



Aged Care  
Standards and Accreditation Agency Ltd

## **RSL Park Hostel**

RACS ID 3038

RSL War Veterans' Homes - Trust of Victoria RSL Park 85 Overport Road  
FRANKSTON VIC 3199

Approved provider: Vasey RSL Care Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 August 2016.

We made our decision on 28 June 2013.

The audit was conducted on 21 May 2013 to 22 May 2013. The assessment team's report is attached.

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

This home is a 2014 Better Practice Award winner. [Click here](#) to find out more about their award.

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

**Standard 4: Physical environment and safe systems****Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**RSL Park Hostel 3038**

**Approved provider: Vasey RSL Care Ltd**

## Introduction

This is the report of a re-accreditation audit from 21 May 2013 to 22 May 2013 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 21 May 2013 to 22 May 2013.

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

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

## Assessment team

Team leader:	Sylvia (Lynne) Sellers
Team members:	Mary Jo Nash
	Rita Rousso

## Approved provider details

Approved provider:	Vasey RSL Care Ltd
--------------------	--------------------

## Details of home

Name of home:	RSL Park Hostel
RACS ID:	3038

Total number of allocated places:	120
Number of residents during audit:	120
Number of high care residents during audit:	89
Special needs catered for:	Dementia specific care

Street:	RSL War Veterans' Homes - Trust of Victoria RSL Park 85 Overport Road	State:	Victoria
City:	Frankston	Postcode:	3199
Phone number:	03 9787 2844	Facsimile:	03 9787 6564
E-mail address:	jan.semple@vaseysl.org.au or john.isaacs@vaseyRSLcare.org.au		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	13
Residential manager	1	Lifestyle coordinator and staff/volunteers	4
Senior management	9	Laundry staff	2
Facility care coordinator/registered nurses	2	Cleaning staff	2
Registered nurse	2	Maintenance staff	1
Enrolled nurse	1	Catering staff	2
Care staff	10	Physiotherapist	1
Wellness coordinator	1		

### Sampled documents

	Number		Number
Residents' files	14	Medication charts	13
Summary/quick reference care plans	16	Personnel files	8
Lifestyle care plans and assessments	12	Service agreements/contracts	5

### Other documents reviewed

The team also reviewed:

- Asset schedule - jobs
- Audit schedule, tools, results and actions
- Clinical issues and care directives folder
- Communication diary
- Complaints management checklist
- Continuous improvement achievements
- Contractor induction record
- Contractor risk assessment
- Contractor service agreement
- Contractors police certificate letter register
- Dangerous drugs registers
- Data dictionary – key performance and quality indicators
- Dietary requirements and changes documentation
- Education and training records

- Electronic care planning and assessment tool
- Employee handbook
- Employee induction record
- Essential service records
- Fire safety equipment records
- Food safety plan and relevant monitoring records
- Handover sheets
- Hazard reports and resolution form
- Individualised activity calendars
- Infection control data and analysis
- Information booklet for clients and families
- Initial appraisal guide for new residents
- Interim care plan
- Lifestyle documentation
- Maintenance reports from contractors
- Maintenance request book
- Maintenance work orders
- Meeting schedule and minutes
- New employee workplace orientation program
- Nurses' registration register
- Occupational health and safety inspection schedule
- Pest management program
- Police certificate guidelines contractors agreement
- Police certificate registers – staff, volunteers, contractors
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule
- Quality improvements requests
- Recommendations from allied health referrals
- Resident care plan and assessment schedule
- Resident handbook
- Resident of the day form
- Resident of the day summaries
- Residents' satisfaction survey results
- Rosters
- Self-medicating assessment form
- Site reportable event register

- Staff handbook
- Vision, mission and values statements
- Weight chart
- Workplace inspection audits
- Workplace orientation program checklist
- Wound folder.

### **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Cleaning trolleys
- Communication boards
- Daily menu displayed on television screens
- Dressing and wound care trolleys
- Emergency evacuation maps and assembly areas
- Equipment and supply storage areas
- External complaints mechanisms and advocacy brochures
- Flammable equipment cupboard
- Four week menu displayed
- Fresh fruit in dining rooms
- Interactions between staff and residents
- Internal and external living environment
- Linen trolleys
- Lunchtime meal service
- Maintenance and paint storage sheds and supplies
- Medication round and storage of medications
- Outbreak kits
- Oxygen storage and warning signage
- Pain clinic/wellness centre
- Public announcements of activities
- Register of food donated/bought into the service
- Resident meeting in progress
- Residents attending sensory activities and happy hour
- Staff assisting residents
- Storage of medications
- The Charter of residents' rights and responsibilities
- Wound management supplies.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has a system that assists it to actively pursue continuous improvement with staff, residents and representatives supported and encouraged to participate. Policies and procedures underpin the continuous improvement system and 'have your say' and quality improvement request forms, audit results, meetings, surveys and informal stakeholder feedback inform the system. The home maintains both a continuous improvement register and a quality improvement register with improvement opportunities actioned, timeframes established and results evaluated for effectiveness and satisfaction. Performance measures including complaints, incidents and infections are analysed for trends with strategies implemented and outcomes evaluated. Management provides feedback individually or through meetings, memoranda, noticeboards, newsletters and letters. Staff, residents and representatives said they participate in the continuous improvement process and are satisfied ongoing improvements occur.

Examples of improvement initiatives implemented by the home relevant to management systems, staffing and organisational development include:

- Management identified an increase in resident care needs and adjusted the staffing profile and staffing hours to meet these needs. The new staffing profile contains the following additions and changes:
  - The creation of a second full-time facility care coordinator position.
  - The replacement of a personal care worker supervisor position with a registered nurse team leader position in the high care unit.
  - The creation of an enrolled nurse team leader position on the afternoon shift in the high care unit.
  - The introduction of team leader positions in each unit.
  - An increase in personal care worker hours in the morning shift.
  - The creation of a documentation/ACFI coordinator (registered nurse) position.
  - The creation of an allied health care assistant position to assist residents attending the Park Therapy Centre.

These additions and changes to the staffing profile have resulted in more accurate and timely assessments of residents' care needs with re-assessments occurring following changes in residents' needs. The new profile includes more qualified staff in dedicated positions who are experienced and trained to identify residents' care needs and manage these needs effectively. Staff said they feel more supported having experienced staff in leadership positions and said residents are benefiting with changing needs identified and addressed in a timely and effective way. Residents and

representatives said they are satisfied with staffing levels and the knowledge and skills of staff.

- Staff provided feedback that the process for developing and evaluating a resident's care plan was time consuming and onerous. A review and subsequent redevelopment of the care plan template reduced the clinical domains from twenty to four domains. Management also produced a 'basic care interventions guide' for care staff which provides practical guidance on generic basic care interventions for residents. Staff have reported to management the revised care plan contains useful, individualised and appropriate information and the reduction in care domains enables information to be quickly developed and retrieved. Staff interviewed said they find the reduced care domains easy to use and that required information regarding residents' care and lifestyle needs are easily accessible in handover information with interventions and strategies contained in summary care plans. As a result of the success of this trial project the organisation has commenced a project to review assessment, charting and care plan tools across the organisation.

The organisation's human resources department identified there could be an improvement in the recruitment process. They set up a process where applicants for certain positions attend an initial group interview with role related testing. For example, management observed care staff in a group situation for their functionality in a group and their writing and comprehension skills. Human resources staff conduct psychometric testing following the group interviews and behavioural modelling is utilised as appropriate. For example, in the recruitment for enrolled nurse team leader positions, the human resources team used high performance modelling which captured the characteristics of high performing enrolled nurses to comparatively measure the characteristics of applicants against the model. This has resulted in a process which potentially identifies the most suitable applicant for positions. The organisation is currently evaluating this new process.

## **1.2 Regulatory compliance**

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

### **Team's findings**

The home meets this expected outcome

Regulatory and legislative updates and information are available to the home through a legal update system, membership of industry bodies and government and municipal correspondence. Appointed personnel within the organisation monitor these avenues for regulatory and legislative changes and register these changes. The executive management team review monthly updates and report to the document control group and quality committee to assess the changes for their potential impact on policies and procedures. The organisational quality manager communicates updates to the residential manager who makes staff aware of all requirements through online and hard-copy access to policies and procedures, memoranda, handover, information sessions and education. All staff and volunteers are required to provide a current police check and this process is monitored to ensure currency is maintained. The home informed all stakeholders of the re-accreditation audit and stakeholders have access to a comments and complaints process. The organisation informs the Department of Health and Ageing of all key personnel and any changes.

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

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

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

The home meets this expected outcome

Management provides staff with access to learning and development opportunities to enhance their work practices. The home's recruitment and orientation processes include training in key areas to ensure consistency of staff skills and knowledge upon commencement. Management monitors staff performance through a performance appraisal process. The home's education program includes mandatory training subjects, competencies, on-line courses, videos and external courses/conferences. Management identifies training needs from outcomes of audits, data trend analysis, incident reports and a staff training needs analysis. Management and staff confirmed their satisfaction with the educational opportunities provided by the organisation. Residents and representatives are satisfied with staff knowledge and skills to meet resident's needs.

Examples of education and training provided in relation to Standard 1 include:

- bullying and harassment
- complaints management
- equal opportunity
- essential skills for supervisors
- frontline management
- Organisational induction.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home displays internal and external complaint brochures and forms and provides information on complaints mechanisms in the resident handbook. On entry to the home staff show residents and representatives the location of 'have your say' and quality improvement request forms, external complaints and advocacy brochures. The home reinforces the comments and complaints process at resident and representative and staff meetings and comments and complaints inform the continuous improvement system. The residential manager oversees the complaints system and acknowledges, investigates and actions all complaints. The organisation's residential quality committee monitors comments and complaints feedback and data. Residents, representatives and staff know about making comments or expressing concerns through appropriate means and said that management is responsive to concerns or suggestions.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home displays its vision, mission and values statements throughout the home and documents these in resident and employee handbooks. A board of management meets monthly with an executive management team providing strategic, risk and operational management.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home employs appropriately skilled and qualified staff to meet resident care needs. The residential manager supported by organisational human resources facilitates recruitment and the home employs a range of staff with a skill mix to achieve the home's objectives. Management use casual bank or agency staff to replace permanent staff, on annual or sick leave. Position descriptions inform and guide staff and new staff undergo an orientation program. Staff complete mandatory education including manual handling and fire and emergency and appropriate staff complete medication competencies. Staff said the home provides them with a thorough orientation of work practices and management and staff said staff have appropriate skills to meet residents' needs. Staff said they enjoy their work and express a commitment to the residents and to the home. Residents and representatives express confidence in the abilities of staff and say they were very satisfied with the services staff provide to them.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

Management ensures there are appropriate stocks of goods and equipment for the delivery of quality service. Management orders and stocks inventory appropriately and stock rotation occurs. Staff inspect and evaluate purchased goods and equipment upon arrival with stock securely stored in safe, clean areas. A maintenance supervisor supported by organisational property management manages and monitors an effective preventive and reactive maintenance program. Staff, residents and representatives said they are satisfied with the quantity and quality of goods and the equipment available to them.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home gathers information through the assessment and care planning process, financial and contractual information, staff employment, continuous improvement activities, meetings and correspondence. Management and staff have access to resident care information and registered nurses regularly review this information. Resident and personnel files are stored securely in restricted access areas; electronic information is password protected and backed up and the home archives resident and staff documentation. Residents, staff and contractors receive handbooks that provide information on the homes processes and requirements. The home holds regular minuted meetings and there are scheduled reviews of policies and procedures. Staff said they receive information at handover, in memoranda and at staff meetings. Residents and representatives said the home ensures they are aware of information relevant to them through noticeboards, newsletters, in meetings and by mail.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure that externally sourced services meet their needs and quality expectations. The organisation's property department manages external services and in consultation with key personnel, identifies, selects, monitors and evaluates contractors' level of service and ensures contractors' meet all necessary regulatory requirements. The property department and the general manager residential, regularly review contractors' performance and respond promptly if residents or staff provide negative feedback. Residents and staff said they were satisfied with the quality and services provided by external contractors.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

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

Examples of improvement initiatives implemented by the home relevant to health and personal care include:

- As a result of the review of assessment and care planning processes management identified there was a need for a review of the responsibilities of the facility care coordinators role in the care planning process. Historically, personal care workers were evaluating care plans monthly with a three monthly review by facility care coordinators. The following changes were implemented:
  - An update of the resident of the day system occurred with the inclusion of a checklist allocating specific responsibilities to personal care workers, including housekeeping tasks. Continuing feedback and input from staff is occurring to ensure the checklist is relevant.
  - Facility care coordinators now evaluate care plans monthly. This has resulted in resident care needs evaluated by suitable qualified staff in a timely way. The updated resident of the day form clearly identifies each staff member's role with the overall evaluation completed by the facility care coordinator. Staff said the updated resident of the day form is easier to follow and clearly outlines specific tasks resulting in all aspects of evaluation conducted as part of the resident of the day process.
  - Audits identified that a large percentage of residents had significant pain issues. Management reviewed pharmacological management and identified the need to increase non-pharmacological interventions to assist in the management of residents' pain. This led to the establishment of a pain management clinic known as 'The Park' therapy centre. Prior to opening the centre staff interviewed residents to gauge their interest with residents responsive to the idea. Management allocated an area of the home for the centre and an appropriate fit-out occurred. Physiotherapy hours were increased and management recruited an allied health assistant for the centre. The Park therapy centre has been a great success with residents expressing reduced discomfort or pain in their bodies. In a recent survey residents reported an elevation of mood, improved sleep patterns and some residents are no longer requiring 'as required' analgesia.

## **2.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure compliance with relevant legislation, regulations and guidelines in regard to health and personal care. The home monitors compliance through staff competencies, audits and surveys. There are systems for checking nursing registration and systems for storage, checking and administration of medications in accordance with regulatory requirements. Registered nurses assess, plan and evaluate resident medication and specialised care needs. Staff said they receive information and education on the mandatory reporting of residents who abscond and about the legislative and regulatory requirements relating to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

## **2.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for a description of the home’s education and staff development processes.

The home ensures management and staff have the appropriate knowledge and skills to effectively perform their roles to provide health and personal care to meet the needs of residents. Staff reported a high level of satisfaction with the health and personal care education offered by the home.

Examples of recent education and training relating to Standard 2 include.

- advanced care directives
- continence management
- diabetic management
- maintaining weight
- medication competencies
- stoma care
- wound management.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

The home has clinical protocols to assist staff in completing clinical care. Residents are assessed on entry and an electronic care plan is generated which outlines residents’ needs,

preferences and care requirements. Registered nurses oversee the care planning process and appropriately qualified staff provide care to residents as required. Clinical charts, progress notes, assessments, communication boards and handover provide staff with the knowledge of each resident's care. Care staff provide basic care under the direction and supervision of facility care coordinators and team leaders. Staff follow procedures to monitor residents' observations and include vital signs and weight. Nursing staff access medical practitioners and allied health professionals in a timely manner to provide assessment and management of residents' clinical needs. Staff indicated a familiarity with the clinical needs of the residents they care for and residents confirmed residents receive clinical care appropriate to their needs.

## **2.5 Specialised nursing care needs**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure that appropriately qualified staff meet residents' specialised nursing care needs. Registered nurses assess residents' complex care requirements on an ongoing basis and generally evaluate the care provided to residents to meet specialised care needs. Care plans include specialised care instructions. Staff access medical practitioners and health professionals when required and nursing staff receive education within the home to ensure their skills are appropriate to residents' complex needs. Residents were satisfied with the home's approach to managing residents' specialised nursing care needs.

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

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

### **Team's findings**

The home meets this expected outcome

Staff refer residents with complex care needs to specialists of their choice for treatment and advice. Access is available to a dietician, speech pathologist, palliative care, optometrist, audiologist, podiatrist, aged mental health service and outreach programs. Staff assess residents for their individual needs and preferences and develop care plans in consultation with the resident to include recommendations made by other health professionals. Where required, staff assist residents to make appointments and access services. Residents confirmed they have access to appropriate health professionals as required.

## **2.7 Medication management**

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

### **Team's findings**

The home meets this expected outcome

The home has a system to manage residents' medications safely. Medications are securely stored and checking mechanisms are in place. Appropriately qualified staff administer medications. There are processes to monitor compliance with the medication management system through audits, documentation of incidents and independent annual medication reviews. A medication advisory committee meets regularly to discuss medication incidents



and policies. Staff undertake annual medication competencies. Residents state they were satisfied with the management of their medications.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure the appropriate management of residents’ pain. Staff use validated assessment tools to assess residents for previous and current pain on entry to the home and care plans document residents’ pain relieving interventions. Nursing staff refer residents to the on site pain clinic for further assessment to assist with pain management. Staff implement non-pharmacological and pharmacological pain management strategies including the use of massage, heat packs, general exercise, repositioning, medication and techniques to divert the resident. The home conducts surveys to review the effectiveness of the strategies and interventions pertaining to the pain clinic. Residents said they were satisfied with the home’s management of pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure they meet the comfort and dignity needs of residents when providing palliative care. Staff assess residents’ end of life wishes at the appropriate time when assessing palliative care needs. The home is able to access an external palliative care provider to assist staff in the provision of palliative care and also access health professionals as necessary for additional review. Lifestyle and social support staff are available to assist residents and representatives and the home provides sensory interventions in a comfortable, peaceful and private atmosphere. Review of documentation indicated residents’ cultural and spiritual needs are considered and that family involvement at this time is encouraged.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Care plans detail residents individual choices, allergies, food likes and dislikes, assistance required, assistive devices and special dietary requirements. Staff refer residents identified as having a change to their nutritional intake, weight, health status or swallowing difficulties to a dietician or speech pathologist. The home provides additional nutritional supplements or texture-modified diets and fluids as recommended or required. Monthly weighs of residents is undertaken or more frequently if required. Residents stated they were satisfied with the quantity and quality of food and fluids offered.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to promote residents’ skin integrity consistent with their overall health. A validated assessment tool is in place to identify residents at risk of skin breakdown and care plans as well as clinical directive documents identify strategies to reduce this risk. Interventions include the use of pressure relieving mattresses, continence aids, nutritional supplements, massage, emollient creams as well as appropriate transfer methods and equipment. Staff document and monitor skin tears and wounds. Residents were satisfied with the home’s approach to maintaining resident skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to manage residents’ continence and toileting requirements effectively. The handover documents identify level of assistance required, including maintenance of skin integrity and toileting schedules. A continence supplier provides continence advice and education to staff. Staff chart bowel movements and generally monitor urinary tract infections. Staff confirmed they have access to sufficient numbers of continence aids appropriate to residents’ assessed needs and residents confirmed staff assist them with their continence and toileting requirements.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Residents with identified challenging behaviours at entry to the home, have these assessed, monitored and reviewed as appropriate. Care plans provide strategies to manage behaviours that are individual to residents’ particular requirements. Nursing staff, in consultation with the general practitioner can access psycho-geriatric services to provide advice and management strategies. Care plans provide information on triggers for behaviours and interventions of use in managing them. There is a minimal restraint policy in place. The home is secure for wandering residents with access by keypad. Staff receive education on behaviour management.

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

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

### **Team's findings**

The home meets this expected outcome

During the initial assessment phase residents have a falls risk assessment as well as a mobility, dexterity and risk assessment completed by the physiotherapist. The home provides residents with appropriate assistive devices and mobility aids to assist in maintaining and promoting their independence and safety. Staff report and monitor resident falls. The lifestyle program incorporates exercise and wellness programs throughout the week. We observed staff assisting residents in mobilising. Residents stated they feel supported to maintain optimum levels of mobility.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to routinely assess and maintain residents' oral and dental needs and preferences. Care plans reflect individual resident preferences and indicate interventions to address residents' identified needs that may impact on providing oral and dental health such as behaviours, diet and personal abilities. Residents can choose and staff assist them to access their preferred providers of dental care. Residents confirmed the home assists them to maintain their preferred dental care regimes.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

Staff undertake communication, physiotherapy and nutrition assessments which incorporate hearing, vision, speech, language spoken and any identified sensory loss such as loss of smell. Care plans show interventions such as assistance and assistive devices required. Sensory loss strategies include the use of music, massage, large print books and audio tapes and residents have access to organisations to assist them with their sensory losses. The lifestyle program captures sensory loss strategies through its use of a sensory garden incorporating the smell of flowers and vegetables and the use of sensory boxes. Residents confirmed staff assist them with their devices if required.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure that residents' sleep is managed in a natural and non-invasive way. On entry to the home, staff assess residents' normal sleep and wake patterns and these patterns are supported by the home through the care planning process

where practical. Staff use pharmacological and non-pharmacological methods to promote sleep. Review of documentation confirmed staff respect resident wishes regarding sleep. Residents stated that the home is quiet at night and they sleep well.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives implemented by the home, relevant to resident lifestyle include:

- Lifestyle staff identified an opportunity for improvement in the orientation and support services provided to new residents in adjusting to a shared living environment. Lifestyle staff have developed a form which documents and triggers regular visits to new residents within the first two weeks of entry. Lifestyle staff provide new residents with extra tours of the home and introduced and encouraged residents to attend activities in and outside of the home which gives them greater exposure to other residents. This has resulted in new residents developing an early rapport with lifestyle staff and staff say this better enables them to support the emotional needs of these residents in those early days in the home. Residents said they felt very supported on entry to the home.
- The Frankston Library Service approached management and offered the services of a volunteer librarian. The volunteer librarian attends the home twice a week and provides books, compact discs, DVD’s, magazines and newspapers from the Frankston Library. Administration staff make a public announcement to residents when the librarian attends the home. The librarian also visits residents who are unable to leave their rooms and provides them with books and library materials that are of interest to them. Residents said they really appreciate having this service available to them.
- The 2011 annual resident survey identified residents were not satisfied with outings offered by the home. Lifestyle staff conducted a review of resident outings and asked residents to provide feedback on where they would like to go on outings. Lifestyle staff removed those activities and outings that were not well attended or popular from the planner. Lifestyle staff produced and distributed a new three monthly outings guide for residents. This gives residents the opportunity to choose the outings they wish to attend in advance. The 2012 annual resident survey showed an increase in satisfaction with outings from 58 percent in 2011 to 81 percent in 2012. Residents said they enjoyed the outings offered and were pleased they could choose the outings they attended.

### **3.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has a system for identifying and ensuring compliance with relevant legislation, regulations and guidelines in regard to resident lifestyle. The home monitors compliance through regular reviews, audits and surveys.

The home provides residents and representatives with a resident agreement which details information relating to their security of tenure, privacy and rights and responsibilities. Staff said they receive information relating to privacy, elder abuse, mandatory reporting responsibilities and residents' rights. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

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

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

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

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for a description of the home's education and staff development processes.

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. Management identifies education needs in relation to resident lifestyle through communication with lifestyle staff and residents, audits, incident reports and through meetings.

Examples of recent education and training relating to Standard 3 include.

- certificate four in leisure and lifestyle
- dementia care essentials
- emotional well being
- privacy and dignity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Each resident in the home receives support from care and lifestyle staff in adjusting to life in their new environment and on an ongoing basis. On entry lifestyle staff gather details of the resident's history and interests in consultation with the resident and their representatives. Care plans include identified emotional support needs with interventions and reviews occur regularly. Staff show awareness of residents' emotional needs and preferences through out the admission process and in episodes of crisis and access specialised services when

required. Residents and their representatives confirmed staff provided emotional support and it is effective in meeting residents' needs and preferences.

### **3.5 Independence**

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

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

The home meets this expected outcome

Staff access a variety of systems to assist residents to maintain their independence. Lifestyle staff assess residents' lifestyle needs and preferences, such as social, cultural and community interests, on their entry to the home and conduct regular reviews of care plans. Care files record the level of support and assistance required and management identify residents who require an authorised person to act for them. Management provide information to residents and representatives outlining the residents' right to take leave and discusses services to support their needs. Physiotherapy and activities programs assist residents to maintain social and physical independence. Management provides open and flexible visiting times and encourage representatives and friends to visit. Residents confirm they participate in decisions regarding activities of daily living and said staff support them to be as independent as possible.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management provide residents and representatives with information about their right to privacy and discuss how they will use and access the information gathered. Staff assess and identify residents' privacy and dignity needs and preferences and communicate these in care plan documentation. Management ensure residents' clinical and financial records are stored in locked offices and these are accessible to relevant care and administrative staff to maintain privacy and confidentiality. Management conduct surveys and gain verbal feedback from residents and representatives to evaluate the effectiveness of strategies to ensure residents' privacy and dignity is recognised and respected. Staff said they were aware of their responsibilities in protecting residents' privacy, dignity and confidentiality and residents said staff were respectful when attending to their needs.

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

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

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

The home meets this expected outcome

The home offers residents a diverse range of interests through a flexible program. Lifestyle staff complete assessments to identify and record resident's individual requirements related to lifestyle needs including emotional support needs, independence, individual lifestyle, the residents' past and present, linguistic, privacy and dignity needs as well as cultural and spiritual requirements. The assessment process is undertaken after residents enter the home

in consultation with the residents and representatives. Care plans are developed and reviewed on an ongoing basis. Lifestyle staff conduct one to one sessions for residents who choose not to be involved in group activities and include visits from community members and volunteers. Staff formally evaluate the effectiveness of the activity program in meeting residents' needs and feedback is encouraged through meetings and direct contact. Residents and representatives said the lifestyle program is comprehensive and meets their needs.

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

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

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

The home meets this expected outcome

Staff identify resident's individual cultural and spiritual needs through assessment and care planning processes during the first weeks following the resident entering the home. Resident's and representatives are consulted and the lifestyle team develop individualised care plans to ensure that all cultural and ethnic, customs and beliefs are respected. Church representatives conduct religious services regularly within the home including communion and prayer. Ministers and pastoral care workers are able to provide room visits if requested for residents who do not attend communal services. Staff are able to assist residents with identified religious needs outside those provided and to access groups and volunteers to have their needs met as required. Management and staff said residents are encouraged and assisted to celebrate significant anniversaries and events. Residents said they were satisfied with the support provided to enable them to maintain their cultural and spiritual interests.

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

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

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

The home meets this expected outcome

The admission and assessment process identifies residents' choice and preferences and staff formulate care plans with individual choices. Residents and representatives are encouraged to actively participate and exercise choices and decisions about service delivery including lifestyle, care and input into the menu through various forums such as regular meetings, family conferences and satisfaction surveys. Management provide information to all stakeholders relating to the internal and external complaints mechanisms and external advocacy services. Staff regularly evaluate care plans to ensure resident's wishes are followed through ensuring individual choices are met. Residents interviewed said they were satisfied that staff respect their choices and they were supported in choice and decision making processes.



### **3.10 R resident security of tenure and responsibilities**

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

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

The home meets this expected outcome

Management conducts tours of the home for prospective residents and their representatives and provides an information package that sets out terms of residency and information about services offered and fees and charges. Management offer an accommodation agreement which contains information about residents' rights and responsibilities, specified care and services and methods of making complaints. Management consult residents and their representatives about room changes when required. Residents said they understand their rights regarding security of tenure and representatives said management provided them with relevant information and they advocate on behalf of the residents if required.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives implemented by the home relevant to the physical environment and safe systems include:

- A family member suggested the establishment of a memorial garden to recognise and remember residents who had died. Management identified a suitable garden area and had the area landscaped and roses planted. When a resident dies staff attach a laminated label containing the resident’s details and/or veteran history to a rose in the garden. On Remembrance Day staff hold a ceremony which includes remembering those who have died in the past year. A ceremony to officially open the garden was attended by residents, current and past representatives, staff and the board of management. Residents and representatives said they find the garden a place of reflection and beauty and like commemorating departed residents this way.
- The annual resident satisfaction survey identified residents wanted to be included in meal planning and that there were issues with food temperature. Management added a food focus component to resident and relative meetings which the chef attends to listen to residents’ feedback. The chef has increased contact with residents by visiting each unit one day each week and discusses food and any feedback with residents. Other improvements in food services include the following:

- Installation of large screen televisions to display menus.
- Introduction of puree moulds for texture modified meals.
- Changes to the menu in response to resident feedback.
- Adjustment of names of meal items to simplify them.
- Additional fresh fruit provided.

The 2012 annual resident survey showed an increase in satisfaction with food services from 63 percent in 2011 to 74 percent in 2012. Management said there has been a reduction in complaints and feedback regarding food and an increase in compliments. Residents said the food was generally very good, there was plenty of it and it was good quality food.

- The Department of Health and Ageing released revised infection control and prevention guidelines. Management conducted a gap analysis against their existing infection control policies and procedures and identified opportunities to improve them. Management engaged external consults to provide support and expertise to review and revise the home’s infection control policies and procedures against the new guidelines and to provide education to staff. Improvements include:
  - Review and update of outbreak management kits contents.
  - Replacement of aerosol bottles with pull top bottles.

- Reduced the use of disinfectant.
- Introduced a hand hygiene culture program.
- Standardised hand rub products and installed individual hand rub product in each resident's room.
- Reviewed the dress code of staff and introduced a 'bare below the elbows' protocol.
- Introduced Ph neutral detergent wipes to give staff easy access to cleaning products.

This has resulted in improved infection control procedures and mitigation of risk in the prevention and reduction of health care acquired infections.

#### **4.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has a system for identifying and ensuring compliance with relevant legislation, regulations and guidelines in relation to the home's physical environment and safe systems. The home monitors compliance through regular reviews, internal and external audits and surveys. The home has an audited food safety plan, complies with occupational health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

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

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

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

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for a description for information about the home's education and staff development processes.

The home ensures management and staff have the appropriate knowledge and skills to effectively perform their roles in the area of physical environment and safe systems. Management identifies staff training needs in relation to the physical environment through mechanisms including feedback from staff and residents, environmental audits, investigation of reported incidents and hazards, risk assessments and meetings.

Recent education relating to Standard 4 includes:

- chemical handling
- chief fire warden training
- fire and safety
- food handling
- infection prevention/hand hygiene

- manual handling
- resident information sessions on fire and safety.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has a pleasant ambience and appropriate furnishings with residents residing in single rooms with en suites. Residents are encouraged to personalise their rooms with furniture and memorabilia as desired. There are a large number of private lounges and communal areas for residents and their families and the home has extensive internal courtyards and external gardens. There is preventative and corrective maintenance management, heating and cooling systems and appropriate measures to ensure the safety and security of residents. Management conducts regular audits of the living environment and actions and evaluates identified matters of concern. Residents and representatives expressed their satisfaction with the home's approach to maintaining a safe and comfortable living environment.

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

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

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

The home meets this expected outcome

Management demonstrated that the home has processes to ensure the safety of residents, staff and visitors. Staff said they received manual handling training on orientation and are required to complete competencies annually. Equipment is available to safely assist residents and regular audits are completed to ensure overall environmental safety. Staff are aware of the home's occupational health and safety system and said management consult them about equipment purchases. Staff reported they are satisfied management is active in providing a safe work environment. Staff said they are satisfied with the safety measures taken and the equipment provided by 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 findings**

The home meets this expected outcome

The home has fire, security and emergency monitoring and alarm systems. Fire equipment and floor plans are located throughout. Emergency exits are clearly marked and provide clear egress. New staff are orientated to fire and emergencies procedures which is further supported by annual mandatory fire and emergency training. The home is secured and monitored overnight. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff and residents were aware of their individual roles in the case of an emergency and residents confirm they felt safe and secure.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. There is a designated person in charge of infection control. Policies and procedures assist staff in their practice when attending to residents using infection control principles. Monitoring of these practices and infection control procedures occurs regularly through the audit process at the home. Prevention strategies such as infectious waste disposal systems, accessible stocks of personal protective equipment, a food safety program and outbreak kits are in place. Staff receive education on infection control and we observed these sessions on the education plan. We observed staff washing their hands. Residents and representatives said they were confident staff knew infection control principles and were familiar with processes throughout 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 findings**

The home meets this expected outcome

An external contractor prepares food daily onsite according to an independent food safety program. Staff assess residents' dietary requirements and preferences on entry to the home and report and record any dietary changes catering staff. Residents reported they have input into the menu selection and are generally satisfied with food choices offered by the home. External contracted cleaning staff follow schedules and infection control cleaning policies. The home was clean, neat and tidy and staff said they have sufficient time to complete tasks. Relevant staff launder linen and residents' clothing on site using industrial machines. There are designated clean and dirty areas and staff could describe correct procedures for use of chemicals and washing infectious laundry. Residents and representatives said they were satisfied with hospitality services provided at the home.