



Aged Care  
Standards and Accreditation Agency Ltd

## **AdventCare Whitehorse (Hostel)**

RACS ID 3044

163-165 Central Road

NUNAWADING VIC 3131

Approved provider: **Seventh-day Adventist Aged Care (Victoria)  
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 08 February 2017.

We made our decision on 23 December 2013.

The audit was conducted on 12 November 2013 to 13 November 2013. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

## AdventCare Whitehorse (Hostel) 3044

Approved provider: Seventh-day Adventist Aged Care (Victoria) Ltd

### Introduction

This is the report of a re-accreditation audit from 12 November 2013 to 13 November 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 12 November 2013 to 13 November 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:	Jenny Salmond
Team members:	David Barnett
	Simon Couper

## Approved provider details

Approved provider:	Seventh-day Adventist Aged Care (Victoria) Ltd
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## Details of home

Name of home:	AdventCare Whitehorse (Hostel)
RACS ID:	3044

Total number of allocated places:	124
Number of residents during audit:	97
Number of high care residents during audit:	58
Special needs catered for:	Dementia specific

Street/PO Box:	163-165 Central Road	State:	VIC
City/Town:	NUNAWADING	Postcode:	3131
Phone number:	03 9259 2000	Facsimile:	03 9894 2609
E-mail address:	ken.cheong@adventcare.org.au		

## Audit trail

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

### Interviews

	Number		Number
Facility manager	1	Residents/representatives	20
Roster, quality and training coordinator	1	Catering, cleaning and laundry staff	6
Clinical management team	3	Lifestyle staff, chaplain and volunteers	4
Nursing and care staff	9	Allied health	2
Maintenance and administration staff	3		

### Sampled documents

	Number		Number
Residents' files	13	Medication charts	15
Summary/quick reference care plans	13	Personnel files	10
Residents' agreements	9	External Services contracts/agreements	13

### Other documents reviewed

The team also reviewed:

- Activities program
- Annual essential services safety measures report (current)
- Approved provider/contractor lists
- Audits and analysis
- Blood glucose monitoring guidelines
- Care plan evaluation schedule and related documentation
- Cleaning reference folder
- Cleaning schedules and related documentation
- Clinical and lifestyle policies and procedures
- Communication handover reports
- Contractor handbook and orientation documentation
- Diaries
- Education calendar and attendance matrix
- Elder abuse and missing resident register
- Electronic care documentation system
- Emergency manual
- Employment and human resource management checklists and documentation

- Environmental resident of the day review checklist
- Fire and emergency equipment testing logs
- Food safety plan and related documentation
- Incident reports
- Laundry reference folder
- Letter of change in entitlements
- Lifestyle assessment, care plan and related documentation
- Material safety data sheets
- Medication competencies
- Medication instructions and guidelines
- Meeting schedules, agendas and minutes
- Monitoring of residents' participation in lifestyle program
- Newsletter
- Nursing registrations
- Performance appraisals
- Pest control records
- Plan for continuous improvement
- 'Please tell us about it' documentation and monthly analysis
- Police certificates and statutory declarations
- Policies and procedures
- Position descriptions
- Product evaluation form
- Reactive and preventative maintenance logs and schedules
- Resident evacuation list
- Resident of the day process
- Resident surveys
- Residential aged care Standards self-assessment
- Residents daily list
- Residents' information package, handbook and surveys
- Residents' menu choices and dietary requirements documentation
- Roster and staff availability list
- Short term care plans and observation charts
- Sign in/out logs for residents, visitors and contractors
- Staff handbook
- Stock order forms
- Third party and Council audits of food safety (current)
- Volunteer handbook

- Wound management records.

## **Observations**

The team observed the following:

- Activities in progress, activities calendar, resources and photo displays
- Archive process and storage
- Availability of personal protective equipment
- Blood glucose level trolley
- Body fluid spill kits
- Call bell system
- Chemical storage and dispensing system
- Cleaners' rooms, trolleys and cleaning in progress
- Electronic and hard copy information systems
- Electronic security systems
- Emergency equipment, signage, exits and paths of egress
- Equipment and supply storage areas
- Feedback forms, pamphlets and external complaints scheme and advocacy brochures
- Hairdresser in attendance
- Hand disinfection and washing availability
- Interactions between staff and residents
- Door security
- Kitchen and food storage
- Laundry and residents' clothing labelling and lost property processes
- Living environment
- Lunch and refreshment services
- Medication storage and administration
- Menu (on display)
- Mission, vision and guiding values (on display)
- Non-pharmacological pain management strategies in progress
- Notice of Agency visit (on display)
- Noticeboards and information displays
- Nursing stations
- Outbreak equipment storage
- Physiotherapist in attendance
- Positive interactions between staff and residents
- Reception and administration areas
- Residents enjoying individual activities
- Residents interacting



- Residents mobilising independently and with assistance
- Residents receiving assistance
- Separation of residents from building site
- Smoking area
- Staff room
- Storage of medications
- The Charter of Residents' Rights and Responsibilities (on display).

## 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

Management ensures the active pursuit of continuous improvement across the Accreditation Standards. A schedule of audits and surveys identifies the home's level of performance in relation to meeting residents' needs, management systems and environmental and safety systems. Observation, feedback, a schedule of meetings and the regular analyses of key performance indicators add insight into improvement opportunities. A plan for continuous improvement captures improvement opportunities and documents the monitoring of progress towards satisfactory outcomes. Evaluations of improvements occur through a system of formal and informal processes and management communicates outcomes to key stakeholders through regular established communication processes. Staff, residents and representatives confirmed they are aware of improvements occurring in the home and are encouraged to provide input.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include the following:

- As a result of a management observation the documentation of statutory declarations has enhanced the corporate police check register. In addition, all staff are now required to complete a statutory declaration to ensure the capture of all staff who may have been citizens of a country other than Australia since turning 16 year of age. Management report their satisfaction with the improved documentation of police check information and the ease of use of the improved system.
- Following an internal review, management recognised the content of the staff development feedback form focused more on the delivery of training rather than the outcome. As a result, a question focusing on the benefits of the education to the staff member's role has been included. Implemented in September 2013, the new form has been utilised following 12 education sessions. Management stated staff feedback has been positive and they are satisfied that the relevance of each education session to staff with different roles at the home can be better evaluated.
- In preparation for the opening of a refurbished and expanded special needs wing, management undertook a review of lifestyle staffing hours. As a result extended lifestyle staffing levels facilitated the introduction of an evening activities program three months ago. Plans are in place to support the delivery of a weekend activities program once the expanded special needs wing is commissioned and lifestyle staff are attending external education sessions to compliment this expanded service. Management and lifestyle staff are positive about the benefits the expansion of the activity program is having on residents living with dementia. Evaluation is ongoing.
- Management observed a shortage of skilled/experienced personal carers applying for work. As a result, management developed a collaborative onsite personal care training program with a registered training organisation. The program, designed to meet the

specific needs of the home, offers potential employment for successful graduates. Management reported the program commenced early in July 2013. As a result of excellent feedback from staff and management, a casual position was recently offered to a trainee who successfully completed their placement at the home. Management is optimistic about the future success of this training program in providing personal carers who will be able to provide quality resident care at the home.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home and the organisation have systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. Regulatory compliance information and changes are received from a legislative update service, industry and government bodies. Information and changes are appropriately actioned and disseminated to management and staff through the organisation’s and the home’s effective information systems and processes. Regulatory compliance is a standing agenda item for all the home’s meetings. Regular audits and staff training monitors and maintains compliance and the home’s policies are regularly reviewed and updated. Management demonstrates residents and representatives are informed of accreditation audits and systems ensure all relevant persons have and maintain a current police check and required statutory declarations.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through annual performance appraisals and training needs analysis, audit results, meetings, incident reports, residents’ care needs and organisational initiatives. The home has a planned and responsive ‘live’ education calendar and facilitates electronic, hard copy and face-to-face education. An electronic matrix records competencies and all education completed by management and staff. Systems ensure all management and staff complete annual mandatory education and competencies relevant to their duties. Staff provide feedback following education sessions and the home completes monitoring and analysis of the education program and education completed by individual personnel. Staff are complimentary of the home’s education program.

Education and training completed relevant to this Standard includes customer service, regulatory compliance awareness, funding training, assessing the standards and the philosophy of the home and organisation.

#### **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

Management has systems to ensure each resident, their representative and other interested parties have access to internal and external complaints mechanisms. Information about the comments and complaints process is included in resident and staff handbooks and pamphlets outlining external complaints advocates are readily available. Through a variety of communication strategies stakeholders are encouraged to raise their concerns with management and staff or to use the facility's feedback form. Key staff reviews all feedback and ensures timely follow-up. Where appropriate an action plan is developed and monitored through the continuous improvement system. Staff demonstrated a commitment to supporting residents and representatives in their raising of issues of concern and in facilitating an early resolution. Residents and representatives have ready access to a feedback form, feel very comfortable approaching management and staff with feedback and are satisfied with their responsiveness.

#### **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

Information displays and documentation that includes resident, staff, volunteer and contractor handbooks and orientation information consistently document the home's and the organisation's philosophy, mission, vision and values. The statements confirm the home's commitment to supporting residents' well-being and quality of life in an environment of service quality and excellence.

#### **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

Management demonstrate there are appropriately skilled and qualified staff ensuring services are delivered in accordance with these standards and the home's philosophy and objectives. Organisational systems assist with human resource management. Types and numbers of staff are maintained with roster and allocation systems ensuring shifts are appropriately filled at all times by permanent, casual or agency staff. A registered nurse is on-site at all times. Staff are supplied with employment information packs and position descriptions. Orientation programs are in place for new staff who complete induction processes. Systems ensure the management of annual leave, the maintenance of nursing registrations and police certificates and the provision, monitoring and completion of training and education programs. The organisation provides staff support programs and staff complete annual performance appraisals. Residents and their representatives say they are satisfied with the responsiveness of staff and the level of care provided.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has sufficient and suitable goods and equipment and monitoring and purchasing systems ensure they are appropriate for the delivery of services. The home has robust and consistent departmental ordering processes with preferred suppliers ensuring stock levels are maintained at all times. Stock and equipment is appropriately checked and safely stored and maintenance systems monitor and maintain equipment. Staff say they have sufficient equipment and supplies, faulty equipment is repaired promptly and new equipment requests are appropriately responded to in a timely manner. Residents and representatives say there are sufficient supplies and equipment to meet residents' needs.

### **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

Management has guided the development of effective information management systems to support residents' care and the roles of management and staff. Established processes provide residents and representatives with comprehensive information on entry to the home and updates on an ongoing basis. Staff consult with residents and representatives about care and services as part of scheduled care reviews and more frequently as required. The electronic clinical documentation system provides current and relevant information to support care provision and a variety of established processes keep staff informed. The outcome of regular analysis of key performance data is linked to the continuous improvement system as necessary and discussion occurs at relevant stake holder meetings. Computerised information is password protected and regularly backed up. Confidential resident and staff information is securely stored and based on relevant legislation; procedures guide information access, storage and destruction. Staff, residents and their representatives are satisfied with access to information and with the communication and feedback mechanisms in operation at the facility.

### **1.9 External services**

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

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

The home meets this expected outcome

The organisation assists in managing the home's external services with systems and processes ensuring the services meet the home's needs and quality goals. The organisation maintains effective external services systems and processes that include service agreements/contracts, the maintenance of contractor regulatory compliance, organisational contract reviews, stakeholder feedback and monitoring of contractor performance levels. Current and relevant contractor information is readily available for key staff. Comprehensive contractor orientation, sign-in and identification processes are in place in the home. Residents and staff state satisfaction with the home's externally sourced services.

## **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

Management actively pursues continuous improvement across all aspects of residents' health and personal care. Residents and representatives state they are very satisfied with the quality of care provided by staff to residents and their families. Refer to Expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 include the following:

- An internal review identified a need for the organisation to evaluate the use of motorised mobility aids and develop an agreement with the residents to abide by safety requirements. As a result of discussion with the occupational health and safety committee the requirements of the proposed agreement were agreed upon. Residents and representatives received information via the October 2013 newsletter and agreements were issued to individual residents with scooters in early November 2013. The resident handbook has been updated to include the new requirements and will be presented at the resident meeting at the end of November 2013. Management is satisfied the new process will enhance residents' safety whilst maintaining independence and mobility. Evaluation is ongoing.
- An internal review identified the need for documented evidence that registered nurses are able to insert male urinary catheters. Four registered nurses subsequently attended an external course on male indwelling catheter and supra pubic catheter insertion. Certificates of attendance are on file and the attendees plan to provide an inservice training session to other registered and enrolled nurses. The clinical care management team are satisfied that this up skilling of the registered nurses will minimise the disruption previously experienced by residents who need to attend the local hospital emergency department to have these procedures attended. Evaluation is ongoing.
- Following consultation with residents, representatives and their relevant health practitioners, management identified the need to implement a process to ensure residents have more regular oral and dental checks. Following discussion with the Royal Dental Hospital Domiciliary Unit an inaugural visit is planned for January/February 2014. Residents received information about this new service in the October 2013 newsletter, together with expression of interest forms. Management are pleased with the potential the development of a regular service has for enhancing the oral and dental care of residents. Evaluation will be ongoing.
- Following a review of resident and staff complaints, management changed the home's pharmacy supplier and implemented an electronic medication management system. Supported by staff training and updated medication trolleys, the new system has been well received and management have received positive feedback. Evaluation is ongoing as adjustments are made in the new processes.

## **2.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

The home demonstrates regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management requirements and systems ensuring the required reporting of missing residents.

## **2.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education completed in this Standard includes wound management and palliative care, enteral feeding tube training, pain and behaviour management, continence, medication/analgesia 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 systems that ensure residents receive appropriate clinical care. Staff assess clinical needs when a resident enters the home and the clinical care coordinator and clinical supervisor oversee the planning and implementation of care for all residents. Residents’ care plans are based on detailed assessments, describe individualised care strategies and are regularly reviewed. Residents’ care needs are reassessed if there is a change in the resident’s condition and residents and/or their representatives are consulted as part of the process. Management evaluate the effectiveness of clinical care systems through a range of indicators. Staff are knowledgeable about residents’ individual care needs and have opportunities for education related to clinical care. Residents said they are they are consulted on an ongoing basis regarding their care needs and are satisfied with the care they receive.

## **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

Qualified staff identify and meet residents’ specialised nursing care needs. Staff complete assessments as part of the entry process to the home and specific interventions are recorded on the nursing care plan. Staff evaluate residents’ specialised nursing care plans regularly and respond promptly to any changes in residents’ specialised nursing care needs. Residents’ doctors and/or specialist health services work in partnership with nursing staff to identify the care required to meet specialised care needs. Staff have the training and expertise to undertake care of residents with specialised needs. Residents said they are satisfied with the care they receive and that staff are knowledgeable about their 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 to appropriate health specialists as required to meet residents’ needs and preferences. Staff and the residents’ general practitioners regularly arrange referrals and staff assist with arrangements for residents to attend external appointments. Some of the services provided on site include podiatry, dietetics, optometry and physiotherapy. The home has a room equipped for specialist consultations and management has recently organised for a visiting dental service to attend the home on a regular basis. The clinical care coordinator ensures any changes in residents’ care, directed by specialist health practitioners, are incorporated into residents’ care plans. These changes are communicated to all care staff through the home’s electronic resident record system. Residents said staff inform them of any health specialist appointments and provide care appropriately and as directed.

## **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

Staff manage residents’ medication safely and correctly. There are policies and procedures to guide staff practice in relation to medication management and staff complete comprehensive medication competencies each year. The home uses an electronic medication management system with auditing functions that allow management to oversee the correct delivery of medications to residents. The home has systems for the prompt supply, secure storage and monitoring of use-by and disposal dates of medications. Some residents choose to administer their own medication and undertake a competency assessment in consultation with staff and their general practitioners. We observed staff administering medications, generally from dose administration aides, safely and in line with current guidelines. Residents said they are satisfied they receive their medications in a safe and timely manner.



## **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

AdventCare Whitehorse staff are committed to ensuring residents are as free from pain as possible. Staff assess residents for the presence of or changes in pain and therapies are documented in care plans, pain management records and progress notes. The home has a pain management program run by the contracted physiotherapy service. Residents attend four days a week and interventions include massage and electronic nerve stimulation (TENS). Other treatments include medications, hot and cold packs, repositioning and use of medicated creams. Staff evaluate the effectiveness of interventions to ensure the resident’s pain is relieved. Residents said they are satisfied with the pain management strategies employed by the home.

## **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

Management and staff ensure residents’ comfort and dignity is maintained when they require palliative care. Staff discuss advanced care directives and terminal care wishes with residents and those wishes are recorded in residents’ care files. When end of life care is required, residents’ wishes are respected and staff refer residents to the local palliative care service if additional support and expertise is required. During this stage of care, staff monitor the resident’s condition closely and the care plan is reviewed on an ongoing basis as the resident’s needs change. The home has a pastoral care team who are available for spiritual and emotional support as desired by the resident and families or representatives are involved in care to the extent they wish. A review of care files demonstrated residents received appropriate care and experienced minimal distress at this time in their lives.

## **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

The home has systems to meet residents’ nutrition and hydration needs. Staff identify residents’ dietary needs, allergies and preferences on entry to the home and refer residents to the contracted dietitian as indicated. Strategies are identified to assist residents maintain a healthy diet and remain within a healthy weight range; these are documented in residents’ care plans. Staff monitor residents’ weight on a monthly basis and significant changes trigger a referral to the dietitian. The home provides a range of dietary supplements. Staff refer residents to a speech pathologist when swallowing difficulties are experienced, dietary and texture changes are communicated to the kitchen to ensure residents receive appropriate meals. We observed residents being offered food and drinks over the course of audit and residents said the meals are of a good quality and meal services are an enjoyable and social part of their day.

### **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 ensures that residents’ skin integrity is maintained and is consistent with their general health. All residents undergo an assessment of skin integrity using an evidence based assessment tool to identify risk of skin breakdown. Following this assessment, a management plan is developed and registered nurses oversee the management of all wounds. The care plan details strategies to prevent skin breakdown, including application of emollients, the use of protective devices and specialised mattresses where appropriate. External specialists are available to advise staff and to review wound care if required. Staff monitor the condition of residents’ skin while they undertake personal care tasks such as showering and any changes are followed up by registered nurses. Residents said they are very satisfied with the care staff provide in relation to their skin.

### **2.12 Continence management**

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

#### **Team’s findings**

The home meets this expected outcome

The home has processes in place for the assessment, management and on-going review of residents’ individual continence needs. Residents’ continence management needs are assessed when they move into the home and care plans are developed to promote continence or maintain social continence. Staff monitor residents’ continence status and any changes are reviewed by a registered nurse and trigger re-assessment. Staff provide continence assistance in a private and discrete manner. The residents’ menu is reviewed by the dietitian and individual resident needs are assessed to ensure adequate fibre and fluids are provided to promote bowel and bladder health. Residents said they are happy with the way in which their continence needs are met.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively and safely. The home has a special needs unit for residents living with dementia. Care staff are predominantly dedicated to the unit and are alert to small changes in residents’ behaviours that may indicate a change in their condition. Residents’ behaviours are assessed through observation and charting and behavioural care plans are developed with individualised management strategies. Staff refer residents to external specialist services when they require support in understanding and/or managing residents’ challenging behaviours. We observed residents in the specialist unit to be relaxed and engaged in social interactions with staff during course of the audit. Residents and representatives said residents’ challenging behaviours are well managed and they are not disturbed by other residents.

## **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

Staff and the physiotherapist assess resident’s levels of mobility and dexterity on entry to the home. Staff develop mobility and dexterity care plans with input from the physiotherapist and care staff implement mobility programs as part of daily care. Lifestyle staff offer regular exercise programs to assist the residents to maintain optimal strength, mobility and dexterity. Changes to a resident’s condition are communicated to relevant staff to prompt re-assessment and changes to the care plan. Residents are provided with mobility and dexterity aids according to their assessed needs. The physiotherapist assesses every resident who suffers a fall and makes recommendations to ensure optimal mobility and safety outcomes. Residents are satisfied with how their mobility and dexterity needs are managed at the home.

## **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 ensures that residents’ oral and dental health is maintained. Residents’ oral health needs and preferences are assessed on entry to the home and individual care needs and preferences are recorded on resident care plans. Residents are able to access their preferred dentist or technician independently if they wish. For those who do not, the home manages referrals as required and has recently arranged for regular attendance at the home by a visiting dental service. Staff are aware of residents’ individual needs and residents commented that staff manage their oral and dental health well and in accordance with their preferences.

## **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

The home ensures that residents’ sensory losses are identified and managed effectively. Staff assess residents’ cognition, communication, vision, hearing, smell, taste and touch when they move into the home. Care plans reflect the assessments and staff regularly review the care plans as part of the monthly evaluation cycle. Visiting optometry and audiometry services are available and some residents choose to access vision and hearing services externally. Residents said that staff assist them in maintaining their sensory aids and in attending appointments in accordance with their preferences.

## **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

Staff assist residents to achieve quality sleep according to their own preferences. Residents are assessed when they move into the home to help identify their individual sleep patterns. When sleep assessments are completed staff develop a care plan with individual sleep promotion strategies. The care plan is reviewed monthly or more often if there are changes to the residents’ sleep pattern. Residents said they have their sleeping needs met and staff help them achieve their natural sleep patterns by offering comfort measures or attending to other requirements as the need arises. Residents said the home is quiet at night and they are not disturbed unnecessarily.

## **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

Management ensures the active pursuit of continuous improvement across all aspects of resident lifestyle. Residents and representatives state they are satisfied with the variety and quality of support provided by staff that ensures residents maximise control of their lives. Refer to Expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 include the following:

- A review of the lifestyle participation records identified opportunities to improve the quality of documentation. As a result, the length of time of each activity is now captured and the individual activity records document the type of activity undertaken with each resident. Lifestyle staff are satisfied this extra information provides enhanced understanding of residents’ preferences and better informs evaluation of the activities program.
- As a result of a suggestion a ‘Do not disturb’ sign was implemented to allow residents to communicate their wish for some private time. Residents were informed of the availability of these laminated signs through the October 2013 newsletter and the use of the signs discussed with staff at meetings and confirmed through a memorandum. Lifestyle staff report a positive reception to this initiative and management stated evaluation is scheduled at the next resident meeting in late November 2013.
- In response to a suggestion from the food committee, china cups were provided as an alternative to the disposable cups available in the kitchenettes. Resident were informed of the enhancement via the resident meeting and catering staff restock cups in the kitchenettes daily. Residents appreciate the benefits of using a china cup, as opposed to a disposable cup, for their hot drinks.
- Lifestyle staff recognised some residents were unable to play scrabble unaided due to the small size of the letter tiles which are difficult for them to see or handle. As a result, a scrabble set with large letter tiles was sourced and located on a carousel for the easy use of residents. Lifestyle staff report positive feedback from residents. The ease of use of the new set and the ability of residents to coordinate its use without staff assistance has promoted independence.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

The home demonstrates compliance in relation to resident lifestyle with privacy and dignity policies and practices, security of tenure and residents' rights and responsibilities and the maintenance of policies and records in accordance with the requirements for mandatory reporting.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Education completed in this Standard includes elder abuse/mandatory reporting, grief and loss, post-mortem care of residents, specific-program lifestyle training and introduction to dementia.

### **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

Systems are in place to ensure residents are welcomed when they enter the home and supported to adjust to their new life on an ongoing basis. On entry to the home lifestyle staff compliment the orientation process of residents and representatives; introducing them to staff and other residents and ensuring they become familiar with their new environment. In collaboration with the resident and their representatives, the assessment of the resident's emotional needs forms the basis of the care plan which is regularly evaluated and updated. Residents are encouraged to personalise their space and interact with other residents and visits from family and friends are welcomed. Individual lifestyle sessions and a chaplain service support residents' emotional needs. Observations of staff interactions with residents demonstrated warmth and respect. Residents and representative are satisfied with the initial and ongoing emotional support provided to residents and their families and state staff are caring and approachable.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents are encouraged and supported to be as independent as possible, maintain friendships and to participate in the life of the community, both within and outside of the residential care service. In consultation with the resident and their representative, the assessment process informs the development of a care plan. Regular evaluation of which ensures evolving strategies maximise physical and social independence. Staff provide encouragement to maintain existing friendships, establish new ones and participate in

recreational and social activities; outside and within the home. Visitors are welcome and residents are encouraged to maintain their interests and civic responsibilities. Residents and representatives appreciate the assistance and encouragement received from staff which maintains 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 findings**

The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality is recognised and respected. The charter of residents' rights and responsibilities is displayed prominently and is included in information packs and resident agreements. Practices in the home ensure residents' privacy and dignity; these include staff announcing their presence outside resident's rooms before entering, the use of the resident's preferred name and personalisation of the residents' space. Internal and external areas are available for the use of residents wishing quiet time with family and friends. Staff discuss confidential information in private and residents' personal, financial and care files are securely stored. We observed staff display respect and sensitivity when interacting with residents and representatives. Residents and representatives confirm staff respect residents' privacy and maintain their dignity at all times.

### **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

Management and staff actively encourage and support residents to participate in a wide range of activities of interest to them. On entry to the home the assessment process, undertaken in consultation with the resident and their representatives, identifies individual residents' interests. Lifestyle care plans are personalised and reflect residents' needs in relation to their interests and spiritual and cultural preferences. Lifestyle staff plan and deliver a wide variety of individual and group activities that residents with cognitive, mobility and sensory limitations can participate in. The activity program is prominently displayed and lifestyle staff contribute articles of interest in the service's newsletter. Input from residents is encouraged through conversation, resident meetings and use of the feedback forms. Regular evaluation of the activities program ensures its responsiveness to changing residents' preferences. We observed residents enjoying a range of organised activities and social interactions with other residents, staff and visitors. Residents expressed satisfaction with the lifestyle program and the various activities on offer.

### **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

Management and staff ensures individual interests, customs, beliefs and cultural and ethnic backgrounds are fostered and valued. The development of a care plan, with the aim of

meeting the individual's cultural needs and preferences, occurs in consultation with the resident and their representatives. Ongoing evaluation ensures changes to the documentation of changing resident preferences. Lifestyle staff organises celebrations of culturally significant days and anniversaries of importance to the residents. A chaplaincy service and regular church services meet the needs of the residents and catering supports cultural celebrations included in the lifestyle program. Staff support resident attendance at religious services and cultural events, both on and offsite, as desired. Residents and their representatives said they were very satisfied with the support provided to meet residents' 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 findings**

The home meets this expected outcome

Central to lifestyle and care plan development is the participation in choice and decision making exercised by residents and representatives. The residential contract, residents' handbook and the charter of residents' rights and responsibilities inform residents and representatives about their choice and decision making options. Consultation with residents and completion of individual assessments identifies residents' needs and preferences in relation to clinical care, services and lifestyle. Personalised care plans reflect these discussions and are regularly evaluated and updated as changes occur. Established informal and formal communication processes enhance resident and representative feedback. Processes identify authorised representatives and follow appropriate recording and reporting protocols when residents are unable to make decisions. Staff demonstrated how they assist residents to exercise choice during daily routines. Residents and representatives stated staff actively encourage and respect residents' personal choices and decisions.

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

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

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

The home meets this expected outcome

Residents and/or their representatives are provided with information packs that include a resident agreement and a comprehensive resident handbook on or before admission to the home. Information includes security of tenure, financial information, residents' rights and responsibilities, the services provided by the home and advocacy and complaints mechanisms. The home maintains residents' agreements and power of attorney information and advises residents and/or their representatives in the event of a change in specified care and services. Residents are not moved from their room without prior consultation and agreement and the Charter of residents' rights and responsibilities is displayed. Residents and their representatives express satisfaction with the information made available when residents enter the home, how well the initial entry to the home was handled and for the continuing information they receive.



## **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

Management ensures the active pursuit of continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with quality of the catering, laundry and environmental services provided at the home and the comfort of the living environment. Refer to Expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 include the following:

- A new generator, with the capacity to power the entire home, was installed in April 2013. Maintenance staff report updated technology enhances the efficiency of monitoring the generator’s function. Management is satisfied the generator upgrade will ensure continuity of residents’ care and safety in the event of an extended power failure.
- As a result of observation, management facilitated the installation of an air conditioner in the resident lounge/sitting area in the Florence wing to maintain residents’ comfort during hot weather. Residents were appreciative of the resultant improvements in their comfort and provided positive feedback at the next resident and representatives meeting.
- Following formal feedback, management investigated options that would best ensure the comfort of the living environment in residents’ rooms in the Barrett and Rose north facing wings, during hot weather. As a result, an air conditioner was installed in 10 unshielded north facing rooms. Management is satisfied with the effectiveness of this environmental enhancement and residents have provided positive feedback about the maintenance of the comfort of their living environment.
- Management responded to residents’ feedback that the couches in the lounge rooms were too low and hard to get out of unaided. As a result of positive resident feedback to the trial increase in height of one of the couches, management have raised the height of all couches around the home. Residents provided positive feedback regarding the ease of use of the couches and the enhance comfort of their environment.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

The home demonstrated compliance in relation to the physical environment and safe systems through the living environment and current annual essential safety measures report,

fire/safety and emergency regulations, occupational health and safety requirements, infection control guidelines and a food safety program with current kitchen certification.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Education completed in this Standard includes occupational health and safety/manual handling, fire and emergency/fire warden, infection control, chemical handling and food 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's environment reflects the safety and comfort needs of the residents. The home accommodates residents in single personalised rooms. There are spacious communal areas as well as smaller private areas, sufficient and appropriate furniture and a comfortable temperature is maintained. The environment is calm and clutter-free. Residents have access to call bells and are able to safely and easily move around the internal and external environment including patios and walking paths. The home has a minimal restraint policy with no restraint in place during the visit. Regular audits monitor the living environment. We noted a high standard of cleaning and maintenance with the home's systems, schedules and culture ensuring the identification and actioning of cleaning and reactive and preventative maintenance tasks at all times. Residents state high levels of satisfaction with the home's environment saying they feel safe and comfortable.

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

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

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

The home meets this expected outcome

The home demonstrates a safe working environment in line with regulatory requirements. Organisational occupational health and safety systems and processes include appropriately trained representatives, regular meetings and follow-up, current policies and procedures, occupational health and safety information displays, incident and hazard management, regular audits, risk assessments and a return to work program. Documentation confirms stakeholder input and management and organisational reporting and monitoring. Staff complete mandatory annual occupational health and safety training and equipment training where required. Chemicals are safely stored with material safety data sheets. Management

and staff demonstrate high levels of awareness of and satisfaction with occupational health and safety to ensure a safe environment in 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 systems for detecting and acting on fire, security and other emergencies and required essential safety certification is in place. Fire detection/fighting equipment are regularly checked by approved professionals. The home's audits and monitoring ensure safe systems are maintained and contractor work is completed as required. The home has closed circuit television monitoring and security systems for locking and monitoring internal and external doors. The home has a generator to provide full emergency power, tests and tags electrical equipment and a smoking policy with designated staff smoking area. Emergency manuals are readily available, emergency signage and evacuation maps are appropriately located and an evacuation pack contains a current resident list. Emergency exits and paths of egress are clear and unobstructed. Staff complete mandatory annual fire and emergency training. Residents say they feel safe and secure in the home.

#### **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

Management ensures there is an effective infection control program. Staff are informed of current practices appropriate to their area of practice at orientation and during mandatory education sessions. Infection control policies and procedures are accessible to all staff to guide infection control practices and the management of infectious outbreaks. Hand disinfection and washing facilities are available throughout the home and staff have access to ample personal protective equipment. Staff monitor and document infections and a key clinical nurse; with responsibility for infection control regularly analyses infection related data. The kitchen has current third party and Council certificates of compliance with the food safety program. Attending general practitioners manage residents' influenza vaccinations and management encourages and facilitates staff vaccinations. We observed care and hospitality staff using infection control practices in their related work areas.

#### **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

Management has systems in place to ensure the provision of hospitality services enhances residents' quality of life and the working environment for staff. Monitoring mechanisms include internal and external audits, reports and temperature recording. Resident's dietary requirements and preferences are met, and meals are freshly prepared. The menu is on a six week rotation cycle and is changed seasonally. The daily menu is displayed in the dining rooms, alternative meals and snacks are available and residents have access to tea and

coffee making facilities. Cleaning occurs seven days a week, with defined schedules to ensure that cleaning tasks are regularly completed. All resident and general purpose laundry is undertaken on site, seven days per week. Residents have access to personal laundry facilities and a labeling process minimizes the incidence of lost clothing. Regular ordering of linen ensures the availability of linen in good repair. Residents expressed general satisfaction with the catering, laundry and cleaning services of the home.