



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Bill Crawford Lodge**

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

The Agency has decided that the period of accreditation of Bill Crawford Lodge is three years until 7 September 2012.

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

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

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

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

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name:	Bill Crawford Lodge		
RACS ID:	4442		
Number of beds:	30	Number of high care residents:	30
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Dementia Specific Unit</li> </ul>		
Street/PO Box:	1101 Dana Street		
City:	BALLARAT	State:	VIC
		Postcode:	3350
Phone:	03 5320 3765	Facsimile:	03 5320 3632
Email address:	judithbl@bhs.org.au		

### Approved provider

Approved provider:	Ballarat Health Services
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### Assessment team

Team leader:	Jennifer Thomas
Team member/s:	Judith Pymer
	Michael Holden
Date/s of audit:	10 June 2009 to 11 June 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

## Accreditation decision

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

### Accreditation decision

<b>Agency findings</b>
Does comply
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### 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	Bill Crawford Lodge
RACS ID	4442

### **Executive summary**

This is the report of a site audit of Bill Crawford Lodge 4442 1101 Dana Street BALLARAT VIC from 10 June 2009 to 11 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

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

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bill Crawford 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.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 10 June 2009 to 11 June 2009.

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

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

## Assessment team

Team leader:	Jennifer Thomas
Team member/s:	Judith Pymer
	Michael Holden

## Approved provider details

Approved provider:	Ballarat Health Services
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## Details of home

Name of home:	Bill Crawford Lodge
RACS ID:	4442

Total number of allocated places:	30
Number of residents during site audit:	30
Number of high care residents during site audit:	30
Special needs catered for:	Dementia specific unit

Street/PO Box:	1101 Dana Street	State:	Victoria
City/Town:	BALLARAT	Postcode:	3350
Phone number:	03 5320 3765	Facsimile:	03 5320 3632
E-mail address:	judithbl@bhs.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bill Crawford 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
Director of nursing	1	Residents/representatives	6
Registered nurses	7	Lifestyle staff	2
Nurse unit manager	1	Laundry staff	
Administration assistant	1	Cleaning staff	1
Catering staff	2	Maintenance staff	1
Residential services quality manager	1		

#### Sampled documents

	Number		Number
Residents' files	9	Medication charts	8
Summary/quick reference care plans	9	Personnel files	5

#### Other documents reviewed

- The team also reviewed:
- Action plans
- Activities calendars
- Admission documentation and assessment schedule
- Approved suppliers contracts
- Approved suppliers lists
- Audit schedule
- Behaviour assessments, management plans and evaluations
- Blood glucose monitoring documentation
- Certificate of currency
- Certificate of registration of a food premises
- Charter of resident's rights and responsibilities
- City council premises audit report (compliant)
- Cleaning contractor's cleaning policy
- Clinical assessments
- Clinical audits
- Clinical committee meeting minutes

- Clinical observation charts
- Clinical policy, procedure and guidelines manual
- Compulsory reporting guidelines folder
- Continuous improvement plan
- Contractors' service agreements
- Database of staff attendances
- Diabetes management protocols
- Dietary guide form
- Diversional/recreational therapy assessments
- Education attendance records
- Electrical testing and tagging record
- Electronic documentation system
- Emergency procedures manual
- Emotional/spiritual/cultural requirements assessments
- Employee training needs analysis survey
- End of life choices forms
- Equipment service and calibration records
- Essential services records
- Fluid balance charting
- Food safety plan unit level
- Food Safety Program organisation level
- Handover sheets
- Interim behaviour/risk management plans
- Interim care plans
- Lifestyle program guidelines
- List of activities/participation levels for group/individual monthly activities chart
- Maintenance documents and procedures
- Maintenance requests
- Management and care agreements
- Mandatory reporting register
- Manual handling information
- Material safety data sheets
- Menu sheets
- Minutes of various committees
- Mission, values and objectives statements
- Nurses' registration records
- Occupational health and safety minutes of meeting
- Organisational chart
- Pain management and evaluation documentation
- Performance appraisals
- Physiotherapy exercise plans
- Police check monthly report
- Policy and procedure manuals
- Policy and procedures for cleaning and laundry, waste management
- Portfolio holder list
- Position descriptions and duty lists
- Preventative maintenance schedule
- Psychiatric treatment plans
- Quality project
- Recreational activities and participation level record
- Recruitment policies and procedures
- Referrals to specialist services
- Residency agreement
- Resident and relative satisfaction surveys
- Resident lists
- Resident's continence aids identification information



- Residents' information handbook
- Residents' information package
- Risk management assessments and plans
- Short-term care plans
- Staff acknowledgement of reading meeting minutes
- Staff education folder
- Staff handbook
- Staff meeting minutes
- VIP system of care review
- Visitor and resident sign in and out books
- Weight monitoring documentation
- Wound charts

### **Observations**

- The team observed the following:
- A guide to your rights publication
- Activities in progress
- Activities notice board
- Administration of medications
- Advocacy services brochure
- Aged care complaints investigation scheme brochure
- Agency publications
- Antiseptic hand wash dispensers
- Call bell system in operation
- Certificate of attainment – 1999 certification assessment instrument
- Certificate of audit – food hygiene services
- Charter of resident rights and responsibilities poster
- Chemical and oxygen storage and signage where appropriate throughout the home
- Cleaner's storage room and cleaning in progress
- Comments and complaints forms
- Communal bathrooms and toilets
- Designated smoking area
- Equipment and supply storage areas
- Evacuation kit
- Evacuation plans
- Fire and emergency equipment and egress
- Fire fighting equipment within test date
- Food act 1984 registration certificate
- Gastroenteritis kit
- Guidelines for making a complaint
- Hand washing facilities
- Infection control brochure
- Information brochures
- Information displayed on notice boards
- Interactions between staff and residents
- Intranet information for staff
- Kitchen and laundry areas
- Levels of stock and equipment
- Lifting equipment
- Linen storage
- Living environment
- Meal service
- Meals and snacks served
- Medication refrigerators
- Medication trolleys and storage areas
- Monthly activity planner

- Occupancy permit
- Outdoor living environment including car, outdoor furniture and landscaped environment
- Pan rooms
- Personal protective equipment in use
- Pet therapy
- Resident rooms
- Residents using mobility aids
- Residents' and staff notice boards
- Residents' rooms and en suites
- Secure environment
- Sensory stimulation room
- Spills kits
- Staff communication
- Staff emails
- Staff practices
- Staff room
- Staff work areas
- Storage areas for nursing equipment
- Storage of medications
- Suggestion box
- Vision mission and values poster
- Visitors sign in book
- Your feedback counts brochure

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home displays quality practice and has a system in place to demonstrate that continuous improvement is actively pursued by the home and is supported by the Ballarat Health Services at an organisational level. “C” forms are the formal avenue for comments complaints and suggestions to be made, and together with audits, meetings, incident reports and surveys, inform the staff meeting, that meet on a monthly basis and monitors the home’s continuous improvement plan. Management regularly reports at stakeholder meetings and to the Ballarat Health Services residential services quality and risk management committee, with reporting to the organisation’s quality governance committee and board, ensuring all stakeholders are informed of the continuous improvement activities conducted by the home. Residents and staff stated that they are aware of the continuous improvement system and that management are responsive to their suggestions receiving the appropriate feed back at meetings.

Examples of recent improvements relating to Standard One include the following:

- The electronic documentation of resident care plans and progress notes has commenced with the necessary staff training provided.
- The home has actively promoted the benefits of staff and residents using the formal comments and complaints systems and is reinforcing the system at the relevant stakeholder meetings.
- Registered nurse division ones have been provided training and encouraged to use the homes’ intranet system to ensure they have access to current policies and procedures.
- Systems are in place to ensure residents have access to services not provided by the home.
- A new hairdresser has been appointed.

### **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

The organisation’s residential services quality manager monitors and identifies changes to legislation, industry standards and guidelines relevant to the home’s operation. The home is supported by the Ballarat Health Service who subscribes to a legislative update service and reviews government departmental publications reporting to the residential services quality manager on a weekly basis of changes to relevant legislation. Policy and procedures are subject to a review process by relevant staff and by the Ballarat Health Service prior to adoption. Staff has access to policies and procedures on the home’s intranet system with printed formats also available. Information relating to changes to policies and procedures is conveyed to stakeholders via relevant meetings and memorandum. An appropriate register of staff and contractor police checks are maintained by the Ballarat Health Service with expiry dates clearly noted, with the nurse unit manager maintaining copies at a local level. Staff confirmed they are informed and acknowledge changes to regulatory compliance requirements and that they have current police checks.

### 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

Education and staff development are identified from training needs analysis, audit results, policy changes and performance appraisals. An annual education program includes mandatory training and competencies. A monthly calendar update detailing organisation wide education is posted each month. Staff are able to access education sessions held at any of the organisation units. The home has processes in place to ensure appropriately qualified staff are employed with knowledge and skills based on their position descriptions and resident needs. All new staff attend orientation at both an organisation and unit level. Staff confirmed they are supported and encouraged to attend a variety of education offered both locally and off-site. Education provided related to management systems includes: professional conduct, governance and management, quality compliance, approaches to service delivery, electronic record system, performance management, risk management and management assistance program for middle managers.

### 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

Stakeholders have access to both internal and external avenues to resolve complaints or concerns. Comments and complaints can be made on the home's "C" form and are recorded with each complaint logged onto an appropriate register and monitored at the monthly staff meeting with issues analysed and evaluated by the organisation's residential services quality manager who provides trending and benchmarking data. Minor issues are dealt with promptly with larger items linked to the continuous improvement plan. Relatives and friends meetings provide forum for residents to raise concerns with management. Departmental complaints resolution scheme and advocacy literature is available and together with the residents handbook, provides information regarding external complaint avenues. Residents said that they are comfortable in raising issues directly with management and staff stated that they assist residents use the formal comments and complaints system.

### 1.5 Planning and leadership

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

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

Does comply

The home has documented its mission, vision, philosophy and objectives statements throughout the service and are documented in a number of documents including the handbook for residents and representatives, staff handbook, annual report. The home's stated values such as respect and a commitment to quality are inherent in the objectives. The Charter of Residents Rights and Responsibilities is displayed throughout 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

The home has systems for ensuring qualified staff are employed for residents to receive consistent service and care in accordance with the organisation's quality objectives. Staff are recruited by management at the home in collaboration with organisation's human resources department. The home is staffed as per the public sector ratio and the selection criteria is specific for each position to be filled. The human resource department maintains nursing registrations and police record checks and sends reminders to staff when these are due. Staff numbers and skill mix are reviewed regularly. The home accesses replacement staff from the organisation staff casual pool. The home provides orientation for personnel on commencement of employment and undertakes annual performance appraisal for evaluation of performance. Residents and relatives are satisfied with the consistency of regular staff and their commitment to a high standard of care and service.

### **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

There are organisational processes for identifying preferred equipment, suppliers and for assessing and evaluating new equipment as applicable. Organisation maintenance staff attend the home frequently. Responsive and preventative maintenance systems show that equipment is maintained in a timely manner. All electrical equipment is tested and tagged annually by an external contractor and as required by the central engineering and maintenance department. Staff are able to request repairs, new work, or movement of furniture and equipment, and orders are attended promptly. New equipment is trialled for suitability. The team observed sufficient supply of equipment and staff stated there is adequate equipment and supplies for them to assist residents according to their needs.

### **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Staff have access to policies, procedures and information to guide care and other work practices both in hard copy and via the intranet; resident files are appropriately documented and maintained. Staff and resident files are securely stored, staff are educated about privacy and confidentiality, computer systems are password protected and backed up. The home is currently implementing an electronic resident record system and is running some documents in hard copy during the transition phase. Stakeholders receive information through email, handover, meetings, minutes, notice boards, meeting minutes, memoranda, communication books and staff pigeon holes. An update of legislation, policy, procedures meetings is emailed to the nurse unit manager each Friday and disseminated to staff residents/representatives through memos or at appropriate meetings. Staff confirmed they are informed of changes in resident status through handover, progress notes, care plan updates and resident care reviews.

### **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 maintains service agreements with preferred external service providers at both the organisational level and at the home. The organisation ensures that the necessary police checks are maintained by contractors with copies filed with their service agreements. External service suppliers undergo continual performance monitoring by management and agreements are reviewed as they expire. External contractor's performance is monitored through audits, staff, resident and relative comments and through management's observations. Staff have access to the approved service provider's contractor list and residents confirmed their satisfaction with the services they receive from external contractors

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

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

### **2.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

An annual audit schedule provides the necessary tools for conducting clinical and management indicators that measure the home’s performance against the accreditation standards and is complimented by the home’s portfolio system that allocates procedural and practice reviews to staff members. An activity action plan is initiated to address any issues raised and is registered on the home’s continuous improvement plan. Results are analysed and evaluated by the organisation’s residential services quality manager who provides trending and benchmarking data against all of the organisation’s homes and is reported at staff meetings. Issues identified by trending and benchmarking activities prompts an activity action plan with improvement activities monitored. Feed back is reported to stakeholders at appropriate meetings with staff confirming that they participate in the continuous improvement system and stakeholders stated that they are aware of the home’s continuous improvement system.

Examples of recent improvements relating to Standard Two include the following:

- Education has been provided to care staff to ensure that residents are informed in the use of lifting machines with the orientation program reviewed and the hand over process employed to reinforce the home’s policy.
- The registered nurse division two staff have been involved in the development of action and care planning to involve all care staff in the resident assessment process.
- A review of the behavioural management strategies has resulted in the implementation of additional education sessions and regular reinforcement to ensure care staff maintain suitable skills.
- The importance of medication chart signing is being regularly emphasised to ensure minimal signature omissions are detected.
- The Alzheimer’s association has been consulted to provide education tools for staff assisting in a better understanding of the onset of dementia.

### **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

The home monitors compliance in relation to health and personal care and maintains a system to identify changes to relevant legislation, regulations and guidelines. The organisation’s residential services quality manager reviews policies and procedures as changes are made to laws or guidelines and are subject to a review process by relevant staff and by the Ballarat Health Service prior to adoption. Relevant staff meetings are the forum for identifying policy and procedural changes, with education sessions initiated by the home to ensure that staff has the necessary information and skills to conduct their roles. The annual audit schedule includes clinical reviews that monitor ongoing compliance in accordance with current practice. The home maintains copies of professional registrations and the staff hand book provides staff with guidelines to the home’s privacy and confidentiality policy. Staff stated that they are aware of their roles and responsibilities.

### **2.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

The home has an education program that is designed to ensure that staff have the appropriate skills and knowledge to care for residents. The home utilises competency testing for different levels of care staff to ensure that staff have the clinical skills appropriate to their roles. Clinical education is provided in a variety of different forms and management staff indicated that education is also provided regularly on an ‘as needs’ basis according to needs expressed by care staff. Staff confirmed the effectiveness of the clinical education provided to them. Education provided includes:- medication competencies for care staff, skin care, basic life support, behaviour management, mandatory reporting and dementia.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents receive clinical care in accordance with their assessed needs and preferences. Clinical care is undertaken and/or supervised by registered nurses division one well supported by registered nurses division two. The home has a number of staff who have taken responsibility for a range of clinical portfolios and provide information and advice to staff. Long-term care plans are developed, implemented, reviewed and evaluated via a monthly ‘VIP’ review system and as required. Short term care plans are implemented for acute care episodes such as wounds or infections and for all specialised care needs for each resident. Staff were able to demonstrate their knowledge of resident care needs and preferences. Care consultation was evident in the electronic progress notes reviewed and residents and representatives confirmed that they are consulted regarding their care needs and said they are satisfied with the care provided.

### **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

Registered nurses division one and two carry out, review and evaluate the specialised care required by residents. Detailed care plans are in place and contain additional information for staff to assist them to deliver individualised specialised care to residents. Staff have access to numerous external specialist services and education is provided on specialised care topics such as wound care, behaviour and diabetes management and palliative care. Residents with diabetes have documented reportable blood sugar levels and treatment strategies available for staff. Residents and representatives said they are satisfied with the specialised care they receive

### **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 have access to a number of specialists and other health services, as their needs or preferences dictate. Staff contact the specialist services direct to organise a referral in



consultation with the resident/representative and the residents doctor. Referrals are completed and appointments made for residents. Some external health practitioners that visit the home include dietitian, optometrist, podiatrist, occupational therapist, physiotherapist; psychiatric aged care team and a palliative care team. Residents and representatives said they are consulted before an appointment is made and are assisted to attend the specialist of their choice.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Registered nurses division one administer medication from blister packs. The team observed staff administering medication in a correct and safe manner. Medication charts were clearly identifiable with photographs of residents and specific information detailed on optimum ways to administer medication to each resident, including any behaviours that may impact on safe medication administration for that resident. All medication areas are locked when staff are not in attendance and medication trolleys are stored securely and correctly. Medication audits are undertaken and medication reviews are carried out. The medication advisory committee meets regularly. Residents and representatives said their medication is managed well by staff.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents with identified pain are assessed and have specific pain management care plans implemented. Cognitively impaired residents have a non-verbal assessment carried out to determine their level of pain. Residents, staff and progress note entries confirm the use of non-medication strategies to relieve pain. Staff have access to ‘as required’ analgesic medication orders for residents and give these as required and/or requested. Staff document the effectiveness of these interventions in the residents progress notes. Residents said they are assisted to be as pain free and comfortable as possible.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Residents are asked to complete an end of life choices form on entry to the home. These forms are kept at the front of each residents file. Palliative care offered at the home is comprehensive and provides for individual resident requests and preferences for their end of life care. Staff can detail the individual palliative care provided to residents and the support given to families. Palliative care plans are in place to guide staff in providing individualised palliative care. Staff have access to a palliative care team and confirmed that the team provides management and support to residents/ representatives and to staff. Palliative care resources are available to assist staff to offer optimal palliative care. Staff stated that they provide care and emotional support to residents and support the family during this time. The resident’s doctor and representatives are involved in the ongoing review of palliative care.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

On entry to the home residents are asked for their dietary likes, dislikes, food allergies and preferences. This information is recorded on their care plans and a dietary list is sent to the kitchenette in the home and to the main kitchen where meals are prepared and cooked. Residents are weighed regularly and if a significant change in a residents' weight is identified the doctor is notified and a review by a dietitian and/or speech pathologist is undertaken. Food supplements are available and the team observed residents being offered food and drinks throughout the day. Residents and representatives interviewed said they are satisfied with the food and drinks supplied and said there is always enough to eat.

### **2.11 Skin care**

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

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

Does comply

Resident files reviewed contained skin integrity and risk assessments and care plans. The home uses a 'body diagram' to indicate actual skin integrity issues, this document is accompanied by a wound management plan that outlines strategies for care such as application of appropriate wound dressings and creams. Resident progress notes confirm wound dressings and skin care are carried out as per orders and evaluated regularly. Staff attend education on wound and skin care and said they always have adequate supplies to enable wound dressings and skin care to be provided. The team observed residents skin to be clean, with residents confirming they are happy with the skin care they receive.

### **2.12 Continence management**

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

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

Does comply

All residents have had continence assessments undertaken and urinary and bowel management plans implemented. These plans record the level of assistance and the continence aids required by residents to maintain their optimal level of continence. Individual toileting times are recorded on resident care plans. The continence nurse reviews and evaluates residents continence aids and ensures residents are being provided with the correct aid. Staff stated that there is always adequate stock and this ensures resident continence needs are met. Staff said continence education assists them to ensure continence aids are applied correctly and to identify when a resident requires reassessment and change of aid. Staff at the home have undertaken an extensive project on improving the bowel management of residents. This program has been implemented and has had a positive effect on resident bowel management and care. Resident and representative feedback was positive regarding their continence management.

### **2.13 Behavioural management**

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

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

Does comply

On entry to the home residents have any challenging behaviours recorded. Once behaviours are documented detailed behaviour management plans are implemented and reviewed/evaluated regularly. Staff said they can access a psychiatrist and a psychiatric team for management advice and support as required. Staff confirmed they attend behaviour management education. Wandering residents are able to freely mobilise throughout the home including out door areas. The team observed the overall atmosphere of the home to be calm and quiet. Representatives said that if another resident's behaviour impacted on others in the home staff are quick to intervene and redirect the resident

## **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

On entry to the home residents are assessed by a physiotherapist. Their mobility status is recorded and an individual exercise plan is developed. Care plans are documented and detail the number of staff and equipment required to safely transfer and mobilise each resident. Care staff said they assist residents to mobilise and to undertake their daily exercise program. The nurse unit manager said that a referral can be made to a physiotherapist at any time if a resident requires review and/or a new mobility or exercise plan. The team observed residents walking around the home with staff assistance. Residents interviewed stated they appreciate the assistance given to them by staff to maintain their mobility and dexterity

## **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 assess, plan, document and review residents' oral and dental care and needs. If a referral to a dental service is required staff consult with the resident or representative and arrange a dental service to visit the home or assist residents by organising transport and escorts if required to external dental services. Residents and representatives confirmed they have access to dental services and are satisfied with their oral and dental care.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

All residents have sensory assessments undertaken on entry and during their time in the home. A care plan is implemented detailing individual needs and preferences in relation to sensory loss and aids to be used. Staff said they consult with residents and representatives if the resident requires a sensory loss review. Staff can organise an appointment to an appropriate external or visiting practitioner such as an optometrist. Resident and representative feedback was positive regarding the sensory loss care they receive.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

On entry to the home residents have a sleep assessment that records their settling preferences and routines. Individual information documented includes the number of blankets and pillows required by the resident and the ambient environment preferred at night. Residents' rooms have split doors and this enables staff to discreetly check residents overnight without having to disturb them by entering the room. This information is incorporated into the sleep and settling care plan to assist staff to settle residents to achieve a natural night's sleep. Staff record in the progress notes if a resident has required additional assistance to sleep at night. Residents commented to the team that the environment is quiet at night and said that staff give one-on-one attention if they are unable to settle to sleep. Residents said staff offer them drinks, snacks at night if awake.

### **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

Resident lifestyle enhancement is encouraged by the home who maintains systems and processes to pursue continuous improvement. Resident and relative surveys, activities attendance records, and residents and relative meetings, provide the input mechanisms for residents’ lifestyle improvement opportunities to be recognised by the home. Comments, suggestions, complaints and compliments can be made using the home’s “C” forms that are reviewed by the nurse unit manager and reviewed at the staff meetings. Staff stated that management encourage them to be involved with continuous improvement system at the home, with resident and relatives confirming they are informed of changes through meetings, newsletters and informal discussions.

Examples of recent improvements relating to Standard Three include the following:

- The resident hand book has been updated to include resident and relative meeting dates and has been sent to all relatives.
- The contents of the residents’ fiddle box has been reviewed and restocked.
- An after hours work instruction folder has been developed to allow care staff to provide therapy sessions in the absence of lifestyle staff.
- Large size bingo cards have been provided.
- A review of the activities calendar has been recently conducted.

#### **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

The home identifies legislative, professional standards and industry guideline changes relating to resident lifestyle and maintains a suitable system to monitor and introduce these changes. Residents’ rights and responsibilities information is posted about the home and together with residents’ security of tenure, is respected and clearly documented in the residents’ hand book that is made available to residents on entry to the home. Privacy legislation is observed by the home with resident files maintained in a secure location. Mandatory training sessions are provided by the home ensuring all staff has information in relation to mandatory reporting with management maintaining a suitable register for the documentation of such incidents. Staff stated that they are aware of their responsibilities regarding mandatory reporting. Residents and staff are aware and have access to both complaints mechanisms at the home and advocacy services.

#### **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 promotes a positive learning environment to ensure staff have the appropriate knowledge and skills to perform their roles effectively. Monitoring of skills and knowledge gained is assessed and outcomes fed back to staff. Staff are supported to increase their skills

and expertise by completing training in leisure and lifestyle areas with topics sourced such as end of life decision making, management of depression in the elderly and dementia care.

### **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

A residential admissions officer is provided at an organisational level and provides support to residents and families during the admission process with the home providing a detailed information pack to residents and relatives ensuring a thorough orientation to the home upon entry. A comprehensive assessment process is conducted on admission and details residents' emotional needs. Families are encouraged to participate in the assessment process with reassessments conducted on an ongoing basis. Care plans and progress notes are updated to identify the changing needs of the residents. Regular "one-on-one" sessions are conducted by lifestyle staff, with the home offering referral mechanisms to social workers at an organisational level and supports regular attendance by ministers of religion. The team observed a supportive and a caring approach by staff toward the residents. Residents stated they are satisfied with the emotional support provided.

### **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 encourages residents to maintain friendships within the home and local community, assisting residents to achieve maximum independence. An exercise program regularly features on the activities calendar to encourage residents to maintain or improve their physical condition. The home provides appropriate mobility aids as necessary and provides meal assisting aids promoting individual independence. Community links are encouraged with residents regularly attending local shops and eateries with staff actively supporting these trips arranging the appropriate transport as necessary. Families are invited to participate in resident activities with visiting entertainers and clubs attending on a regular basis, residents confirmed that their independence is encouraged.

### **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 home ensures privacy, dignity and confidentiality is recognised and respected in accordance with residents' individual needs. The home's accommodation provides for eight single rooms with private en-suites provided, with eleven double rooms each with their own en-suite with suitable privacy curtains between resident beds. Information pertaining to resident care needs is stored in a secure location and resident agreements are located off-site and maintained at an organisational level. Residents are informed of the home's commitment to privacy and dignity, who's policy is detailed in the home's resident and families information handbook. The team observed staff respecting residents' privacy and dignity, with residents confirming that their privacy, dignity and confidentiality are respected.

### **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

On entry to the home, residents participate in the home's "diversional/recreational therapy" assessment that details leisure interests, club affiliations, and physical abilities. Care plans are regularly reviewed or on an as need basis by the lifestyle staff. Attendance records are maintained by the home detailing residents' participation and are monitored by lifestyle staff and together with the resident satisfaction survey, assists with the evaluation of the program. An activities calendar is provided to residents and displays a variety of leisure interests and activities with residents actively encouraged to participate. Popular activities such as bingo are accompanied by sensory stimulation and regular bus outings. Residents confirmed that they are encouraged to participate and are satisfied with the activities available.

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

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

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

Does comply

Residents' individual interests, cultural, religious and ethnic backgrounds are assessed on entry to the home with residents participating in an "emotional/spiritual/cultural requirements" assessment. Care plans detail residents' individual strategies that are formulated from the initial assessment process that is completed in consultation with relatives and the lifestyle staff. Multidenominational church services are conducted on a regular basis including Uniting and Catholic faiths. Significant days of interest are celebrated by the home with the Christian calendar observed, and ANZAC, Remembrance and Melbourne Cup days celebrated. Staff displayed an appreciation and respect for residents' cultural and spiritual needs with residents confirming they are satisfied with the observance of their cultural and spiritual life.

### **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

Residents' preferences regarding their preferred name, meal choices, personal care, and dress preferences are assessed on entry to the home with care plans reflecting individual resident needs. Residents have choices about their daily lives including the right to refuse services and activities and are involved in regular informal discussions regarding their individual preferences. The relatives and friends meeting is regularly held and is a forum for stakeholders to discuss the way care and services are provided by the home. Residents have a choice of the general practitioner they wish to see, staff stating residents are provided with choices in their every day life at the home. Residents confirmed choices are offered and provided.

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

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

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

Does comply

Residents and relatives confirmed that they were given information about the fees and services of the home and understand their rights and responsibilities. Residents are shown around the home; the resident agreement is explained to them, and efforts are made to ensure their thorough understanding, including the need to change to another section of the health service if their care needs increase. The resident agreements are signed and contain the legislated requirements. Residents receive a comprehensive handbook explaining the processes at the home and services provided.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to identify improvement opportunities ensuring the betterment of the maintenance of the homes physical, environmental and safe systems. Staff meetings are the forum where results of environmental and occupational health and safety audits and are identified and discussed to enhance the safety and comfort of the staff and residents. Improvement activities are generated in response to issues raised through the audit system and are monitored on the home’s continuous improvement plan. The home conducts regularly scheduled maintenance and service work to maintain the home’s living environment. Stakeholders stated that their improvement requests are considered with feedback given in a timely manner.

Examples of improvement activities in relation to Standard Four include the following:

- The home has developed a hand washing tool to promote a routine process with staff completing training sessions.
- Additional towel rails have been provided in the bathrooms shared by residents in shared rooms.
- A new occupational health and safety representative has been appointed and has completed the required external training course.
- An infection control outbreak kit has been provided with staff awareness promoted through education sessions.
- Door mats have been replaced with vinyl to reduce tripping hazards.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Systems and processes are in place to identify and monitor regulatory changes in relation to physical environment and safety systems. The organisation’s residential services quality manager reviews policies and procedures as changes are made to laws or guidelines and are subject to a review process by relevant staff and by the Ballarat Health Service prior to adoption. Staff have access to policies and procedures on the home’s intranet system with printed formats also available. Resident and family satisfaction surveys are conducted providing feed back on the performance standards of the hospitality services, with safety and occupational health and safety audits conducted by the home. A current food safety plan is maintained by the home with the necessary registration certificate displayed with an independent third party audit commissioned annually. Essential safety measures are regularly monitored and an annual report prepared. Staff are informed at the appropriate meetings of changes to regulations and staff confirmed that the home notifies them of changes to policies and procedures.

### **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 organisation has systems in place to gather data from management and staff relating to educational needs and educational sessions are planned to provide staff with mandatory and regular education in the physical environment and safe systems. Staff attendance at mandatory training for emergency procedures and manual handling competency is monitored. Staff interviews and documentation reviewed confirms that food handling training, infection control and manual handling/smart lift is provided. Residents and relatives confirmed that they have confidence in the skills and knowledge of staff.

#### 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 and shared rooms with ensuites or shared bathrooms. Bedrooms are personalised, clean, spacious, and furnishings are provided appropriate to resident's individual needs. Communal areas around the home are tastefully decorated, private areas are provided for dinners, parties and meetings with families and friends. The home maintains a comfortable environment with effective heating and cooling systems. The outside courtyards and garden areas are well maintained. Regular monitoring of the safety and suitability of the environment is conducted through audits, hazard reporting systems, scheduled preventative and corrective maintenance programs, occupational health and safety awareness, cleaning and environmental audits and general awareness of surroundings. Systems are in place to ensure that the residents' living environment is safe, clean and well maintained. Residents and representatives stated they feel the living environment is well maintained and meets their needs.

#### 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

Management actively works to maintain a safe working environment and staff practices are guided by policies and procedures to promote safe work practices and minimise risk. There are trained occupational health and safety representative who work with the occupational health and safety committee to minimise risks across all areas of the home. Staff are educated about occupational health and safety practices annually, compliance is monitored, risk assessments are completed when deemed required. Occupational health and safety issues are discussed at regular staff meetings and issues identified through audits, incidents and improvement requests are actioned. Relevant material safety and data sheets are maintained and there are appropriate supplies of personal protective equipment. Staff confirm mandatory training in manual handling takes place and informed the team that management are committed to identifying and resolving occupational health and safety issues in a timely manner.

#### 4.6 Fire, security and other emergencies

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

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

Does comply

The home has systems to ensure that all staff participate in mandatory training programs, and staff were able to discuss emergency situations with the team. The home maintains current lists of the mobility and evacuation needs of each resident, and evacuation instructions and plans are clearly displayed in communal areas. All exits remain free of obstructions, and

equipment, including the fire panel, extinguishers and emergency lighting systems, are regularly tested in accordance with all legislation and regulations. An emergency evacuation pack including current resident information is maintained and located in the nurses' station. Residents who smoke do so under direct supervision at all times. The main reception is manned during business hours; entry is by keypad to the front foyer and a sign-in book is kept in this area. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff are aware of their responsibilities in the case of fire or other emergencies. Residents and relatives stated they feel safe.

#### **4.7 Infection control**

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

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

Does comply

The home has systems in place to monitor outbreaks of infection and proactively work towards minimising risk. Staff receive infection control education on commencement of employment and on an annual basis. Supplies of personal protective equipment are readily available to staff, and equipment available for the disposal of sharps and infectious waste. Hand washing facilities throughout the home include signs on hand washing techniques and staff were observed to appropriately attend to hand washing and techniques to minimise the spread of infection. The home conducts regular infection control audits and information on infection control is considered at the monthly risk management meeting. Care staff and hospitality staff demonstrated they know about infection control guidelines and practices relevant to their roles and responsibilities.

#### **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

Processes are in place to ensure compliance with food handling requirements and storage. The home has a separate food safety plan. Food is prepared and delivered from the organisation kitchen using a cook chill process and is transported using appropriate vehicles. Systems are in place for communicating residents' dietary requirements and preferences to food services staff. The home has a four week rotating menu which is reviewed six monthly in consultation with a dietitian. The laundry has clear processes for clean/dirty separation of resident's clothes and linen is outsourced to an external contractor. The home has a system for labeling residents clothing. Hospitality staff can describe their responsibilities and indicated they communicate with management on a regular basis. Temperature logs for food receipt, storage, heating, cooling, and serving are documented at each meal, together with all kitchen cleaning schedules. Cleaning records are signed and dated daily. The team observed colour coded equipment, spill kits, material safety data sheets, procedures, stocks of supplies, chemicals and personal protective equipment in use. Residents are highly complimentary of the cleaning staff and the standard of cleanliness at the home.