inventory list and chemicals are decanted and stored securely in all areas. New and existing staff are provided with education in fire safety, manual handling, safe chemical use and infection control. Staff confirmed they have access to policy and procedures, spills kits, material data safety sheets, manual handling and personal protective equipment and demonstrated an awareness of the incident reporting processes and relevant safety practices.

#### **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 documented policies and procedures to manage fire safety, evacuations and other emergencies. External providers maintain fire systems, equipment and signage with fire equipment maintenance records maintained, fire exits and pathways to exits are clear of obstruction and the building meets certification requirements. A lockdown procedure is in place with visitors/contractors required to sign a register when onsite with evacuation plans located across the site and a resident emergency mobility register list maintained. Staff receive mandatory fire safety training and demonstrate knowledge of reporting requirements for wandering residents, fire, security and other emergency procedures including their role in the event of an alarm, emergency or evacuation. Residents/representatives stated that they feel safe and are confident that staff are competent to handle any emergency that might arise at the home.

#### **4.7 Infection control**

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

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

Does comply

The home has an infection control program in place to identify and contain potential and actual sources of infection including a plan in the event of an outbreak. Orientation, mandatory and ongoing education is provided for staff in infection control practices. Staff are informed of infection incidence and trends at meetings, through memos, at handover and verbally. Processes are established for the identification of resident infections and incidents are collated for analysis and trending. Staff interviewed demonstrated an understanding of infection control practices relating to their area of work. Hand washing facilities are located throughout the home and personal protective equipment is available and used appropriately by staff. Laundry items are handled in a way aimed at reducing the risk of cross infection, safe food practices are followed in the kitchen and cleaning schedules are in place for all areas of the home. Residents are satisfied with the care provided by the staff in the management of infections and with the cleanliness of the home.

#### **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

The home provides hospitality services in a way that enhances residents' quality of life and the working environment for staff. Residents' dietary requirements and preferences are assessed on admission and reviewed in accordance with their changing needs and preferences. Residents have input into the menu through resident meetings, resident surveys and direct contact with staff. Cleaning of residents' rooms and communal areas is done in accordance with the cleaning duty lists and all staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. The onsite laundry has equipment and processes to ensure safe infection control practices and staff are aware of best practice when handling laundry items. The effectiveness of hospitality services is monitored through meetings audits and surveys and direct feedback from staff. Residents interviewed expressed satisfaction with the catering, cleaning and laundry services provided to them.