



**Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to accredit RSL Menora Gardens Aged Care Facility**

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

The Agency has decided that the period of accreditation of RSL Menora Gardens Aged Care Facility is three years until 9 October 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:	RSL Menora Gardens Aged Care Facility				
RACS ID:	7151				
Number of beds:	178	Number of high care residents:	86		
Special needs group catered for:	Nil				
Street:	16 Freedman Road				
City:	MENORA	State:	WA	Postcode:	6050
Phone:	08 9370 0200		Facsimile:	08 9370 2249	
Email address:	corporate@rslwvh.com				

### Approved provider

Approved provider:	RSL Care WA
--------------------	-------------

### Assessment team

Team leader:	Emma Roberts
Team members:	Claire Ryan
	Wendy Porter
Dates of audit:	8 July 2009 to 10 July 2009

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

**Accreditation decision**

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

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

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

**Standard 2: Health and personal care**

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

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

<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

## Accreditation decision

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

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

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	<b>RSL Menora Gardens Aged Care Facility</b>
RACS ID	<b>7151</b>

### **Executive summary**

This is the report of a site audit of RSL Menora Gardens Aged Care Facility 7151 16 Freedman Road MENORA WA from 8 July 2009 to 10 July 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 RSL Menora Gardens Aged Care Facility.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 8 July 2009 to 10 July 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:	Emma Roberts
Team members:	Claire Ryan
	Wendy Porter

## Approved provider details

Approved provider:	RSL Care WA
--------------------	-------------

## Details of home

Name of home:	RSL Menora Gardens Aged Care Facility
RACS ID:	7151

Total number of allocated places:	178
Number of residents during site audit:	165
Number of high care residents during site audit:	86
Special needs catered for:	Nil specified

Street:	16 Freedman Road	State:	WA
City:	MENORA	Postcode:	6050
Phone number:	93700200	Facsimile:	9370 2249
E-mail address:	corporate@rslwvh.com		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit RSL Menora Gardens Aged Care Facility.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

### Interviews

	Number		Number
Care service manager	1	Residents	16
General manager	1	Relatives	10
Compliance coordinator	1	Domestic supervisor	1
Weekend supervisor	1	Administration assistant	1
Clinical nurse lead	1	Property managers	2
Activity coordinator	1	Maintenance staff	2
Care staff	16	Therapy assistants	4
ACFI Coordinator	1	Occupational therapist	1
Registered nurse	1	Catering staff	3
Catering manager	1	Domestic services coordinator	1
Volunteer	1	Housekeeping staff	4
Laundry staff	2	External hospitality consultant	1
Project manager	1	OSH representatives	2
Unit manager	1	Executive assistant	1

### Sampled documents

	Number		Number
Residents' files	30	Resident agreements	4
Care plans	40	Personnel files	6
Care alert plans	7	Medication charts	14
External contracts	4		

### Other documents reviewed

- Activity timetable
- Acute care need care plan
- Annual maintenance program
- Annual staff training matrix (laundry)
- Appliance temperatures
- Audit results
- Audit schedule
- Building certification report
- Calibration certificate
- Call bell monitoring records
- Case conference file
- Cleaning schedules
- Clinical competency documents
- Clinical indicator data
- Code of behaviour
- Comments and complaints folder
- Communications folder
- Competency assessments
- Continence management booklet
- Continuous improvement folder
- Continuous improvement plan
- Corrective maintenance folder
- Daily bowel charts
- Daily staff allocation sheet
- Data collection for restraints
- Dietary preference forms
- Drug register
- Duty statements
- Education evaluation records
- Electronic documentation system
- Emergency evacuation list
- Emergency procedures manual
- Employment contracts
- External contracts
- Fire equipment servicing documentation
- Fire maps and signage
- Handover sheets
- Italian language notes
- Job descriptions
- Kitchen monthly audits



- Laundry enquiry forms
- Mandatory education matrix
- Medication assessment
- Medication fridge temperature monitoring
- Medication reviews
- Meeting minutes
- Menora news
- Mental health team referral form
- Menu
- Mission, vision and values statements
- Monthly workplace inspections
- Nurse call reports
- Nutritional guidelines
- Occupational therapy communication book
- Occupational therapy statistics
- Orientation checklist
- Orientation folder
- Occupational safety and health staff handbook
- Pest control contract
- Pharmacy order form
- Physiotherapy timetable
- Police certificate matrix
- Policies and procedure manuals
- Preventative maintenance file
- Privacy manual
- Resident and staff influenza vaccination records 2009
- Residents' information handbook
- Residents' information package
- Restraint authorisation
- Restraint risk assessment
- Safety inspectors file
- Self medicating authorisation
- Sleep reports
- Staff appraisal documentation
- Staff education attendance records
- Staff handbook
- Staff roster
- Staff satisfaction survey
- Supplements signing sheets
- Swallowing assessment and care plans
- Tell us what you think forms
- Therapy attendance statistics
- Therapy treatment plans
- Training program
- Urinary and bowel monitoring chart
- Volunteer application pack
- Volunteer handbook
- Volunteers information package
- Weight and vital signs data reports
- Wound assessment, evaluation and care plan
- Wound register
- Wound monitoring and review form

## Observations

- Activities in progress
- Archiving room
- Chemical storage
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and laundry area
- Meal times
- Medication round
- Morning and afternoon tea
- Noticeboards and displayed information
- Storage of medications
- Store rooms
- Training room

## 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 actively pursues continuous improvement and has a full-time delegated staff member to coordinate the continuous improvement portfolio. A program of audits, surveys and questionnaires is used for quality assurance, to review staff practices and identify resident satisfaction with care and service delivery. Improvement opportunities are also identified through the review of accident/incident data and hazard reports, consultancy services, and from comments, complaints and suggestions from staff and residents/representatives. When improvement opportunities are identified they are incorporated into the home’s continuous improvement plan, and monitored by the quality compliance committee. Meeting minutes indicated that improvement activities are regularly reviewed and evaluated, and that management and staff are responsive to suggestions for improvement.

Staff and residents interviewed provided examples of improvements that have occurred during the past twelve months, and these are described below.

- The home has subscribed to an educational service that enables staff to access a range of broadcast and taped training sessions and educational resources. A lending library has been established in the training room. Staff interviewed advised that they find the training and resources are relevant to their needs, are informative and well presented.
- An integrated rostering, payroll and electronic time monitoring system has been installed to improve human resource management. A roster clerk has been appointed to coordinate the roster, and a dedicated phone number made available to manage short notice leave arrangements. The roster has recently been amended to adjust care staff shift times to meet residents’ needs, and additional hours have been allocated for therapy assistants and nursing administration. The

amended roster is currently being trialled to determine its effectiveness in meeting residents' care needs.

- A matrix has been established to routinely monitor the currency and availability of federal police certificates for staff, volunteers and contractors. The administrative assistant advised that the matrix provides a streamlined system to ensure relevant personnel have the required certificates.

## 1.2 Regulatory compliance

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

### **Team's recommendation**

Does comply

There are systems in place to identify and ensure compliance with legislation, standards, codes of practice, and guidelines relevant to residential aged care. The organisation receives information about compliance issues from bulletins and circulars from government departments, industry and peak industry groups, from information in subscribed journals relevant to residential aged care, and from attendance at conferences and seminars. The team noted that policies and procedures are amended accordingly to reflect regulatory changes. For example, recruitment policies were amended to reflect the need for staff to provide a police certificate before commencing work at the home, and a missing resident policy has been developed to inform staff about reporting procedures for 'missing' residents. Staff are informed of regulatory requirements specific to their roles and responsibilities during their orientation, and this information is updated through the education program, at staff meetings and handovers, memorandums and notices filed in staff communication folders. Staff practices are monitored through audits, surveys, questionnaires and competency based assessments to ensure ongoing compliance with regulatory requirements.

## 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

There are systems in place to ensure that appropriately qualified staff are employed at the home, and that appropriate and responsive training is provided through the mandatory and optional training program. Job descriptions identify the knowledge and skill requirements for each position, and staff are selected based on the identified criteria. New staff are oriented to their roles and responsibilities during an induction program and buddy shifts. Staff interviewed advised that they have their performance appraised after a probationary period, and then annually to identify the need for further skill development. Staff are advised about internal and external educational opportunities via notice boards and memorandum in the staff communication folders. Staff confirmed that they routinely attend training, undergo competency training for specific areas of practice, and are encouraged to provide an evaluation after each education session. Education relevant to this standard has been provided and includes accreditation awareness, training on the electronic software package, and attendance at a seminar about the new resident funding tool. Staff interviewed advised, and survey results confirmed, that they receive appropriate education to enable them to perform their roles effectively.

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

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

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

Does comply

There are established processes to ensure that residents and their representatives are informed about internal and external complaint mechanisms. These include written information in the residents' handbook and the resident agreement, and verbal discussion during the admission process. Internal mechanisms of complaint include suggestions and comments forms, resident meetings, family conferences, and satisfaction surveys. The team noted that residents and their representatives use the available mechanisms and that management is responsive to the feedback received. The team noted that pamphlets advising residents about advocacy services, and external complaint mechanisms, are available at the home. Residents and representatives advised that they are aware of how to use the comments and complaints system.

#### **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's vision, values, mission, objectives and policy statements are documented and are on display in the home, on the organisation's web site, and recorded in key documents. Staff interviewed were able to explain how these guide their practice in caring for residents.

#### **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

Policies and procedures guide the management team in the recruitment, orientation, performance management and development of staff. Job descriptions, duty statements and work instructions are developed to guide staff in their role responsibilities. An induction program, staff handbook and employee information package ensures staff are informed about the organisation's philosophy and objectives. A mandatory and optional education program, staff practice audits, and probationary and annual performance appraisals ensure that staff maintain the required skills to perform their roles effectively. Staffing levels and skill mix are reviewed in response to residents' changing needs, call bell response times, staff feedback about their workloads, and resident feedback. The team received a range of positive and negative feedback from staff, residents and representatives about staffing resources. The care services manager advised that the roster has been recently amended to improve the availability of staff at peak times, and that strategies including the appointment of a unit manager and roster clerk have been implemented to improve staff coordination and reduce the use of agency staff. Staff interviewed advised that although they were 'busy', they could generally complete their allocated tasks during rostered times.

## 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

Processes are established to ensure that there are sufficient stocks of consumable goods and equipment to enable staff to undertake their jobs effectively. Delegated staff are responsible for ordering, and purchasing goods and equipment, and the team noted that storerooms contain a range of products available for staff and resident use. The team observed that residents have access to a range of equipment and assistive devices appropriate to their needs, and staff advised that management is responsive to their requests for additional equipment as required. A corrective and preventative maintenance program is established for essential equipment, and documentation reviewed indicated that maintenance requests are attended promptly. Regular audits and workplace safety inspections are undertaken to ensure that all equipment remains operational. Electrical equipment brought into the facility is regularly checked to ensure it is safe for use. Residents, representatives and staff interviewed are satisfied with the availability and appropriateness of goods and equipment.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

There are established processes to facilitate the collection, analysis and dissemination of information related to business and operational matters, and resident care. A document control system ensures that only approved documentation is used, and there are procedures to regularly back-up electronic information. The organisation uses an electronic resident care software package that is not yet fully integrated to incorporate all assessments, charting, care planning, progress note and incident reporting. This has resulted in duplication and inconsistencies in information, as both hard copies and electronic data are used. Residents and their representatives interviewed advised that they are provided with information brochures, a handbook and resident agreement advising how their information will be managed. Policies and procedures are used to guide consistent staff practice, and staff interviewed described how they access electronic versions of policies and procedures. Relevant information is communicated through resident, staff and management meetings, noticeboards, memorandums, staff communication folders, and handovers. Residents and representatives expressed satisfaction with the range of information available to them, and reported confidence in the ability of staff to manage their private and personal information.

## 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

An approved supplier and contractor list is established and used by authorised personnel to access external service providers. There are processes established to ensure that externally sourced services are provided in a way that meets the home's quality needs and service requirements, including negotiations with the organisation's property managers. Service agreements outline key responsibilities and quality

requirements. The maintenance supervisor oversees a schedule of planned preventative maintenance, and ensures that the work is conducted as scheduled by external contractors, and that it has been completed appropriately. The property manager gave examples of action taken to ensure that externally sourced services meet the home's quality needs.

## **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 pursues continuous improvement in the area of health and personal care. When improvement opportunities are identified, management and staff are responsive to the issues highlighted, and action is taken to implement changes that improve resident care.

Improvements relevant to this Accreditation Standard have been achieved and examples of these are described below.

- A 'robust fall management' system has been introduced to effectively identify and manage 'at risk' residents. A policy has been developed about the new system, and a checklist implemented to guide staff practice following a resident fall. Staff interviewed advised that the system provides clear guidelines on how to manage falls.
- A new external contractor was engaged to provide nutritional supplements. The clinical nurse advised that she works closely with the nutritional consultant to monitor residents' weights and provide appropriate supplements and fortified drinks for residents identified as 'at risk' of weight loss. A dietary preference chart has been introduced to provide a checking mechanism to ensure residents receive their prescribed supplements.
- A new medical suite is being constructed at the home. The new offices will provide an area for medical, dental and allied health clinics.

### **2.2 Regulatory compliance**

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

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

Does comply

There are systems in place to identify and ensure compliance with legislation, standards, codes of practice, and guidelines relevant to health and personal care. Staff are informed of regulatory requirements specific to their clinical roles and responsibilities during their orientation, and this information is updated as required through the education program, and at staff meetings. Staff interviewed described examples of regulatory compliance relevant to health and personal care.

### **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

There are systems in place to ensure that appropriately qualified staff are employed, staff educational requirements are identified, and appropriate and responsive training is implemented to promote skills development in the area of health and personal care. The manager advised that while it is desirable for care staff to have completed Certificate III in aged care, staff without this certificate are assisted to undertake appropriate training. Staff have access to broadcast training sessions, recorded discs, and self-directed learning packages that they can complete at convenient times. Care staff undertake clinical competency based assessments under the direction of nursing staff. Registered nursing staff attend ‘practice and clinical development’ groups to increase their professional skills. Staff advised, and the training calendar indicates, that education has been provided in dementia care, skin care, medication administration, continence management, nutrition and hydration, and palliative care. Staff interviewed indicated they are satisfied with the opportunities provided to increase their skills and knowledge.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Each resident is assessed on admission by qualified staff and an interim care plan developed. Following a seven day settling period residents are assessed via a dual paper based and electronic documentation system. Information from those assessments is utilised to develop comprehensive care plans and care alerts which are reviewed and evaluated three to six monthly, and as needs change. Any changes that are identified via the evaluation, triggers a reassessment and update of the care plans. Case conferences for input and consultation are held with residents and/or representatives following the completion of care plans. Care staff attend training and complete clinical competencies to support the delivery of care to residents. Residents and representatives are satisfied they receive appropriate care according 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 recommendation**

Does comply

Residents specialised nursing care needs are identified and assessed on admission and on an ongoing basis, by registered nurses and allied health staff. Combined care plans and acute care needs plans are developed and reviewed by appropriately qualified staff, and the resident’s general practitioner for specialised needs such as catheter care, enteral feeding, pain management, complex wound care, diabetes management and oxygen therapy. The home utilises external services such as the residential care line and the local hospital wound and continence services as required, for the support of nursing and care staff, and to provide particular expertise in specialised areas. Care staff have knowledge and demonstrated an understanding of reporting processes for clinical incidents and changes using an electronic

documentation system, and the homes communication and referral processes. Clinical indicators are collated and analysed, and preventative measures implemented as required. Residents and representatives are satisfied with the specialised nursing care needs delivered by the home.

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

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

### **Team’s recommendation**

Does comply

Residents are referred to appropriate health specialists in accordance with their needs and preferences via the registered nurse, resident’s general practitioner and the referral process to ensure access to other health and related services. There are established processes in place for residents to be visited, in the home by health specialists’ inclusive of physiotherapist, occupational therapist, dietician, speech pathologist, and podiatrist. Residents and have access to services including mental health teams, ulcer clinics, hearing, optical and dental services. Residents have a choice of general practitioner (GP), who visit the home weekly. Some residents choose to have their medical care managed by a GP not visiting the facility, and are assisted to access external appointments. The home has established networks with the department of veterans’ affairs, residential care line and local hospital services who aid with the provision of health specialists. Residents and representatives are satisfied with the assistance they receive to access health specialists.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has a medication system in place that includes multi-dose blister packs, medication profiles, and signing sheets supplied by a local pharmacist. The medication profile and signing sheet contains photographic identification of residents and prescription instructions, for the safe and correct administration of medications. Policies and procedures are in place for the management of medication to direct staff in the safe and correct storage, disposal, ordering and incident reporting of medications. Care staff are deemed competent in the administration of packed and topical medication. An accredited pharmacist conducts reviews of resident’s medication on a regular basis. Self medicating residents are assessed and reviewed by their doctor for the ability to self administer. Medication audits are conducted weekly and monthly to monitor compliance with the system. Incidents or audit findings are discussed at medication advisory committee meetings. Residents are satisfied their medication is delivered timely and managed safely.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents are assessed on admission, as needs change or when a new pain is identified via a pain assessment and management chart that identifies the time, location, frequency and intensity of pain, and interventions to relieve pain. The assessment provides for residents that can verbalise their pain which is measured via a



numerical scale or residents with a cognitive deficit can have their pain measured by non-verbal indicators. Information is entered into the electronic documentation system and the information is entered into a combined care plan. Residents are referred to their general practitioner, physiotherapist or occupational therapist for review or recommendations of strategies to treat pain with medication and therapeutic interventions. Staff can describe the processes in place for responding to residents who have pain including prescribed analgesia, heat rubs and packs and re-positioning, and identify non verbal cues for pain. Residents were satisfied with how 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 recommendation**

Does comply

A terminal care wishes form is completed for each resident on admission, which details cultural, spiritual and emotional needs and preferences, and discussed with representatives and family at case conferences on a periodic basis. Residents are identified and assessed as to their palliative care needs by the GP and instructions entered into the progress notes and included in the residents palliative care plan. The home accesses specialist palliative care providers should the need arise, and has access to equipment, and supplies to ensure the comfort and dignity of residents receiving palliation such as syringe drivers, air mattresses and topical treatments. A palliative care box containing music and oil burners is utilised to aid residents comfort and enhance the environment. The home provides families with the opportunity to stay overnight and has access to a GP who specialises in palliative care. Evidence of consultation and satisfaction with the palliative process was observed by the team in residents’ files currently receiving palliative care.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home has a systematic approach to assessing each resident's nutrition and hydration needs involving a dietary preference form, food intake chart and a nutritional assessment to determine likes or dislikes, special dietary requirements, modified food or fluids or special equipment. Information is entered onto a combined care plan and kitchen staff are provided with a copy of the dietary preference form. Residents are weighed monthly and the clinical nurse oversees and reviews any changes, flagging residents at risk as determined by the homes nutritional guidelines. Residents at risk are monitored and referred to a dietician and speech pathologists as required, who prescribe modified food and fluids and nutritional supplements. Residents’ fluid intake is monitored for those residents not able to management their own, with additional drinks and jellies provided by staff in the afternoons. Residents and representatives are satisfied their nutrition and hydration needs and preferences are provided.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Each resident's skin condition is observed by staff on admission, and assessed by nursing staff as to the condition and pressure risk, and any medical diagnosis that impacts on skin integrity. Strategies are developed to maintain skin, hair and nails, which are documented on the care plan. Residents are provided, as needed, with pressure devices and items of equipment to assist with mobility, and prevent the excoriation of skin. Wounds are assessed and treatment strategies documented on a wound care plan. Progress of healing is tracked on a monitoring and review form. Specialist wound care services are utilised to assist with complex wound care, stoma and enteral feeding sites. Incidence of wounds and skin tears are closely monitored, tracked and reviewed at clinical indicator meetings to identify issues that may impact resident's skin integrity. Residents and representatives reported that they were satisfied with the care provided in relation to their skin integrity.

## **2.12 Continence management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's recommendation**

Does comply

An initial assessment is completed for each resident on admission and then a three to seven day urinary and bowel record is completed and recorded to determine each residents function, toileting patterns and assistance requirements. The information is then utilised by the registered nurse, to develop a plan of care inclusive of any assistance required with toileting, assistive devices, aids or equipment used. All residents' bowel function is monitored daily via daily bowel charts. Resident's faecal and urinary management is evaluated on a three or six monthly basis, or as required, to ensure effectiveness in meeting the needs of residents. Nursing staff have been deemed competent to change indwelling and supra-pubic catheters. The home utilises an external continence aid supplier to provide advice, and training for staff on residents' continence requirements, and aids, as required. A continence information booklet is also available for staff reference which is provided at induction. Residents and representatives confirmed that their continence needs are being met.

## **2.13 Behavioural management**

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

### **Team's recommendation**

Does comply

Residents are assessed seven days following admission, and as needed, as to any behaviour responses previously demonstrated or observed, and a behaviour chart implemented. The assessment process looks at triggers, behaviours demonstrated and possible strategies to aid in either preventing or reducing challenging behaviours. A plan of care is developed taking into account the residents needs and preferences, and assessment information for the occupational therapist as to cognitive function, social interests and preferences. Residents with complex needs are referred to specialists and mental health teams for consultation and further diagnosis. Physical and chemical restraint is utilised by the home as a last option, with a risk assessment completed, and authorisation sought for physical restraint from the resident's representatives and general practitioner. Staff were able to describe actions taken to prevent or reduce behaviours of concern, and how physical restraints are monitored for resident safety and wellbeing. Residents were satisfied with the homes approach to managing the causes of behaviours of concern.

## **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

Each resident is assessed as to physical function, balance, falls risk and dexterity by the physiotherapist and occupational therapist on admission and reviewed as the need arises. The physiotherapist develops a mobility and transfer plan, a therapy treatment plan, and information is included on a combined care plan and care alert as to residents equipment, mobility and transfer needs. The occupational therapist addresses and provides input into dexterity exercises and equipment. Group and individual walking, exercise programs, and gross motor activities are in place to promote and maintain resident's physical function, carried out by the home therapy assistants. A range of walking and dexterity aids, and equipment are provided to residents. The environment is regularly monitored for fall or trip hazards and kept free of clutter. Residents and representatives are satisfied that their mobility and dexterity is optimised.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

An assessment of each resident's teeth and mouth is completed and an evaluation of the residents' oral and dental health is conducted with information included in the resident care plan. Residents are provided with teeth cleaning supplies to maintain oral and dental health and are offered annual checks of teeth and gums through the government dental health service. Follow up treatment is attended to by the resident's family or through the department of veteran's affairs. The resident's care plan reflects the needs and preferences of residents to maintain good oral and dental hygiene and details the residents' last dental visit or treatment. Evidence that follow up treatment has occurred was noted in letters from dental services in resident's files and progress note entries made by staff. Residents and representatives were satisfied with the assistance provided to maintain their oral and dental care.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

Resident's communication, cognition and sensory needs and loss are assessed by an occupational therapist on admission, with information in relation to all five senses included on a combined care plan and care alert. The use, type, assistance, and care required with any aids are clearly outlined, and staff provide support and assistance to residents as needed. Large print and talking books are provided by a local library for residents to access and specialist services such as audiologists and optometrists are referred to, and visit residents at the home. Sensory activities such as cooking, food tasting and gardening are delivered to provide sensory stimulation. Education is provided to staff with information, and instruction of how to use and apply sensory aids safely and correctly. Residents are satisfied with the support received to manage their sensory loss.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

A sleep assessment is completed for all residents which outline the settling and sleep routines, rituals and any difficulties and interventions required to aid sleep. A sleep chart is completed for new residents to ascertain sleeping patterns and identify strategies which prevent sleep being disturbed. Information is then collected and entered into a combined care plan. Strategies implemented to aid promotion of natural sleep include hot drinks, supper, different positioning, night lights and reassurance. Pharmacological interventions are also utilised as required in consultation with the resident’s doctor. Night staff conduct checks of all residents and the environment is monitored to ensure noise levels and lighting is appropriate. Residents confirmed and are satisfied that they are able to achieve natural sleep patterns.

## **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 pursues continuous improvement in the area of resident lifestyle. When improvement opportunities are identified, management and staff are responsive to the issues highlighted, and action is taken to implement changes that improve resident lifestyle.

Improvements relevant to this Accreditation Standard have been achieved and these are described below.

- In response to the results of a satisfaction survey related to the leisure and activity program, the program has been extended to six days a week, including Saturday. Additional therapy hours have been allocated to the program.
- Following a staff suggestion about grief and loss issues for residents and staff, an annual memorial service is to be implemented to remember deceased residents.
- Therapy staff have improved the coordination of volunteer services. An information pack is available for volunteers including an updated brochure, application, confidentiality agreement, orientation, appraisal and a handbook. The occupational therapist advised that this has enabled a more streamlined approach to the coordination and management of volunteers.

### 3.2 Regulatory compliance

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

### **Team’s recommendation**

Does comply

There are systems in place to identify and ensure compliance with legislation, standards, codes of practice, and guidelines relevant to residential aged care. Management and staff gave examples of regulatory compliance related to resident lifestyle such as staff being informed during their induction about their legislated responsibilities regarding the management of residents' confidential information. Staff sign a confidentiality agreement and 'code of conduct' to indicate their compliance, and receive a 'privacy manual' in their orientation pack. Residents are informed about the charter of residents' rights and responsibilities in information provided to them following their admission, and this information is displayed around the home. The service offers to formalise their occupancy arrangement on completion of a 'resident agreement'. This agreement outlines fee and tenure arrangements, and describes the care and services to be provided.

### **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

There are systems in place to ensure that appropriately qualified staff are employed, that staff educational requirements are identified, and that appropriate and responsive training is provided to promote skills development in the area of resident lifestyle. Education relevant to this Standard has been provided and includes attendance at an accredited therapy assistant course, and a modified chair aerobics workshop. The local residents' advocacy service visited the home and provided education to staff and residents about residents' rights and responsibilities. At induction, staff receive a 'privacy manual' resource, and undertaking training on elder abuse

### **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

There is a system in place for providing support to residents in adjusting to life at the home, which includes opportunities to visit prior to entry, and the provision of an information pack. The emotional needs of residents are monitored during the admission process and on an ongoing basis, and residents with identified needs are provided with appropriate support. The home maintains close links with external agencies that can provide specialist support when required. Staff were able to describe strategies used to ensure residents feel welcome when settling into the home. Residents' families are encouraged to visit as often as they wish, and relatives interviewed reported feeling very supported and welcomed whenever they visit the home.

### **3.5 Independence**

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

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

Does comply

Residents are encouraged and assisted to achieve maximum independence and participate in activities either within the home, or in the wider community.

Residents have the opportunity to manage their financial affairs and social arrangements, and staff facilitate these processes if residents are unable to do so. Suitable aids and support from staff, ensure that residents' mobility and communication levels are maximised, and that residents are able to participate in social events, either within the facility or externally. Staff interviewed, advised of activities outside of the home which are accessed by residents. Residents reported how they are encouraged and supported to maintain their independence.

### **3.6 Privacy and dignity**

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

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

Does comply

Processes are established to ensure that residents' privacy, dignity and confidentiality is maintained, including informing residents about how their personal information will be managed, and educating staff during their orientation about their responsibilities in maintaining confidentiality of sensitive information. Medical records are stored in locked offices and computers are password protected. Residents are accommodated in individual rooms with en-suite facilities to ensure privacy, and private areas are available for residents to entertain visitors. Staff advised that they assist residents with impaired cognition to manage their continence and to dress appropriately to preserve their social dignity. The team noted that staff communicate with residents in a manner that maintains their privacy and dignity, and that resident related information was communicated between staff in private areas to ensure confidentiality. Residents interviewed advised that staff take appropriate measures to facilitate their privacy and 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

The admission process includes the identification of residents' preferences, current interest and hobbies. This information is used to plan and develop the activity program including trips out, celebration of special days, as well as culturally specific activities. The monthly activity planner is displayed throughout the home, and therapy staff encourage and support the residents to attend whenever possible, respecting the choice of those who do not wish to. Information from the activity attendance data and activity surveys is used to evaluate and review the activity program. Residents/representatives expressed satisfaction with the activities available 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

Information relating to residents spiritual preferences and cultural background is gathered on admission in consultation with residents and representatives, and communicated to staff via care plans. Residents have access to on-site religious services, and religious visitors from different denominations. Staff demonstrated practices that foster and value residents' specific needs including the provision of

language cards and cultural foods. Residents' birthdays, cultural days and days of significance are celebrated. Residents and representative interviews stated that residents are satisfied with the support they receive to meet their spiritual and cultural needs.

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

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

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

Does comply

Systems are in place to identify and record the preferences of residents on admission and regularly thereafter. External support agencies are advertised within the home. Internal and external complaints mechanisms are outlined in the residents' agreement and handbook with feedback forms available throughout the home. Staff interviewed verified how residents are given choice in their activities of daily living, food preferences and involvement in activities. Residents' choice not to participate in activities and events is respected and residents are invited to contribute at regular residents meetings. Residents and representatives reported satisfaction with the opportunities residents have to make choices and decisions over their lifestyle preference.

### **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 are offered an agreement at their entry to the home to formalise their occupancy arrangements, which outlines their rights and responsibilities, the care and services to be provided, how they may provide feedback about the services they receive, and financial arrangements. Residents are encouraged to seek external opinion about the implications of signing the agreement and/or to understand the information in the agreement. Residents and/or representatives interviewed confirmed that they have formalised their tenure arrangements, and understand that they have secure tenure at the home. Room changes occur in consultation with the resident and/or their representatives and a 'form of agreement' is completed to formalise this arrangement.

## **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 actively pursues continuous improvement in the area of physical environment and safety systems. When improvement opportunities are identified management and staff are responsive to the issues highlighted, and action is taken to implement changes to improve care and service delivery.

Improvements relevant to this Accreditation Standard have been achieved and examples of these are described below.

- A new fire indicator panel and a sprinkler system was installed to upgrade the fire management system. The emergency procedures manual is amended to reflect the changes.
- An auditing process was developed to ensure that all kitchen procedures have been conducted as scheduled. The hospitality manager advised that the new checking mechanism includes a monitoring form to identify that cleaning and temperature monitoring procedures have been completed to ensure compliance with food regulations.
- The home is installing an improved resident call-bell system in the dementia wing. The new call-bell system will provide a print-out analysis to enable the care service manager to review call response times.

#### **4.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

There are systems in place to identify and ensure compliance with legislation, standards, codes of practice, and guidelines relevant to residential aged care. Staff interviewed described examples of regulatory compliance relevant to the physical environment and safety systems, and when interviewed understood their responsibilities in relation to safe work practices, including infection control, fire and emergencies, occupational safety and health, and the importance of reporting hazards and incidents. Staff are aware of regulatory issues relating to food safety and education attendance. Records indicated training about food handling and hygiene has been provided. A food safety program is developed outlining steps to control food hazards and staff are aware of the correct storage and handling of chemicals, and material safety data sheets are available for chemicals used onsite.

#### **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

There are systems in place to ensure that appropriately qualified staff are employed, that staff educational requirements are identified, and that appropriate and responsive training is implemented to promote skills development related to the physical environment and safety systems. This is facilitated through the orientation program, mandatory education program and elective training sessions. A delegated staff member coordinates the orientation program to ensure staff have appropriate knowledge of safety systems, and staff complete a series of questionnaires during their orientation to demonstrate skill acquisition. Annual mandatory education, including fire and emergency procedures, infection control, chemical awareness and manual



handling is conducted, and a system is in place to record attendance. All staff involved with food preparation and serving undertake food-handling education. Occupational safety and health representatives have undertaken accredited training.

#### **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 has systems and processes in place to actively pursue a safe and comfortable environment that reflects the care needs and preferences of residents. The building and grounds are maintained through a corrective and planned preventative maintenance program and safety issues are identified and managed appropriately. Furniture and equipment is appropriate to the residents needs. Residents have access to well-maintained grounds and courtyards, which includes an out door amphitheatre for concerts, a barbecue area and a children's playground. Call bells are installed in resident single en suite rooms and bathrooms, and handrails are installed in bathrooms as necessary to promote safety. Comfortable ambient temperatures are maintained throughout the home. Residents have personalised their rooms with items of furniture and memorabilia. Residents and representatives interviewed indicated that their rooms are comfortable, adequately meet their needs and they feel safe within 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

Systems are in place to enable the home to effectively work towards the provision of a living and working environment that minimises safety risks. Environmental safety issues are identified through the corrective maintenance program, audits, hazard identification and documented on continuous improvement forms. Accidents and incidents are recorded, investigated and followed up with corrective and/or preventative actions as necessary. Staff indicated that they have sufficient training, supplies and correctly maintained equipment to enable them to work in safety. Staff expressed satisfaction with the way in which safety issues are identified and managed at the home.

#### **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

Processes for identifying, managing and minimising fire, safety and security risks are in place. The fire safety system comprises a sprinkler system, fire doors, fire extinguishers, smoke detectors, fire hydrants, emergency lighting and signage, break glass alarms and a fire panel. A program of scheduled maintenance of all fire and emergency equipment is established and up to date. Emergency procedure manuals and evacuation packs with a list of current residents and their mobility requirements are located throughout the home. Mandatory annual education about fire and emergency

procedures is in place for staff, and attendance is monitored. Chemicals are appropriately stored and material safety data sheets are available for chemicals on site. Staff and residents were aware of emergency procedures and actions they should take in the event of a fire.

#### **4.7 Infection control**

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

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

Does comply

Processes are in place to identify, and manage, actual or potential infection control risks. Infection data is collected and analysed from audits and clinical indicators, discussed at occupational safety and health meetings. Education is included at orientation and at regular intervals during the year, and as required. An external consultant supports the home with auditing, staff training, and on call advice. Vaccinations are offered to staff and residents, to minimise the risk of infection. Hand towel and soap dispensers were observed throughout the home, with signs to remind staff to wash their hands. Staff interviewed were able to describe infection control strategies, confirmed attendance at regular training, and clarified sufficient personal protective equipment is available to minimise the risk of transmission of infections. Residents and representatives interviewed expressed satisfaction with infection control procedures at 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

Systems are in place to ensure that hospitality services reflect resident's needs and preferences, including catering, cleaning, and laundry services. Resident's meals are cooked on site, and served from separate kitchens throughout the home using food safety guidelines and residents individual requirements are catered for. All personal and flat linen is laundered on-site by an external contractor with a system in place to minimise the loss of resident's personal clothing. Cleaning schedules were observed and staff advised that duty lists, and checklists are in place to monitor practices. Management advised, and documentation confirmed, audits, surveys, and comments and complaints, are reviewed regularly. The home provides a clean, and homely living environment, and residents and representatives interviewed expressed satisfaction with cleaning, laundry and catering services provided.