



Aged Care  
Standards and Accreditation Agency Ltd

## **Bill Crawford Lodge**

RACS ID 4442

1101 Dana Street

BALLARAT VIC 3350

Approved provider: **Ballarat Health Services**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 7 September 2015.

We made our decision on 10 July 2012.

The audit was conducted on 6 June 2012 to 7 June 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Bill Crawford Lodge 4442**

**Approved provider: Ballarat Health Services**

## Introduction

This is the report of a re-accreditation audit from 6 June 2012 to 7 June 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 6 June 2012 to 7 June 2012.

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

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

## Assessment team

Team leader:	Rhonda Whitehead
Team members:	Helen Fitzpatrick
	Wendy O'Rielly
	David Barnett

## 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 audit:	30
Number of high care residents during audit:	30
Special needs catered for:	Residents living with dementia

Street:	1101 Dana Street	State:	Victoria
City:	Ballarat	Postcode:	3350
Phone number:	03 5320 3765	Facsimile:	03 5320 3632
E-mail address:	mickk@bhs.org.au		

## Audit trail

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

### Interviews

	Number		Number
Nurse unit manager	1	Residents/representatives	8
Registered nurses	3	Volunteer coordinator	1
Enrolled nurses	2	Engineering facilities manager	1
Quality manager	1	Occupational health and safety manager	1
Catering staff	2	Fire and safety manager	1
Domestic staff	2	Security	1
Diversional therapist	1	Administration assistant	1

### Sampled documents

	Number		Number
Residents' files	9	Medication charts	8
Summary care plans	9	Personnel files	4
Diabetic records	5	Wound care charts	3
Incident reports	15	Short term care plans	4
Residents' agreements	3		

### Other documents reviewed

The team also reviewed:

- Action plans
- Activity action plan
- Allied health referrals
- Annual contractor police certificate requirement check
- Audit schedules, results and analysis
- Behavioural observation diary
- Block folders
- Clinical assessments and charting
- Clinical incidents logs and trend analysis
- Comments / complaints register and complaints summary form
- Communication and daily diaries books
- Consent forms
- Continuous improvement plan
- Contractor handbook

- Desk diary
- Diversional therapy attendance records and evaluations
- Doctors folder
- Education and training needs analysis, calendars, course material, evaluations and attendance records
- Fire, safety and emergency management documents
- Handover sheets
- Human resource checklist
- Infection control management documents
- Mandatory reporting register
- Material safety data sheets
- Medication refrigeration temperature records
- Meeting terms of reference, agendas and minutes
- Memoranda and newsletters
- Nursing registrations
- Occupational health and safety documentation
- Pest control records
- Police checks and statutory declarations
- Policies and procedures
- Position descriptions and staff competency records
- Preventative and reactive maintenance records
- Resident management care agreement
- Residents' handbook, information package and surveys
- Roster
- Service agreements
- Staff induction package and handbook
- Staff intranet site and resources
- Staff professional registrations
- Weight charts.

## **Observations**

The team observed the following:

- Activities in progress
- Archives and confidential files destruction processes
- Building safety certifications
- Chemical storage
- Contractor register
- Emergency resuscitation equipment

- Equipment and supply storage areas
- External complaints and advocacy brochures
- Fire, safety and emergency signage and equipment
- Hard copy file storage
- Infection control equipment and supplies
- Interactions between staff, residents and representatives
- Internal and external living environments
- Intranet
- Key pad security
- Kitchenette, laundry and cleaner's areas
- Meal services
- Medication storage and administration
- Mobility aids and transfer equipment in use
- Noticeboards and brochure displays including comment / complaint information
- Nurses' stations, staff room and associated resources
- Pest inspection contractors on site
- Snoezelen – sensory room
- Suggestion boxes and forms
- Therapy kitchen
- Wound supplies.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home and the organisation have a continuous improvement and quality framework. The identification of improvement opportunities occurs through meetings, audits and surveys. The home receives input through feedback forms, verbal stakeholder input, incident reports, maintenance and management and organisational processes and observations. Action plans record and monitor the progress of improvement activities. Quality is a standard agenda item for meetings with stakeholder input encouraged. An electronic log documents longer term improvements and documentation confirms the identification and timely actioning, follow-up, completion and evaluation of improvement opportunities. The home and the organisation monitor improvement opportunities and the quality system through regular analysis and trending, reports and meetings.

Improvements identified and completed in management systems, staffing and organisation development include:

- Following management observations, the home formally documented the orientation process with a checklist completed and signed by all new staff, to assist staff and benefit resident care. The system is effective and working well.
- With the introduction of the organisation's new intranet site, the home identified a need for a step-by-step instruction sheet to assist staff with appropriate and timely access to information. Staff report the instruction sheet is helpful.
- A need was identified for additional education for assistant nurse unit managers when relieving managers on leave. The home introduced education focussing on human resource management and funding. Feedback confirms the improvement is effective and has helped staff gain confidence when assuming management roles.
- Management noted a meeting minutes cover sheet rarely signed by staff. The introduction of electronic information for all individual staff helps to ensure information the appropriate dissemination and reading of information. The improvement has been highly effective with staff reporting high levels of satisfaction.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home and the organisation have systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. Regulatory compliance information and changes are received through update services, industry and government bodies. Relevant information and changes are actioned and disseminated by the organisation through intranet and email systems. Organisational monitoring, management reports, audits and staff training assist to maintain compliance. The organisation and the home review and update policies regularly, and where required, and inform residents and their representatives of accreditation audits. Systems in place ensure all relevant persons have and maintain a current police check and required statutory declarations for staff and volunteers.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrate staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards and in particular to management systems, staffing and organisational development. As part of a large healthcare organisation, education and training is coordinated through the organisation’s residential services education unit. Education programs offered are responsive to the identified needs of staff and residents. Training needs are identified through a variety of sources including performance appraisals, changing resident needs, training needs analyses and staff requests. Staff are notified about education opportunities through an education planner that is available in the staff room, emails and via verbal and written reminders. There is a mandatory training program and staff attendance at all education sessions is recorded and monitored. The home also encourages and supports staff to attend external training deemed to be of benefit to residents’ care and support. Staff express their satisfaction with the education available to them. Residents and representatives are satisfied staff have appropriate knowledge and skills.

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

- Associate nurse unit managers training day
- Getting ready for accreditation
- Human resources showcase session
- Intranet training for managers
- Mandatory reporting
- Privacy and clinical documentation.

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

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

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

The home meets this expected outcome

The home demonstrates residents and their representatives are effectively informed of the complaints processes, are encouraged to contribute and have access to internal and external complaints mechanisms. Stakeholders receive and have access to appropriate information and forms, meetings, surveys and a suggestion box. Management encourage formal and informal stakeholder input. Feedback forms and a comments / complaints register document timely response and action with appropriate follow-up provided. Management and the organisation monitor the effectiveness of the feedback, comments and complaints mechanisms with up-line reporting and organisational support where required. Comments and complaints can be anonymous. Representatives state satisfaction with the home's comments and complaints processes.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home displays the organisation's vision, missions and values statement. Staff access to the statement is through the intranet and at orientation. The statement clearly describes the home's commitment to quality care and service and review takes place during strategic planning.

#### **1.6 Human resource management**

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

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

The home meets this expected outcome

Management demonstrates there are processes for identifying the number of appropriately skilled and qualified staff required to deliver quality resident care and services. Recruitment is coordinated through the organisation's human resources department and processes include competency based interview questions, reference checks, police checks, professional qualifications and registration checks and a comprehensive orientation. Position descriptions, duty statements, handbooks, policies and procedures are available to support staff in their roles. Staff skills and professional development monitoring is an ongoing practice through audits, annual performance appraisals and competency testing. There are processes to manage planned and unplanned staff leave. Staff confirm they have sufficient time to perform their roles on most occasions and residents and their representatives are satisfied with the care residents receive.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has suitable goods and equipment and monitors stock regularly to ensure sufficient stock levels appropriate for the delivery of services. The organisation assists with all aspects of stock monitoring, purchase management and databases, approved suppliers and preventative maintenance schedules. Imprest and electronic ordering systems ensure the maintenance of stock levels with sufficient and appropriate storage in place. Electronic maintenance systems assist to ensure equipment repairs and maintenance. Equipment is clean and stock checked on delivery and rotated. The team observed and staff confirm sufficient supplies of stock and equipment to meet residents' collective and individual needs. Representatives confirm adequate supplies and equipment are available at all times.

### **1.8 Information systems**

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

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

The home meets this expected outcome

Management and staff have access to information that is accurate and appropriate to their roles. Information provided to the residents and their representatives on entry to the home includes an information booklet and resident's agreement. Newsletters, care consultations, meetings and informal discussions provide ongoing information. Staff are kept informed through policies and procedures, education, meetings, handover, communication books, memos, emails, daily diaries and position descriptions. Key data is routinely collected, analysed and is available for relevant staff to review. Confidential records and information are securely stored and access to electronic records is password protected. Daily off-site back up occurs for all computerised information. There are archive processes and secure archive storage systems. Noticeboards, memoranda, display boards and meeting minutes disseminate information to all stakeholders. Staff, residents and representatives confirm they have sufficient information and remain informed about the home's operations.

### **1.9 External services**

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

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

The home meets this expected outcome

The organisation manages the home's external services. Robust systems and processes assist the home to ensure the services meet the home's needs and quality goals. These include regular organisational contract reviews and performance monitoring through audits, stakeholder input and regular management reports and meetings. An approved suppliers list is in place with consistent contract service agreements documenting standards of service, quality and regulatory compliance requirements. A system ensures contractor police checks are maintained and monitored. Contractor sign-in and identification processes are in place in the home. Representatives and staff state satisfaction with the home's externally sourced services.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

Improvements identified and completed in resident health and personal care include:

- Management observations and staff feedback noted endorsed enrolled nurses were not always able to continue using their medication administration skills. To rectify this, endorsed enrolled nurses are now rostered to complete the lunchtime medication round to maintain their skills and benefit rostering and timely resident care. The improvement has been effective for staff and residents.
- Following an identified gap and need to benefit staff, residents and their families, domestic staff are now involved in reflective practice when a resident deceases. Due to the time frame, evaluation is not yet completed.
- Staff input identified the need for medication side effects to be documented on care plans to help identify and minimise falls risks for residents. The improvement has been beneficial and assisted staff with improved understanding of aspects of resident care and safety.
- Following an education session on resident risks, the home introduced regular six-monthly progress note reviews to assist registered nurses in identifying risks for residents and ensure the provision of appropriate follow-up. Evaluation confirms the improvement is effective.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

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

The home demonstrates regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management requirements and systems in place for the required reporting of an unexplained absence of a resident.

## **2.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

Management ensures there are systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. Staff are assisted to attend appropriate external training and in-house training occurs to educate staff in clinical topics. The home has nurses dedicated to a portfolio of expertise and they attend meetings and provide education and resources to other care staff on their allocated topic such as continence. Refer to expected outcome 1.3 Education and staff development for further details on the home’s education system and processes.

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

- Advanced care planning
- Anaphylaxis management
- Behaviour management
- Blood sugar skills check
- Delirium and dementia
- Dysphagia in aged care
- Fluid replacement therapy
- Hypoglycaemia management
- Medication management
- Meeting residents’ nutritional needs
- Pain management
- Risk assessment and management
- Sensory taste and smell
- Wounds and nutrition.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Registered nurses manage all clinical care at the home. Following a settling in period, comprehensive clinical assessments are undertaken and care plans developed to include input from allied health professionals, residents and representatives. Care plans guide staff in the delivery of individual resident care needs and are informed by a monthly VIP system. Registered nurses review the progress notes and care plans each month or more frequently if required. Care consultation in line with the care management agreement occurs yearly or as necessary. Staff confirm knowledge of individual care management strategies and interventions. Representatives say they are satisfied with the level of consultation and the care given in 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 findings**

The home meets this expected outcome

The home has systems to ensure appropriately qualified staff monitor specialised nursing care. Complex care plans are developed and reviewed by a registered nurse on a monthly basis and updated when changes arise. The home currently cares for residents with complex care requirements such as dysphagia and diabetes management. A registered nurse oversees all specialised care needs across each shift. Referral to appropriate external health specialists and professionals occurs as necessary. Staff have access to appropriate equipment and supplies and say the organisation provides a wide range of educational opportunities. Representatives confirm they are confident staff have skills to provide appropriate specialised 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 findings**

The home meets this expected outcome

The home has access to a range of health specialists and refers residents according to their needs. Where appropriate, staff refer residents for physiotherapy, podiatry, dietetic, diabetic, optometry, audiology, palliative care, continence and wound care. Nursing staff contact individual doctors for follow up or referral as necessary and document changes in the residents’ care plan. Interviews confirm residents and their representatives have choice in their health specialists and staff assist them to attend appointments and referrals as required.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Registered nurses manage residents’ medication safely and correctly. Registered and enrolled nurses give out medications from blister packaging. All medication is stored securely and there are procedures for ordering medication and returning medication to pharmacy when it is no longer required. Residents’ medication charts have a photograph for identification, document any known allergies and identify how staff are to give medication when the resident has swallowing difficulties. Doctors’ orders include dates for ceasing medication and there is a system for reviewing medication. The medication advisory committee meets bi-monthly and reviews incidents and audits of the medication system. Representatives state they were satisfied with the management of residents’ medication.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify, implement and evaluate pain management strategies to ensure each resident remains as free from pain as possible. Staff assess residents with identified pain and implement a detailed care plan with appropriate interventions such as the use of pain charting, pain relief, pressure relieving equipment and exercise. Residents with ongoing pain and increasing ‘as required’ pain relief medications are referred to their general practitioner for review. Staff describe their role in pain management including the identification and reporting of pain. Representative’s state staff are available to give pain relief whenever required and residents appear calm and free from pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Consultation with residents and their representatives regarding terminal care wishes occurs on entry to the home. Residents and/or their representatives complete a terminal care wishes assessment and care plan, reflecting residents’ beliefs, wishes and customs. Residents’ ongoing terminal care requirements are re-assessed as necessary in consultation with, residents, representatives, medical officers and other health professionals. The home offers emotional support to residents and their representatives through staff and visiting clergy. Representatives state staff attend to palliative needs in a supportive and caring manner and family involvement in care at this time is encouraged. Staff are able to give examples of strategies to ensure residents’ terminal phase of care meets residents’ and their representatives’ needs and wishes.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The organisation has a central kitchen. Meals are prepared and delivered to the home ready for service. The home has systems and processes to ensure residents receive adequate nutrition and hydration. Staff record residents’ dietary needs and preferences and communicate these needs to the kitchen. Documentation highlights residents who require modified diets and there is a process for dietary changes. Likes and dislikes are considered and alternative meal choices offered. The home monitors residents for adequate nutrition and hydration through the regular checking of residents’ weight. Weight loss/gain guidelines are available and residents receive supplements to improve nutritional outcomes if necessary. Referrals to the dietician or speech pathologist occur when required. Residents and their representatives state they are satisfied with the meals provided to residents and the management of their nutritional needs.



## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system for assessing, managing and reviewing the skin care needs of each resident. Care plans are individualised to include individual preferences and requirements. Staff initiate repositioning, pressure relieving devices, dietary supplements and individual toileting times for ‘at risk’ residents and monitor and report each resident’s skin condition for bruises, skin tears and excoriation. A registered nurse completes a pressure ulcer risk assessment each year or more frequently if required. Incident reports effectively capture skin injuries through the incident reporting system. Representatives confirm staff manage wounds and skin integrity appropriately.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify, assess and monitor residents’ toileting requirements. Initial bladder and bowel assessments provide a basis for continence management plans and toileting programs. Behavioural changes, increased confusion and physiological changes prompt investigation for infection. Fresh fruit, adequate fluids, exercise and good dietary practices promote regular bowel patterns. Staff attend monthly continence meetings and where necessary refer to the continence nurse consultant for advice. Continence aids are stored discretely and staff confirm they receive education on continence management. Staff assist residents with their continence needs respectfully and maintain their dignity.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home uses a range of therapies and strategies to manage and review residents with challenging behaviours. Care plans document triggers and interventions and are reviewed every month or more frequently if required. Registered nurses document strategies to manage behaviours in consultation with behavioural specialist services, doctors and representatives and include monitoring the environment and the use of diversional activities. Staff receive education in behaviour management and can identify strategies used for individual resident’s behaviour management. Staff throughout the home support residents and manage behavioural issues appropriately.

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

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

### **Team's findings**

The home meets this expected outcome

Staff assess individual mobility and dexterity needs on admission and document these in the care plan. If appropriate, staff refer residents to the physiotherapist or occupational therapist for review. A range of interventions are utilised to maximise the independence of each resident. Staff state they conduct active and passive exercises as part of activities of daily living. The activities program also includes specific activities that encourage movement on a daily basis. Strategies for residents' falls management include completion of falls risk assessments, hip protectors and appropriate footwear. The living environment is clutter free and structured so residents may wander freely around the home. Representatives state staff support residents to achieve optimum levels of mobility and dexterity and residents are free to move around the home independently.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

Residents have an assessment of their oral and dental needs on entry to the home and care plans identify teeth and denture care, individual preferences and assistance required. Staff report and follow up any identified changes in oral health with referrals to a dentist, speech therapist, or dental technician made appropriately. They encourage residents to participate in their daily dental care, representatives state there are adequate dental supplies available and staff assist with dental hygiene as required.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

The home has appropriate measures in place to manage residents' sensory loss. The assessment process includes all five senses and staff document care strategies in the care plan. Where appropriate, residents have access to specialists for optical and hearing consultation and staff assist with arranging external referrals as necessary. The home has appropriate lighting, hand rails and secure walking areas. A sensory room is available to provide dementia specific sensory stimulation.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

Staff assess residents' sleep patterns, rituals and routines on entry to the home and document preferences on their care plans. Strategies to promote sleep include reduced

lighting and noise levels, warm drinks and providing a routine before bed. If residents are unable to settle, staff offer hot drinks, toileting, repositioning and analgesia if indicated. Representatives confirm residents appear rested, can rest during the day, the home is quiet at night and staff respect individual settling and rising times.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

Improvements identified and completed in resident lifestyle include:

- In response to staff input and observations, the home introduced display boards to replace residents’ life story books displayed in individual residents’ rooms. This has resulted in increased levels of enjoyment and overall effectiveness of the life stories project with a range of benefits for all stakeholders.
- Following management identification of an issue that would assist staff and benefit resident care, the home introduced formal resident sexuality education for staff to assist with broader encompassing issues in resident care. The improvement has been effective in helping to meet residents’ care and lifestyle needs.
- To assist residents with dementia, the home introduced a ‘music for the mind’ activity following a staff education session. Evaluation confirms this is proving to be a positive activity for residents.
- To benefit resident mobility, exercise and enjoyment, the home purchased an electronic activity game for residents. Feedback confirms the improvement is beneficial.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

The home demonstrated compliance in relation to resident lifestyle with privacy and dignity policies and practices, security of tenure, residents’ rights and responsibilities, the appropriate maintenance of records and reporting requirements for elder abuse / mandatory reporting.

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

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

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

The home meets this expected outcome

Management ensures that there are systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents' lifestyle. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system and processes.

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

- Advanced care planning
- Elder abuse
- Patient choice quality end of life
- Restraint training
- Sexuality
- State Trustee power of attorney.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Residents of the home live with dementia. The home has systems to provide initial and on-going emotional support for residents and their representatives. These include getting to know the resident in discussion with residents and their representatives, the development of a social profile and identifying their emotional needs. New residents are welcomed, introduced to other residents, key staff, including medical staff and pastoral carers. New residents are encouraged to personalise their rooms. Representatives confirm staff support them and residents emotionally and are especially caring in the event of stress.

### **3.5 Independence**

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

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

The home meets this expected outcome

Systems to optimise residents' independence include discussion with residents and their representatives, clinical assessment of mobility, other physical needs, mental and cognitive abilities. This information goes towards a plan to assist residents maintain optimum independence. The home has access to a bus and on-going links with the community are encouraged by assisting residents visit external events where appropriate or encourage visits from schools, friends and relatives. Representatives state residents are encouraged to be as independent as possible within the home and remain connected with their community where possible.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home is committed to upholding residents' right to privacy and dignity. Residents have single or shared rooms with ensuite bathrooms. Staff call residents by their preferred name, knock on doors and wait for permission to enter a resident's room. The provision of personal hygiene assistance is discrete and staff respect that residents may like to have time alone in their rooms. Resident documentation is stored securely and discussions and handovers conducted discreetly. Representatives confirm that staff act in a respectful manner and maintain residents' dignity.

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

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

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

The home meets this expected outcome

In consultation with residents and their representatives, a lifestyle profile including resident preferences, likes and dislikes and present and past interests is developed. Lifestyle staff and volunteers facilitate the activities program. Activities include, visiting entertainers, bus trips visiting pets, craft, music and concerts. Isolated residents interact with staff through conversation, hand massage and pastoral care. Representatives state there are many activities suitable to residents' capacity in which residents can participate if they wish to do so. The home undertakes a regular review and evaluation of the impact of the program for the home and individual residents.

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

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

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

The home meets this expected outcome

Residents are encouraged and supported to practice and express their spiritual and cultural beliefs and customs. Care and lifestyle assessment processes identify residents' cultural and spiritual backgrounds and practices that are of significance to them. The home facilitates residents' preferred practices including regular on-site church services. Staff confirm their understanding of residents' cultural and spiritual needs and provide support as required. The home monitors and evaluates the effectiveness of their processes through surveys, feedback and observation. Representatives are satisfied with the home's management of residents' cultural and spiritual interests and beliefs.

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

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

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

The home meets this expected outcome

Residents of the home live with dementia. The home is committed to recognising and respecting resident choices and their decisions. Consultation in regard to residents' individual preferences takes place on entry to the home and reviewed regularly. An authorised representative provides decision making support to residents presenting with reduced decision-making capacity. Staff state they try to empower residents to make their own decisions within their ability to do so. Residents exercise their rights to make decisions in regard to their care. Representatives confirm residents have input into the care and services they receive including their personal care, meals and their level of participation in activities.

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

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

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

The home meets this expected outcome

Management ensures new residents and their representatives understand residents' security of tenure, rights and responsibilities, financial obligations and services offered by the home. An information handbook and formal agreement include policies on termination of occupancy and strategies to deal with harassment and victimisation. Extensive consultation occurs in the event of the need to move a resident to another room or to a more appropriate home. Residents and their representatives are encouraged to seek external legal and financial advice, power of attorney information is on file and staff receive education on elder abuse and mandatory reporting. The home has an open door policy to discuss any concerns and newsletters inform residents and their representatives of relevant changes. Residents and their representatives state they feel secure in the residents' tenancy and understand residents' 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 findings**

The home meets this expected outcome

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

Improvements identified and completed in relation to this standard include:

- In response to fire drill observations, additional training has been introduced to ensure all staff are familiar with their roles and processes during an emergency. The improvement has been effective.
- The home introduced specific portfolios for cleaning staff to assist them in their roles. Staff reported the improvement is beneficial.
- Following a resident incident, the home removed hand hygiene containers from the walls with staff now carrying personal hand hygiene containers. Staff report satisfaction with the improvement as it is handy and effective.
- In response to staff complaints and to benefit staff occupational health and safety, the home installed a flexible arm tap over a sink. Staff report the improvement has rectified the issue and is effective.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

The home demonstrates compliance in relation to the physical environment and safe systems through the building and living environment, fire / safety and emergency regulations, occupational health and safety policies and requirements, infection control guidelines and a food safety program in place.

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

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

#### **Team’s findings**

The home meets this expected outcome

Management ensures systems and process adequately monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to the physical environment



and safe systems. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system and processes.

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

- Emergency evacuation drill
- Fire and emergency training
- Infection control
- Manual handling.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The living environment provided for residents is safe and comfortable and there are systems to ensure the environment remains consistent with resident care needs and individual preferences. Private and communal living areas are clean and well maintained and there are systems to ensure a comfortable temperature. There are a number of internal and external living areas for residents to use and residents are encouraged to personalise their rooms. Staff practices observed provide for a safe and comfortable environment for residents. The home consults with residents and their representatives about improvements to the living environment through resident meetings, satisfaction surveys and the home's comments and complaints process. Representatives confirm the home is comfortable, safe and secure.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Potential and actual hazards are recognised and monitored through regular audits and risk assessments. There is evidence that follow up actions occur from audits, risk assessments or identified hazards and discussed at regular occupational health and safety meetings. Nominated representatives ensure staff have a point of contact if needed. Chemicals are appropriately stored with material safety data sheets available. Staff said they attended mandatory education pertaining to occupational health and safety including manual handling techniques and bullying and harassment. Staff confirm the home has well maintained, safe and appropriate equipment available for use and policies and procedures are available to guide safe practices.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

Management ensures there are effective systems for the prevention, detection and management of fire and other emergencies. There are appropriate emergency systems and equipment and service records confirm external contractors regularly inspect and maintain equipment. Evacuation kits and a current list of residents are available, evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are clearly marked. Keypad entry and exit to the home and after-hours security measures ensure resident and staff safety. Education records confirm staff receive emergency training at orientation and then through mandatory annual training sessions. The residents' handbook and residents and representatives' meetings provide information about emergency procedures. Staff can describe their actions in the event of an emergency evacuation and confirm evacuation drills occur. Representatives are satisfied with fire and security measures in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The organisation's infection control department manages a comprehensive infection control program at the home. Residents' infections, antibiotic use, vaccination and staff health are monitored, analysed and trended and the results discussed at staff meetings and relevant health service meetings. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible and care staff demonstrate they have the appropriate levels of knowledge to minimise the risk of spreading infection. Outbreak kits, spill kits, sharps containers, personal protective clothing and equipment and hand hygiene facilities are available throughout the home and processes in place for the disposal of contaminated waste. Hospitality staff generally demonstrate 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 findings**

The home meets this expected outcome

The home receives deliveries of meals and snacks from the organisations central kitchen. Meals and meal times take into consideration each resident's choice, clinical needs and the opportunity/capacity to participate in a social setting. Cleaning takes place daily, based on a schedule and includes all private, utility and public areas. Personal laundry services are on site and flat linen provided by an external provider. Representatives state they are satisfied with the home's hospitality services and hospitality staff are helpful in providing a clean, pleasant environment.