# Decision to Accredit
# Annie Bryson McKeown Lodge

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Annie Bryson McKeown Lodge in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Annie Bryson McKeown Lodge is three years until 8 May 2012.

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

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

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


**Information considered in making an accreditation decision**
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

# Home and Approved provider details

## Details of the home

| | |
|---|---|
| Home's name: | Annie Bryson McKeown Lodge |
| RACS ID: | 7067 |

| | | | |
|---|---|---|---|
| Number of beds: | 26 | Number of high care residents: | 7 |

| | |
|---|---|
| Special needs group catered for: | Nil specified |

| | | | | | |
|---|---|---|---|---|---|
| Street/PO Box: | | 2 -10 Angove Road | | | |
| City: | ALBANY | State: | WA | Postcode: | 6330 |
| Phone: | | 08 9841 2349 | Facsimile: | 08 9841 4480 | |
| Email address: | | elewis@silverchain.org.au | | | |

## Approved provider

| | |
|---|---|
| Approved provider: | Silver Chain Nursing Association Inc |

## Assessment team

| | |
|---|---|
| Team leader: | Natalie Davies |
| Team member/s: | Janice Rooney |
| Date/s of audit: | 4 March 2009 to 5 March 2009 |

# Executive summary of assessment team's report

## Accreditation decision

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

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

## Standard 2: Health and personal care

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

| Executive summary of assessment team's report | | Accreditation decision |
|---|---|---|

**Standard 3: Resident lifestyle**

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

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

| Expected outcome | | Assessment team recommendations | Agency findings |
|---|---|---|---|
| 4.1 | Continuous improvement | Does comply | Does comply |
| 4.2 | Regulatory compliance | Does comply | Does comply |
| 4.3 | Education and staff development | Does comply | Does comply |
| 4.4 | Living environment | Does comply | Does comply |
| 4.5 | Occupational health and safety | Does comply | Does comply |
| 4.6 | Fire, security and other emergencies | Does comply | Does comply |
| 4.7 | Infection control | Does comply | Does comply |
| 4.8 | Catering, cleaning and laundry services | Does comply | Does comply |

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

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

**Aged Care**
Standards and Accreditation Agency Ltd

# SITE AUDIT REPORT

| Name of home | Annie Bryson McKeown Lodge |
|---|---|
| RACS ID | 7067 |

## Executive summary

This is the report of a site audit of Annie Bryson McKeown Lodge 7067 2 -10 Angove Road ALBANY WA from 4 March 2009 to 5 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Annie Bryson McKeown Lodge.

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

### Assessment team's recommendations regarding support contacts

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

Name of home: Annie Bryson McKeown Lodge RACS ID 7067
Dates of site audit: 4 March 2009 to 5 March 2009
AS_RP_00366 v2.1
Page 5

# Site audit report

**Scope of audit**

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 4 March 2009 to 5 March 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

**Assessment team**

| | |
|---|---|
| Team leader: | Natalie Davies |
| Team member: | Janice Rooney |

**Approved provider details**

| | |
|---|---|
| Approved provider: | Silver Chain Nursing Association Inc |

**Details of home**

| | |
|---|---|
| Name of home: | Annie Bryson McKeown Lodge |
| RACS ID: | 7067 |

| | |
|---|---|
| Total number of allocated places: | 26 |
| Number of residents during site audit: | 24 |
| Number of high care residents during site audit: | 7 |
| Special need catered for: | Nil specified |

| | | | |
|---|---|---|---|
| Street: | 2 -10 Angove Road | State: | WA |
| Town: | ALBANY | Postcode: | 6330 |
| Phone number: | 08 9841 2349 | Facsimile: | 08 9841 4480 |
| E-mail address: | elewis@silverchain.org.au | | |

**Assessment team's recommendation regarding accreditation**
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Annie Bryson McKeown Lodge.

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

**Assessment team's recommendations regarding support contacts**
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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

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

**Interviews**

|  | Number |  | Number |
|---|---|---|---|
| Care Manager | 1 | Residents | 20 |
| Assistant care manager | 1 | Relatives | 16 |
| Registered nurses | 2 | Volunteers | 1 |
| Enrolled nurse | 2 | Laundry staff | 1 |
| Care staff | 5 | Cleaning staff | 1 |
| Catering staff | 2 | Maintenance staff | 1 |
| Occupational therapist | 1 | Occupational therapy assistant | 1 |

**Sampled documents**

|  | Number |  | Number |
|---|---|---|---|
| Care plans | 16 | Progress notes | 16 |
| Medication charts | 5 | Specialised care plans | 4 |

**Other documents reviewed**

- Admission follow up form and admission list
- Archiving records and policy
- Behaviour assessment and bowel charts
- Building checklist
- Care plan review and development form
- Cleaning chemicals and storage
- Cleaning file and checklists
- Cognitive skills assessment
- Consent and authorisation form
- Consultation record
- Continence charts, management and, ordering
- Continuous improvement forms and, tracking file
- Contractors file
- Case conference checklist
- Decision making tool: responding to issues of restraint in aged care
- Depression form
- Electronic training records and individual records
- Emergency management guideline handbook, emergency map and evacuation information
- Environmental checklist
- Fluid balance chart and food intake chart
- General assessment form
- Handover, and communication books
- Infection control tracking, policy, statistics
- Maintenance logs, requests, matrix, and register
- Material safety data sheets
- Medical summary
- Meeting minutes, staff, residents, and quality
- Menu plan weeks 1, 2, 3, 4,
- Mission statement, and vision
- Newsletter- "Chatterbox"
- Nurses' diary
- Nutritional profile
- Occupational Therapy assessment and communication book
- Plan for continuous improvement
- Police checks
- Policy and procedure-nutrition and hydration, pain management, restraints, weight loss
- Position descriptions
- Privacy policy
- PRN stickers
- Professional registrations
- Purchasing procedures
- Recruitment policies and procedures
- Resident handbook and, information package
- Resident/representative orientation programme and evaluation
- Residents meeting minutes
- Residents' rights and responsibilities
- Safe swallow care plan
- Sign in sheet
- Site map
- Specimen signature sheet
- Specimen staff signatures
- Staff meeting minutes
- Surveys/Audits
- Swallow assessment
- Thank you file
- Valuables signing sheet
- Vision and mission
- Vision statement
- Weight charts
- Wound care plans and wound file

**Observations**

- Activities in progress
- Chemical and, dry goods store
- Equipment and supply storage areas
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living areas
- Kitchen/dining and associated rooms
- Laundry
- Linen store
- Living environment
- Medication rounds and storage areas
- Notice boards
- Occupational safety and health (OSH) board
- Residents, staff and common areas/rooms
- Staff room
- Storage of medications

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

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

### 1.1 Continuous improvement

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

**Team's recommendation**

Does comply

Systems and processes are in place to assist the home to pursue continuous improvement in area's of management, care, lifestyle and safety systems. The overall quality system is guided by policies and procedures. Information of changes is communicated to staff. Resident/representatives are informed by the facility manager using a formal meeting structure that may include case conferences. Improvement opportunities are identified, and a planned system is used including comments, complaints, suggestions, audits, surveys, hazard identification, reporting of incidents, and resident and staff meetings, with results monitored, and evaluated. Staff reported that management is responsive to their comments and suggestions for improvement. Residents/representatives reported they know about the home's suggestion and complaint mechanisms, meetings, and face-to-face discussion opportunities.

Examples of improvement relevant to this Standard that have been implemented since the home's last site visit are listed below.

- The home reviewed and improved their employee's orientation package to include a range of training workbook packages that compliment the home's mandatory training workshops. Staff indicated the training packages are a great help to improving their skills and knowledge, as well as ability to access training in contemporary practice.
- A review of rosters, position descriptions and the roles of staff at the home have been completed. This resulted in a new staff structure including enrolled nurses, carers with specific direct care duties, a housemother/domestic, and a maintenance person. Management, staff and representative reported the significant impact the new roster allocation had on improving staffs skills and services at the home.
- The corporate office has reviewed the organisation's approach to management at the home. The manager now has greater level of responsibility to manage focused on resident and staff need. Management, staff and residents interviewed acknowledged the positive improvement this change has created.
- The home has commenced a program of bed replacement. Each year management purchase a number of new electric beds to replace old stock. They have 16 new electric beds at the home. Staff interviewed reported the improvements of service delivery this has created.

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

**Team's recommendation**
Does comply

Management systems and processes are in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information and updates through professional organisations, and peak industry bodies including journals, and circulars from State and Commonwealth government departments. Regulatory information is monitored by the organisation's corporate office, and information gathered is provided electronically to the manager. Changes and updates are discussed at managers meetings, and staff are informed of changes specific to their roles and responsibilities at staff meetings, training sessions and using the homes memorandum system. Compliance is monitored through audits and the incidents reporting system. Staff interviewed indicated their awareness of standards and guidelines related to their roles and responsibilities.

Examples of regulatory compliance relevant to this Standard are described below.
- All staff employed supply a police check and/or statutory declaration as required prior to commencing employment.
- The home has conducted staff training in elder abuse, and mandatory reporting, and brochures and other relevant information is on display.

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

**Team's recommendation**
Does comply

The home has systems and processes in place, and allocated resources to ensure staff have appropriate skills and knowledge to perform their roles. The home provides mandatory and elective training that is focused on the needs of the resident, and staff. Monitoring and evaluation of staff skills is considered by the manager when developing, and identifying training for staff, and additional training is available should the need arise. Staff confirmed they are encouraged to attend regular education and training offered by the home, or by external organisations. Resident/representatives indicate they believe staff to have skills to carry out their duties. Education relevant to this Standard held over the past 12 months included mandatory reporting of elder abuse.

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

**Team's recommendation**
Does comply

The home has systems, and processes to ensure residents and their representatives are informed of the internal and external complaint processes through the resident's handbook, the resident agreement, and verbally during the admission process and at residents meetings. Internal mechanisms of complaint include "continuous improvement" forms, resident surveys, resident and relative meetings, and management's open door policy. Management monitors and analyses complaints, and addresses identified issues in a timely manner. Management retain compliments, and make them available to staff, and others in the home's foyer. Information regarding advocacy services, and the external complaint processes are displayed, and staff are aware of the internal and external complaint mechanism. Resident/representatives interviewed were aware of the complaint process and reported that management were responsive to their comments or concerns.

## 1.5 Planning and leadership

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

**Team's recommendation**
Does comply

The residential care service's vision and mission that guide the quality of services provided at the home are documented in service related literature, and are displayed at the home.

## 1.6 Human resource management

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

**Team's recommendation**
Does comply

Formal recruitment, rostering systems, and education and training programs ensure there are appropriately skilled and qualified staff to provide quality services at the home. Policy and procedure guides and directs the home's employment practices, and includes tools to assist management and staff. There is an orientation package, an appraisal system and processes, performance management, and skills development. Monitoring and evaluation of the staff mix gives consideration to residents' needs and is conducted using the home's fortnightly rostering practice. Staff report satisfaction with their duties and conditions of employment. Resident /representatives confirm there are sufficient staff with appropriate skills available at all times.

## 1.7 Inventory and equipment

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

**Team's recommendation**
Does comply

The home has systems in place to ensure stocks of appropriate goods and services are readily available for service delivery. Organisational policy and

procedure guides and directs management to use authorised and approved preferred suppliers of stock or equipment. Ongoing monitoring and evaluation is the responsibility of management, with feedback to be provided to head office of complaints or identification of issues. Staff indicated the home provides adequate stock and equipment to meet their needs. Resident /representatives confirmed the home has sufficient stock and equipment to meet their needs.

## 1.8   Information systems

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

### Team's recommendation

Does comply

Formalised communication systems are in place to ensure communication to staff and residents is effective. Communication methods used include staff notices, minutes, handover, communication books, and newsletters for staff, and residents. Management and senior staff monitor the communication systems for effectiveness. Staff are knowledgeable as to the range of practices used for communication, including the appropriate use of the home's archiving and confidentiality practice, policy and procedures. Resident/representatives indicate their satisfaction with the home's methods of consultation and communication.

## 1.9   External services

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

### Team's recommendation

Does comply

The home has formal external service agreements that specify the home's needs, goals and expectations. Checks of professional registration and relevant insurance details are maintained and monitored by the organisations head office. A preferred providers list is in place and used to select appropriate external provider. Suppliers utilised by the home provide prompt and efficient services, including the use of imprest and stock level management. Performance of external services is monitored annually, with non-compliance reported direct to the organisation's head office. Management, staff, and resident/representatives indicated satisfaction with services supplied by external suppliers.

**Standard 2 – Health and personal care**
**Principle:** Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

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

**Team's recommendation**
Does comply

Systems and processes are in place to assist the home to pursue continuous improvement in area's of management, care, lifestyle and safety systems. The overall quality system is guided by policy and procedure. Information of changes made is communicated to staff, and resident/representatives using a formal meeting structure that may include case conferences. Improvement opportunities are identified, and planned using systems of comments, complaints, suggestions, audits, surveys, hazard identification, reporting of incidents, and resident and staff meetings, with results monitored, and evaluated. Staff reported management is responsive to their comments and suggestions for improvement. Residents/representatives reported they know about the home's suggestion and complaint mechanisms, meetings, and face-to-face discussion opportunities.

Examples of improvement relevant to this Standard that have been implemented since the home's last site audit are listed below.
- The home has increased their cover of clinical hours to incorporate a registered nurse two days a week. Feedback from residents, staff and management confirms this has improved access to skill, training, and levels of accountability.
- Management has conducted a contract review for the physiotherapist that has resulted in a visit every four monthly and undertaking a full review of all residents needs. A physiotherapist is available locally for immediate needs if required.
- The home has implemented a direct electronic link for local general practitioners.  This has improved professional access to scripts, notes, pathology results, and medication reviews. Management indicated this has been a great help to visiting general practitioner in time management and continuity of residents' care.
- As a result of increasing residents' care needs, the home identified the requirement to improve equipment for the safe storage of medications. Staff indicated this has improved accountability and security at the home.

### 2.2 Regulatory compliance

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

**Team's recommendation**
Does comply

Management systems and processes are in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information, and updates through professional organisations, and peak industry bodies including journals, and circulars from State and Commonwealth government departments. Regulatory information is monitored by the organisation's corporate office, and information is provided electronically to the manager. Changes and updates are discussed at managers meetings, and staff are informed of changes specific to their roles and responsibilities at staff meetings, training sessions and using the home's memorandum system. Compliance is monitored through audits and the incidents reporting system. Staff interviewed indicated their awareness of standards and guidelines related to their roles and responsibilities.

Examples of regulatory compliance relevant to this Standard are described below.
- Professional registration for nursing and allied health staff is routinely tracked.
- The provision of clinical care to high care residents is undertaken as required in the Quality of Care Principles 1997.

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

**Team's recommendation**
Does comply

The home has systems and processes in place, and allocated resources to ensure staff have appropriate skills and knowledge to perform their roles. The home provides mandatory and elective training that is focused on the needs of, resident, and staff. Monitoring and evaluation of staff skills is considered by the manager when developing, and identifying training for staff, and additional training is available should the need arise. Staff confirmed they are encouraged to attend regular education and training offered by the home or by external organisations. Resident/representatives indicate they believe staff to have skills to carry out their duties.

Examples of non-compulsory education relevant to this Standard held over the past 12 months are listed below.
- Clinical skills
- Continence management
- Diabetes
- Hearing and hearing aids
- Oral and dental
- Palliative care
- Parkinson's disease
- Speech and swallowing
- Wound care
- Behaviours

The personal carers and enrolled nurse also have medication management as a compulsory topic of training.

### 2.4 Clinical care
*This expected outcome requires that "residents receive appropriate clinical care".*

**Team's recommendation**
Does comply

The home has effective systems in place to ensure each resident receives appropriate clinical care. Care planning by the home includes a review of care needs relevant to each resident, and acknowledgement by each resident that the care plan had been developed in consultation with the resident and/or their representative. Assessments are consistently completed and reviewed, and care plans consistently reflect the residents' current needs. Residents are reviewed by their medical practitioner at least six monthly. Information in care planning and results are evaluated by nursing staff and resident's care plans are reviewed three monthly. Personal care delivery is noted each shift in the handover file in the carers office, and all staff discuss resident care with the manager at weekly meetings. Staff interviewed reported that the weekly meetings are effective in communicating any changes in residents care needs. Residents and their representatives interviewed by the team expressed satisfaction with the clinical care provided by the home.

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

**Team's recommendation**
Does comply

The home has effective systems in place to ensure residents specialised nursing care needs and preferences are identified, assessed, and documented by appropriately qualified staff. Specialised nursing care plans are documented and regularly reviewed to ensure they meet the needs of all residents who require specialised nursing care. The registered /enrolled nurses review care and resident outcomes on an ongoing basis. Staff reported that they have received clinical education in recent months, and have weekly meetings to discuss each resident and any specialised nursing care needs that may be required. Residents and representatives feedback was that they are satisfied that residents receive appropriate specialised nursing care.

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

**Team's recommendation**
Does comply

Residents are referred to appropriate specialists in accordance with their identified needs and preferences. The home accesses a number of specialist services, including speech pathologist, podiatry, and mental health service. All residents have been assessed by an occupational therapist and physiotherapist. Instructions to staff regarding the outcome of visits to health specialists are documented in the progress notes. Residents and representatives are also able organise their own visits to the dentist, or any

other specialist they prefer to use. Residents and representatives interviewed reported satisfaction with their access to other health and related services.

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

**Team's recommendation**
Does comply

The home has effective systems in place to ensure that each resident's medication is managed safely and correctly. Registered and enrolled nurses, or medication competent care staff, administer the medications via a pre-packed Blister system. Enrolled nurses and carers complete a medication competency prior to being deemed competent to administer medications to residents. The team observed that Schedule 8 drugs are stored correctly. The home has adequate stocks of imprest medications. As required (PRN), medication is written up in progress notes, and evaluated for its effectiveness using a PRN sticker. Medications incidents are recorded, analysed and evaluated and are discussed further at staff meetings. No residents self-administer medication at the home. The pharmacist and the medical practitioner evaluate and review the residents' medications on a six monthly basis. Residents and representatives reported that residents' medication is managed safely and correctly.

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

**Team's recommendation**
Does comply

The home has systems in place to ensure all residents are as free as possible from pain. Residents` pain assessments are completed on admission, and on an ongoing basis. Specific care plans are in place for managing ongoing, chronic, and complex pain management needs. Care plans are reviewed three monthly, or when the need arises. Care staff complete a pain intervention and evaluation record to show the effectiveness interventions, and provide this information to the registered nurse to review strategies. Staff interviewed stated that they use a range of pain-relieving strategies for example medications, hot packs, massage, relaxing music and diversional therapy. Residents interviewed reported that their pain was managed effectively.

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

**Team's recommendation**
Does comply

Processes are in place to identify and document residents terminal care wishes in consultation with residents and representatives at the time of admission, and this is reviewed as necessary. Care plans for residents are completed which reflect the changes in care required to ensure practises of the home maintain the comfort and dignity of terminally ill residents. The home accesses

Name of home: Annie Bryson McKeown Lodge RACS ID 7067
Dates of site audit: 4 March 2009 to 5 March 2009
AS_RP_00366 v2.1
Page 16

assistance and advice from the hospitals hospice palliative care nurse. Staff reported that they felt supported in assisting residents and representatives during a recent bereavement at the home.

## 2.10 Nutrition and hydration
*This expected outcome requires that "residents receive adequate nourishment and hydration".*

**Team's recommendation**
Does comply

The home has effective systems in place to ensure residents receive adequate nutrition and hydration. The residents' preferences, special needs, allergies and cultural requirements are recorded on admission in the care plans, and these details are communicated to relevant staff. Residents are weighed monthly, and action taken when weight gain or loss is evident. Residents' surveys on dietary preferences and meal satisfaction have been conducted by the home, and results have been analysed and evaluated by the manager. Residents and representatives interviewed were satisfied with the food and drinks provided at the home.

## 2.11 Skin care
*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

**Team's recommendation**
Does comply

The home has effective systems in place to ensure its practices maintain resident's skin integrity consistent with their general health. Assessments are completed, evaluated and included in the care planning. Data is collected regarding skin tears from falls or trauma, and is reviewed and evaluated at quality committee meetings, and staff meetings. Specific care plans are in place to provide interventions to prevent alteration in skin integrity including pressure relieving strategies, and care interventions. Staff interviewed could identify the residents in the home that had skin tears, or who required pressure-relieving devices. All staff interviewed stated that there was enough equipment to provide pressure area care for the residents. Residents and representatives interviewed reported a high standard of care with skin integrity.

## 2.12 Continence management
*This expected outcome requires that "residents' continence is managed effectively".*

**Team's recommendation**
Does comply

The home has effective systems in place to ensure continence management practices are effective in meeting resident's needs. Assessments of continence needs are completed, evaluated, and included in care planning for all residents. A carer at the home holds the portfolio for continence management and orders stock, and distributes pads. The home obtains advice from an external consultant to develop appropriate plans for each resident, and to provide training and support to staff members. All residents have a single room with

ensuite. Low care residents continence aids are purchased and billed to the resident appropriately. Residents and representatives' feedback confirmed that residents' continence needs are being met. The team observed residents to be clean, odour free, and comfortable in their continence needs.

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

**Team's recommendation**
Does comply

The home has effective systems in place to ensure its approach to behavioural management is effective in meeting residents' needs. Assessments are completed, evaluated and included in the care planning. Care plans are reflective of the resident's current needs, and contain strategies to manage challenging behaviours. No residents currently use a restraint. Staff have received training in behaviour management and they also access the Aged Care Channel for dementia training. Staff reported that they were aware of strategies to assist in the management of challenging behaviours. Residents and representatives reported that the staff were supportive of residents with challenging behaviours, and that the residents themselves supported each other.

### 2.14 Mobility, dexterity and rehabilitation
*This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".*

**Team's recommendation**
Does comply

The home has effective systems in place to ensure each resident's level of mobility and dexterity is optimised. Assessments are completed evaluated and included in care planning. Care plans are reflective of the residents current care needs. All residents have been assessed by a physiotherapist. A physiotherapist assistant supports residents to maintain mobility and dexterity as per the physiotherapist's instructions. All care staff have received manual handling training and staff interviewed stated that they had enough time to ensure residents mobility and dexterity is maintained. Maintenance records show that wheelchairs and mobility aids are maintained and cleaned regularly. Residents` falls, accident and incidents are reviewed by the registered nurse, the medical practitioner, or physiotherapist if required. Residents and representatives interviewed were satisfied with the way in which the home encourages and supports the residents to maintain their mobility.

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

**Team's recommendation**
Does comply

The home has processes in place to assist in maintaining resident's oral and dental health. Assessments are completed on all residents, evaluated and

included in the care planning. Care plans are reflective of resident's current oral and dental needs. The team observed that the residents had appropriate teeth cleaning supplies. Staff stated that residents access dental services independently, and staff prompt representatives at the case conference meetings of required dental appointments. Residents with eating or swallowing difficulties are referred to the medical practitioner or the speech pathologist. Staff confirmed that they routinely undertake oral care for residents who are unable to attend to their own oral hygiene.

## 2.16 Sensory loss

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

### Team's recommendation
Does comply

The home has an effective system in place to ensure its approach to residents sensory losses are effective in identifying and managing residents needs in relation to all five senses. Communication assessments are completed, evaluated and included in the care planning. Care plans are reflective of residents current care needs. Progress notes reviewed had photos of residents' glasses for identification.  Hearing aids are cleaned. Staff change batteries as per care plan instructions. Staff stated and documentation confirmed that residents have attended audiologist appointments or optometry appointments. Residents confirmed that they access appointments independently.

## 2.17 Sleep

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

### Team's recommendation
Does comply

The home has effective systems in place to ensure its practices enable residents to achieve natural sleep patterns.  Assessments are completed evaluated and included in care planning. Care plans are reflective of the residents current care needs. Staff reported using a number of interventions to assist residents to achieve a natural sleep, for example, hot milk, hand massage, music, pillows adjusted or favourite cuddly toy. Some residents currently take medication to assist them to maintain sleep as prescribed by the medical practitioner. A sleep audit was completed in December 2008 by the home that confirmed most residents achieve natural sleep patterns. Residents interviewed by the team confirmed that the home has systems in place to meet their needs.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

**Team's recommendation**

Does comply

Systems and processes are in place to assist the home to pursue continuous improvement in area's of management, care, lifestyle and safety systems. The overall quality system is guided by policy and procedure. Information of changes made is communicated to staff, and resident/representatives by the facility manager using a formal meeting structure, including case conferences. Improvement opportunities are identified and planned, using systems of comments, complaints, suggestions, audits, surveys, hazard identification, reporting of incidents, and resident and staff meetings, with results monitored, and evaluated. Staff reported management is responsive to their comments and suggestions for improvement. Residents/representatives reported they know about the home's suggestion and complaint mechanisms, meetings, and face-to-face discussion opportunities.

Examples of improvements relevant to this Standard that have been implemented since the home's last site audit are listed below.

- Management, in consultation with the residents and representatives, has improved the homeliness of the facility with animals, including a cat, a dog, goldfish, an aviary, indoor pot plants, a barbeque / patio, and permission for some residents to have their own birds. Residents and representatives confirmed the improvements as very welcoming and warm to the home's appearance.
- A resident and staff newsletter called "Chatterbox" has been introduced. The aim is to inform residents, representatives, and staff of the events at the home. Residents, representatives, and staff affirmed the usefulness of information contained in the newsletter.
- Management identified the need to review their entry information. The home has put in place a comprehensive resident handbook that contains specific information, some pictures and a large font. Residents and representatives confirmed the usefulness of information contained in the handbook.
- Management has commenced a family and friends meeting. This is held three to four monthly, and includes dedicated special guest for education, for example a dementia specialist.
- The home has put in place red switches linked to staff pagers on all external doors to assist in meeting residents increasing needs. Residents, representatives, and staff indicated this improved the care for residents.

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

**Team's recommendation**
Does comply

Management systems and processes are in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information, and updates through professional organisations, and peak industry bodies including journals, and circulars from State and Commonwealth government departments. Regulatory information is monitored by the organisation's corporate office, and information gathered is provided electronically to the manager. Changes and updates are discussed at managers meetings, and staff are informed of changes specific to their roles and responsibilities at staff meetings, training sessions and using the home's memorandum system. Compliance is monitored through audits and the incidents reporting system. Staff interviewed indicated their awareness of standards and guidelines related to their roles and responsibilities.

Examples of regulatory compliance relevant to this Standard are described below.
- The organisation's privacy and information management policy and practises reflects the requirements of the *Privacy Act 2001.*
- The home offers each resident a resident agreement that outlines and includes fee and tenure arrangements, as well as care and services that will be provided, in accord with the *User Rights Principles 1997.*
- The Charter of residents' rights and responsibilities under the *User Rights Principles 1997* is displayed, and residents are provided information on entry to the home.

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

**Team's recommendation**
Does comply

The home has systems and processes in place, and allocated resources to ensure staff have appropriate skills and knowledge to perform their roles. The home provides mandatory and elective training that is focused on the needs of the residents and staff. Monitoring and evaluation of staff skills is considered by the manager when developing, and identifying training for staff, and additional training is available should the need arise. Staff confirmed they are encouraged to attend regular education and training offered by the home, or by external organisations. Residents and representatives stated they believe staff to have skills to carry out their duties.

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

**Team's recommendation**
Does comply

The home has effective systems in place to ensure that each resident receives initial and ongoing emotional support. Staff and management demonstrated that all residents are orientated to the home, including staff and services. Involvement of representatives in the activity planning of residents, to ascertain the emotional support needs, particularly if the resident is non-verbal, or experiencing cognitive impairment, is encouraged by the home. The emotional needs of residents are identified through assessment of admission data, or the residents social history 'snap shot of my life'. Case conference discussions, one on one support and family involvement in planning of care is demonstrated by the home. Residents and representatives interviewed were satisfied with the way they were assisted to adjust to life at the home, and the support they receive from the home.

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

**Team's recommendation**
Does comply

The home ensures that residents are assisted to maintain maximum independence in daily living. Seventeen residents have their own telephones and other residents can access telephones by ordering them through a provider, and the administrative assistant assists with this. Community visitors including church, Church representatives, volunteer organisations and entertainers take part in some components of the activity program. Supervised outings on the homes bus in small groups are arranged twice a week. One resident has shop aides to assist in mobilising outside. One resident stated that she used taxis to go shopping in town. Residents and representatives feedback confirms that the independence of residents' is effectively maintained.

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

**Team's recommendation**
Does comply

The staff were able to demonstrate that resident's right to privacy, dignity and confidentiality is recognised and respected.  Staff received training in fostering privacy and dignity for residents in November 2008. The home has conducted an internal audit, and results confirmed compliance. Resident's files, progress notes and care plans are stored appropriately. The team observed that the staff knocked on residents' doors before entering. Staff interviewed knew the residents well and stated that they always treated the residents with respect,

and this was confirmed by the team's observation. Residents interviewed by the team reported satisfaction with the privacy and dignity provided by the staff.

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

**Team's recommendation**
Does comply

The home demonstrated that all residents are encouraged and supported to participate in a wide range of interests and activities. Residents' specific needs and preferences are consistently assessed, monitored and updated on an ongoing basis. There is sufficient staff to plan implement and evaluate resident's leisure interest and activities. The home's systems and processes ensure group and individual programs provided to residents are appropriate and reflect changes in residents' needs. Residents and representatives interviewed expressed high levels of satisfaction with the activities program. Staff interviewed confirmed that staff are available to ensure residents receive support to attend activities of their choice, and that the residents have a wide variety of activities and leisure interests available to them.

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

**Team's recommendation**
Does comply

The home ensures residents cultural and spiritual customs, beliefs and preferences are recognised and valued. Cultural and spiritual needs are assessed when residents initially enter the home, and on an ongoing basis. The occupational therapist demonstrated that all residents are encouraged to maintain cultural and spiritual links in the community, and multi-cultural activities are held at the home. Church services are conducted every fortnight, and the catholic priest attends the home when residents require his services. Residents interviewed by the team reported satisfaction with the cultural and spiritual support provided in the home.

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

**Team's recommendation**
Does comply

The home has an effective mechanism in place for residents and representatives that enable them to make choices and decisions about the services residents receive. Individual resident assessments, care plans, relative contact records and case conference records are consistent, complete and provide guidance for staff practises. The home could demonstrate monitoring processes to ensure residents' choice is respected. Observation of staff

practises, and staff interviews indicate that residents always have choices available to them, this including shower, waking and sleeping times, meals and activities. Staff can demonstrate that residents/representatives participate in care planning, and are given the opportunity to contribute to the decision-making process.

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

**Team's recommendation**
Does comply

Admission policies and procedures assist management and staff to identify and support security of tenure via a one to one interview, facility tours, provision of a resident information brochure, and a residential care agreement. The agreement contains information on specified care and services, complaint processes, information about reallocation of a room within the facility, and conditions of occupancy. Information relating to fees and charges is explained and residents and/or representatives are informed where changes occur. Information on residents' rights and responsibilities is displayed in the home. When reallocation is indicated, consultation occurs with the resident and /or representative to ensure ongoing care needs can be met. Residents and representatives interviewed by the team were satisfied with their security of tenure within the home, and understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems
**Principle:** Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

**Team's recommendation**
Does comply

Systems and processes are in place to assist the home to pursue continuous improvement in area's of management, care, lifestyle and safety systems. The overall quality system is guided by policy and procedure. Information of changes made is communicated to staff, and resident/representatives by the facility manager using a formal meeting structure including case conferences. Improvement opportunities are identified, and planned using systems of comments, complaints, suggestions, audits, surveys, hazard identification, reporting of incidents, and resident and staff meetings, with results monitored, and evaluated. Staff reported management is responsive to their comments and suggestions for improvement. Residents/representatives reported they know about the home's suggestion and complaint mechanisms, meetings, and face-to-face discussion opportunities.

Examples of improvement relevant to this Standard that have been implemented since the home's last site visit are listed below.

- A review of laundry practice has resulted in the home purchasing a new industrial washing machine to replace two domestic machines. Staff stated that new machine was a good improvement, especially in appropriate height, washing temperature, and infection control matters.
- Due to increasing care needs of residents, management identified a dedicated pan room was needed. This is in place and staff have been trained appropriately. Management and staff demonstrated the improvements in work place practice, infection control and cleaning that this has created.
- To improve the home's working conditions for kitchen staff, an air-conditioner has been installed. Management and kitchen staff affirmed the improved working environment.
- The organisation, in cooperation with the home, has implemented an emergency management guideline handbook that covers evacuation, fire and safety, bomb threat and robbery. The organisation is continuing with planning and processes to add other emergencies that may be on a larger scale, for example cyclone or a flood. Management and staff confirmed the handbook to be clear, simple, easy to use and useful.

## 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".*

**Team's recommendation**
Does comply

Management systems and processes are in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives information, and updates through professional organisations, and peak industry bodies including journals, and circulars from State and Commonwealth government departments. Regulatory information is monitored by the organisation's corporate office, and information gathered is provided electronically to the manager. Changes and updates are discussed at managers meetings, and staff are informed of changes specific to their roles and responsibilities at staff meetings, training sessions and using the homes memorandum system. Compliance is monitored through audits and the incidents reporting system. Staff interviewed indicated their awareness of standards and guidelines related to their roles and responsibilities.

Examples of regulatory compliance relevant to this Standard are described below.
- The home undertakes work place hazard monitoring, has an OSH representative in the workplace, and ensures machinery instructions are accessible to staff
- The building meets the requirements of current Certification instrument.

## 4.3  Education and staff development

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

**Team's recommendation**
Does comply

The home has systems and processes in place, and allocated resources to ensure staff have appropriate skills and knowledge to perform their roles. The home provides mandatory and elective training that is focused on the needs of the home, resident mix, and staff. Monitoring and evaluation of staff skills is considered by the manager when developing, and identifying training for staff, and additional training is available should the need arise. Staff confirmed they are encouraged to attend regular education and training offered by the home or by external organisations. Resident/representatives indicate they believe staff to have skills to carry out their duties.

Compulsory education offered and attended by all staff includes fire, safety and emergency, fire drills, manual handling, occupational safety and health, infection control, 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 recommendation
Does comply

Residents are accommodated in single rooms with an en-suite facilities, and are encouraged to add personal touches of their own with mementos, paintings and items of personal value. Rooms and common areas are appropriately furnished and air conditioned including a large activities lounge. As well, a large roomy outdoor barbeque and patio is adjacent. Security call bells and alarm systems are in all rooms and common areas, and there is a security company for an evening/night check. The maintenance program includes a wide range of building and environment requirements. Residents and their representatives advised they are satisfied with the safety and comfort of their 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 recommendation
Does comply

The team observed the home to be actively working to provide a safe working environment. The home's has a wide range of education and information for staff, including a dedicated staff member for monitoring and evaluation of the environment including incidents and hazards. The safety of the working environment considers feedback from staff, maintenance, infection surveillance programs and environmental audits. Staff complete records of any incidents and hazards, and identified issues are actioned using corrective and preventative practices. Staff reported knowledge of reporting processes and occupational health and safety issues.

### 4.6 Fire, security and other emergencies

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

**Team's recommendation**
Does comply

Processes for identifying, managing and minimising fire, safety and security risks are in place. Fire fighting equipment including extinguishers and blankets is readily available, identified with signage, and a resident list is routinely updated. A program of scheduled maintenance of all fire and emergency equipment is established. Fire and emergency, and fire drill training is provided to staff, with attendances recorded. Staff indicated awareness of emergency procedures, and actions they should take in the event of a fire alarm. Residents indicated their knowledge of the home's fire and safety procedures.

### 4.7 Infection control

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

**Team's recommendation**
Does comply

There are processes in place for identifying, managing and minimising actual or potential clinical infection control risks. Staff are provided with infection control information at orientation, and infection control is a mandatory training component. Personal protective equipment is supplied to staff and the home has provided information to residents about infection control and hand washing. Staff members monitor residents' infections, skin tears and antibiotic usage, as well as the physical environment of the home. Residents and representatives interviewed were aware of the importance of minimising infections, and stated they were satisfied with the staff and management's approach in this area.

### 4.8 Catering, cleaning and laundry services

*This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".*

**Team's recommendation**
Does comply

There are documented procedures and guidelines for catering, cleaning and laundry services to assist with providing residents' hospitality services. A contracted company is responsible for cooking and supplying the home's food from the nearby nursing home, however, two meals a week are cooked on site. The contractor uses a dietician to oversee the home's four weekly rotating menu. Contracted catering staff reported their knowledge of residents' dietary needs and preferences, and the kitchen-cleaning program. The contracted catering company conducts training in food safety, manual handling, and infection control for their staff. All staff use the home's colour-coded system for cleaning. Catering, cleaning and laundry staff complete supporting documentation and reported they were aware of their roles and responsibilities. Residents and representatives reported they were satisfied with the catering, cleaning and laundry services provided by the home.