



Aged Care  
Standards and Accreditation Agency Ltd

## **Creswick District Nursing Home**

RACS ID 4467

Napier Street

CRESWICK VIC 3363

Approved provider: Hepburn Health Service

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 5 September 2015.

We made our decision on 24 July 2012.

The audit was conducted on 19 June 2012 to 20 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



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# Audit Report

**Creswick District Nursing Home 4467**

**Approved provider: Hepburn Health Service**

## Introduction

This is the report of a re-accreditation audit from 19 June 2012 to 20 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 19 June 2012 to 20 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two 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:	Colette Marshall
Team member:	Marg Foulsum

## Approved provider details

Approved provider:	Hepburn Health Service
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## Details of home

Name of home:	Creswick District Nursing Home
RACS ID:	4467

Total number of allocated places:	30
Number of residents during audit:	30
Number of high care residents during audit:	30
Special needs catered for:	N/a

Street:	Napier Street	State:	Victoria
City:	Creswick	Postcode:	3363
Phone number:	03 5345 2403	Facsimile:	03 5345 1107
E-mail address:	hhsadmin@hhs.vic.gov.au		

## Audit trail

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

### Interviews

	Number		Number
Director of Nursing	1	Residents	10
Executive director of nursing	1	Representatives	2
Associate nurse managers	2	Catering and hotel services manager	1
Clinical care coordinator	1	Catering staff	2
Enrolled nurses	4	Cleaning staff	1
Registered nurses	2	Maintenance staff	2
Administration	2	Complementary therapist	1
Lifestyle coordinator	1		

### Sampled documents

	Number		Number
Residents' files/care plans	9	Incident reports	6
External services contracts	5	Residents agreements	5
Specialised care plans	6	Medication charts	6
Personnel files	5		

### Other documents reviewed

The team also reviewed:

- Activities and complementary therapies folder
- Audits / audit schedule and workplace inspections
- Change in dietary/drinks documentation
- Cleaning schedules and cleaning manual
- Communication diaries and referral books
- Competency records
- Complaints folder
- Compliance register
- Continuous improvement plan / action plans
- Education plans/attendance register
- Emergency procedures manual
- Essential services safety measures report
- Fire and essential services maintenance and testing records
- Food safety program, external audit report and certificate of registration

- Improvement forms
- Incident forms/ risk assessments
- Mandatory reporting register/documents
- Material safety data sheets
- Meeting minutes
- Menu
- Multicultural resources
- Newsletters
- Performance review documents
- Police checks / statutory declarations registers
- Policies and procedures
- Position descriptions
- Preventative and reactive maintenance documentation
- Professional qualifications
- Recruitment documents/ orientation records
- Resident information pack and handbook
- Roster
- Staff handbook
- Refrigerator temperature records.

### **Observations**

The team observed the following:

- Activities calendar
- Activities in progress
- Archived records
- “Charter of Resident Rights and Responsibilities” on display
- Cleaners' room, trolley and cleaning in progress
- Closed circuit television and security systems
- Equipment and supply storage areas
- Evacuation plans and exit signs
- Fire detection and fire fighting equipment
- First aid kits
- Gastroenteritis outbreak kit
- Infection control equipment
- Information brochures and notices
- Interactions between staff and residents
- Living environment
- Meal service

- Noticeboards
- Storage areas
- Suggestion box
- Vision, mission, values statement.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has systems and processes in place to actively pursue continuous improvement across all the Standards including management, staffing and organisational development. The home is part of the Hepburn Health Service which provides a governing structure, and operational framework for continuous improvement and risk management. Improvements are identified through a scheduled and targeted audit program, incident reports, trend data analysis, comments/complaints, suggestions, meetings and organisational strategies. The home has a continuous improvement plan which outlines all improvement activities. Action plans monitor progress and evaluation is undertaken. Staff report they are encouraged to contribute to the quality improvement process and are kept updated with changes as a result of improvements. Resident's report they are informed of improvements through meetings and newsletters.

Recent improvements in relation to Standard 1 Management systems, staffing and organisational development include:

- As a result of a management initiative, a review of the home's nurse management positions occurred. This resulted in creation of an additional full time clinical care coordinator position to oversee resident care processes. Management and staff confirm this has resulted in additional resources to support resident care needs, improvement in job satisfaction and retention of highly skilled nurse managers.
- Following feedback from staff, management reviewed the role of endorsed enrolled nurses to include medication administration responsibilities. Previously registered nurses undertook this task. Alterations to position descriptions and policy occurred to reflect the role change. Education and medication competency training supported this process. Management and staff report this has enhanced staff job satisfaction, flexibility in rostering and more efficient work practice.
- Management identified the need for a ward clerk position to provide clerical support for the clinical care staff. As a result of this, a new part time position was created; management and staff report the additional resource has enhanced the effectiveness of clinical care work, giving staff more time to undertake resident care.

## **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 has systems and processes in place to ensure it receives, responds to and monitors changes in legislation and regulations, professional standards and guidelines. Information is received through subscription to a regulatory compliance database run by a health legal service. Corporate management receive information through automatic email, review information and disseminate to local management. There is a schedule for annual review of relevant documents; changes are ratified and compliance data reported to the Board of Management. Staff receive information through electronic mail, memoranda, meetings, noticeboards, education sessions and handover. Compliance is monitored through audits, reports, registers and data analysis. Staff are aware of their obligations in relation to regulatory compliance and confirm that they are informed when changes occur.

Regulatory compliance in relation to Standard 1 is demonstrated by:

- A system to ensure compliance with police check requirements.
- Completion of a statutory declaration by all staff in relation to criminal history in countries other than Australia.
- Monitoring of professional registrations, licences and insurance of relevant staff and contractors.
- Stakeholder access to information about internal and external complaint mechanisms and advocacy services.
- Notification to stakeholders of accreditation audits.

## **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 and staff demonstrate they have relevant knowledge and skills to undertake their roles effectively. Recruitment includes skill based selection criteria outlined in position descriptions. There is a comprehensive education program incorporating topics across the Accreditation Standards including management systems, staffing and organisational development. Ongoing monitoring of skills and knowledge occurs through performance review, observation of practice and the home’s monitoring systems such as audits and incident reports. An education needs analysis is undertaken annually and results assist with the development of the yearly education program. The program includes competencies, orientation and mandatory training via several modalities such as on line, in house presentations and written competencies. Staff report they are encouraged and supported to attend education including external courses.

Recent training and development opportunities relevant to Standard 1 include:

- teamwork
- incident reporting

- bullying and harassment.

#### **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 has a complaints mechanism for internal and external complaints which are accessible for all stakeholders. Comments and complaints information is on display in the home including the external complaint resolution service. Information is also contained in the resident information pack and a confidential suggestion box is accessible. Regular meetings and informal discussions provide an opportunity to raise any comments or complaints and management have an open door policy. Management report and documentation confirms use by all stakeholders with investigations, actions and feedback all occurring in a timely manner. Staff said they are clear about their responsibilities when responding to complaints. Residents and representatives said they are able to make a suggestion or raise a complaint and response from management is appropriate and well received.

#### **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 has documentation stating the service's vision, mission, values and philosophy of care. Several documents outline this including the information booklet, policies and procedures and the quality improvement system objectives. Information outlining the homes commitment to quality improvement is on display 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 findings**

The home meets this expected outcome

Management demonstrated there are appropriate numbers of skilled and qualified staff to deliver resident care and services. There are processes to manage planned and unplanned leave and adjustment of staff levels occurs to meet resident care needs. Recruitment processes include selection criteria, interview, reference checks and a comprehensive orientation. Resources to support staff include position descriptions, duty statements, policies and procedures, handbooks and education. Records of qualifications, police checks, statutory declarations and professional registrations are maintained. Processes to monitor staff performance include observation, performance appraisal, individual discussion and competency testing. Staff said they are well supported by the management team to fulfil their roles and are satisfied with current staffing levels. Residents and representatives are satisfied with the care and services provided by staff.

## **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 maintains stocks of goods and equipment to support quality service delivery. Appropriate equipment and stock levels are maintained and storage areas are clean, tidy and secure where required. A list of preferred suppliers is available. Equipment required is identified through processes such as resident needs and feedback mechanisms, with management reviewing potential products for suitability. New equipment is trialed prior to purchase and existing equipment maintained in good working condition. The home has a reactive and preventive maintenance system to ensure functionality of plant and equipment. Staff, residents and representatives confirm their satisfaction with the quantity and quality of goods and equipment available to them.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

Management and staff have access to information that is accurate and appropriate to their roles. Residents and representatives are provided with information on entry to the home, including a handbook and resident agreement. Ongoing information is provided through noticeboards, care consultations and meetings. Processes to keep staff informed include policies and procedures, education, meetings, handover and position descriptions. Staff and management report that the electronic clinical documentation system provides accurate and relevant information for resident care. Key data routinely collected and analysed is available for relevant staff to review. Confidentiality and security of staff and resident information is maintained. Computerised information is backed up regularly and archived material is stored securely pending destruction. We observed notices, memoranda and meetings minutes; staff and residents confirm they are kept informed of 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

External contractors provide a range of clinical and non-clinical services to the home. Allied health professionals visiting the home include physiotherapists, occupational therapists, dietitians, speech pathologists, optometrists and audiologists. General practitioners attend twice per week and on referral. All contractors undergo orientation and receive a contractors' handbook. Essential services testing and inspection occurs across all relevant areas including fire and emergency, pest control, food safety, water systems and air conditioning. Service agreements outline the scope and quality of services, registrations, insurances and regulatory compliance obligations. All contracts are evaluated annually as part of regulatory compliance monitoring; this includes completion of a checklist, data analysis and staff feedback. Staff, residents and representatives state they are satisfied with the care and services provided by external providers.

## **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

The home has systems and processes to actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system. The home has a system that demonstrates ongoing improvements in resident health and personal care.

Examples of recent improvements in relation to Standard 2 include:

- Following management review of resident medications, a medication patch check chart was implemented at the home. Staff now check medication patches regularly and record this on a dedicated chart. Staff report and documentation confirms this has resulted in improvement in ensuring medication patches remain adhered to the residents skin.
- As a result of a staff initiative, staff reviewed the sensory assessment tool to include all senses. Staff report this has resulted in improvements in assessment and management of sensory loss for residents.
- Following a staff initiative, the assessment tool used for review of resident care plans now includes review of resident food preferences. Staff report this enables resident food choice to be updated according to changing needs and preferences.
- As a result of a nursing management initiative, staff developed and introduced a palliative care pathway. This provides comprehensive information on resident care needs and preferences during the end of life stage including comfort and pain relief measures. Staff report this is a positive improvement in the documentation of resident care needs.

### **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 systems and processes.

Systems for recording and reporting relevant information and monitoring compliance ensures the home is meeting obligations regarding residents' health and personal care.

Regulatory compliance in relation to Standard 2 is demonstrated by:

- Ensuring appropriately skilled and qualified staff and specialists provide specialised care to residents as required and that registered nurses oversee the care plans of residents with high level care needs.

- Secure medication storage and evidence that medication is managed safely in the home by appropriately qualified staff and in accordance with regulatory requirements and scope of practice.
- Staff education, policies, procedures, guidelines, forms and a register being maintained in relation to the 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 demonstrated that staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 include:

- eye care
- wound management update
- palliative care
- pain assessment and management
- oral hygiene.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home demonstrated assessment of residents’ clinical care needs and preferences occurs on entry to the home and on a regular basis during scheduled resident review. All residents have comprehensive assessments completed which form the basis of individual care plans. The home employs registered and enrolled nurses experienced in aged care and a registered nurse is responsible for the evaluation of clinical care and review of care plans. Residents and representatives said they are involved in care planning through care consultation meetings and are very satisfied with the clinical care provided. Staff are aware of individual care needs and are informed of changes to care by verbal handovers, care plan review and progress notes. There is evidence that clinical incidents are monitored and evaluated and clinical problems reviewed by appropriate health professionals.

### **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

Assessment of residents’ specialised care needs occurs on entry to the home by qualified nursing staff. Specialised care at the home includes diabetes management, catheter care,

wound management and specialised nutrition. A registered nurse provides and evaluates specialised care and demonstrated that support and advice from external specialists occurs. Nursing staff at the home have the required knowledge and skills to undertake specialised care and network with regional services as required. Medical practitioners are involved in specialised care planning and evaluation including diabetes management and palliative care. Residents and representatives are satisfied that appropriately qualified staff provide specialised nursing care needs.

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

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

### **Team’s findings**

The home meets this expected outcome

The home refers residents to health specialists and services according to their assessed needs and preferences. Medical practitioners visit residents regularly and on an as needs basis. Other health professionals provide services on site including physiotherapy, nutrition, and speech pathology. Resident interviews and documentation confirm the home arranges referral to medical specialists outside the home as needed. Residents and representatives said staff assist residents to attend appointments outside the home and they are provided with sufficient information to allow informed choice.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The homes’ medication management system meets required legislative and regulatory standards. Staff demonstrated adherence to defined medication procedures and competency training is completed. A medical practitioner undertakes assessment and review of resident medication requirements regularly and an independent pharmacist undertakes six monthly reviews. Medication assessment includes allergies and administration instructions. The home’s system ensures medication supply is reliable and accurate. Storage and recording of medication administration is in accordance with legislation including a dangerous drugs register. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review undertaken individually and at medication advisory meetings. Residents report they are satisfied with medication administration.

## **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

Staff report that assessment of pain occurs on entry to the home and includes pain history and effectiveness of current therapies. A review of documentation confirmed assessment tools include verbal and non verbal signs of pain. A range of pain management strategies includes analgesia, exercise, heat packs and massage. Ongoing assessment and evaluation of therapies occurs and is documented in care plans and progress notes. Medical practitioners monitor pain and effectiveness of analgesia on a regular basis. Residents and

representatives said they are satisfied with pain management interventions used in the home.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has care systems in place to support residents requiring palliative care. Completion of comprehensive palliative care plans occurs in consultation with families, medical practitioners and other professionals as needed. Staff at the home are experienced in palliative care and use of specialised pain medication devices. External palliative care specialists from the regional health service provide assistance if needed. Staff described care measures they undertake when caring for terminally ill residents which include comfort and dignity measures and support given to family members.

## **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

On entry to the home residents’ nutrition and hydration needs and preferences are determined including specific cultural preferences. There are formal and effective communication processes in place to inform the kitchen of residents’ allergies, preferences, texture and dietary requirements including changes to diet needs. Weight monitoring and dietary intake assist in determining residents at risk of poor nutrition and hydration. Review of residents’ nutritional status occurs regularly and referrals made to doctors, speech pathologists and dieticians as needed. Observation confirmed adherence to dietary preferences, texture modified and other special needs according to dietary care plans. We observed assistance given to residents at meal times in a friendly dining environment. Residents and representatives said they were satisfied with nutrition and hydration provided by the home and assistance given to residents during meal times.

## **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

Staff complete skin integrity assessments for all residents on entry to the home and ongoing monitoring occurs as a matter of routine based on individual needs. Skin care plans outline residents’ individual care needs and includes assessment of nutrition, continence and mobility status. Staff interviewed report they monitor the condition of residents’ skin while attending to their personal hygiene and maintain skin integrity through the application of emollients, barrier creams, and use of pressure relieving devices. Registered and enrolled nurses undertake wound care and attend wound care education, an enrolled nurse is responsible for overall wound management practice. Documentation confirmed wound care



evaluation occurs and incidence of skin tears tracked through the incident reporting system. Residents and representatives said they are satisfied with skin care provided at the home.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

Documentation and interviews confirm that assessment of residents’ continence history occurs on entry to the home and monitoring and review occurs on a routine basis thereafter. Detailed assessment of continence is collected over designated periods to formulate an individualised care plan, toileting schedule and continence aid requirements. Assessment includes triggers and precipitating factors such as cognition, medications and other underlying causes. Continence advisors visit the home and provide support as needed; a designated staff member is responsible for coordinating the continence program. Residents said staff manage their continence effectively and maintain their privacy and dignity when providing assistance.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Residents behaviour is assessed on entry to the home and as part of the review process. Care planning is informed by observation, charting, incidents and information gathered through consultation with residents and their representatives. Causes, triggers, behaviours exhibited and strategies that assist residents are documented and updated appropriately. No restraint is used in the home and residents are managed through effective, individualised behaviour management strategies. Through a team approach, volunteers, lifestyle and complementary therapy staff work together to support the management of residents. Staff confirm they are educated on managing residents behaviours and residents/representatives are satisfied with behaviour management in the home.

## **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

All residents have mobility, dexterity and falls risk assessments conducted on entry to the home and as part of the resident review process. Physiotherapy and occupational therapy assessments inform the development of individualised care plans that identify equipment needs, assistance required and supporting strategies; specialists are contacted to reassess and review residents as required. Falls risk assessments are conducted following all falls incidents and documentation updated accordingly. A range of mobility and dexterity aids are available to assist residents to maintain independence and environmental inspection ensures the environment supports residents’ safety and independence. Residents/representatives confirm they are consulted about and satisfied with how the home supports their mobility and dexterity.

## **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

### **Team’s findings**

The home meets this expected outcome

The home has systems in place to assess, monitor and manage residents' oral and dental care needs. Oral health assessment includes screening of all aspects of oral care including dentures, teeth, gums and oral mucosa. The rating scale indicates the need for intervention and referral. Care plans provide information on oral care strategies that recognise residents' individual needs and preferences. Care plan review occurs as part of resident review and this includes inspection and changing of dental care items. Dental services visit the home and residents may access services of their choice in the community. Residents and representatives are satisfied with the management of oral and dental care at the home.

## **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

On entry to the home sensory assessment occurs across the five senses. Other aspects of residents' health and medical status is considered and assessment outcomes document strategies to assist residents. Big print calendars, talking books, newspaper groups and positioning of residents helps to minimise the impact of sensory loss. Further sensory stimulation is provided through aromatherapy, massage and spa baths. There is a secure, readily accessible sensory garden for residents and visitors. Specialists attend the home routinely to assess and review residents with vision and hearing impairment and are contacted as required. Staff were observed assisting residents with sensory aids and residents and representatives confirm they have access to specialists and are satisfied with the support they receive.

## **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

Once settled into the home, new residents' sleep is assessed and a care plan developed that includes documentation of individual preferences and sleep settling strategies. There is minimal use of sedation with staff using strategies such as providing company, ensuring quiet, adjusting lighting and temperature, warm drinks and cushions. Aromatherapy and gentle massage are also used to encourage natural sleep. Staff described individual strategies that assist particular residents and residents confirm they are assisted to achieve natural sleep patterns.

### **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

The home has systems and processes to actively pursue continuous improvement .Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. The home has a system that demonstrates ongoing improvements in resident lifestyle.

Examples of recent improvements in relation to Standard 3 include:

- As a result of feedback from a resident survey, the addition of art therapy sessions to the lifestyle program occurred. An art exhibition of residents work was a highlight resulting from this activity. Staff and residents report this has provided an additional type of enjoyment and recreation.
- After lifestyle staff reviewed activity attendance records, the bingo game was moved into a smaller room with easier access for residents. As a result, an increase in the number of residents joining the bingo game has occurred.

#### **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 systems and processes.

Policies, procedures and education sessions provide guidance to staff and systems are in place to ensure the home meets its obligations and monitors compliance in relation to regulatory requirements under Standard 3 Resident lifestyle.

Regulatory compliance in relation to Standard 3 is demonstrated by:

- Providing residential agreements that specify care, services, rights and responsibilities and security of tenure in line with legislative requirements.
- Policies, procedures, guidelines and mandatory staff education in relation to elder abuse and mandatory reporting and maintenance of a mandatory reporting register.
- Implementing procedures, practices and education to ensure the home complies with privacy legislation and that confidential information is appropriately used and stored.

### **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 demonstrated that staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- behaviour management and dementia care
- cultural diversity
- privacy and dignity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Residents are supported to adjust to life in the home and on an ongoing basis. Respite and transitional care opportunities assists many residents to become familiar with staff and the environment prior to moving into permanent care. Resident and families have the opportunity to tour the home, meet staff and ask questions well in advance. Residents are encouraged to personalise their rooms and care staff, lifestyle staff, complementary therapy staff, visiting clergy and volunteers work together to assist residents at times of emotional stress. Care plans document specific emotional care needs and are reviewed regularly in consultation with the resident and family. Annual memorial services are held to allow residents, representatives, family members and staff to come together to acknowledge and reflect on the lives of past residents. Residents state their emotional support needs are recognised and staff assist them appropriately.

### **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

Evaluation and documentation of residents' independence and assistance needs is included in the various aspects of residents' care and lifestyle assessments. Assessment occurs on entry, as part of the resident review process and when needs change. Assessment includes evaluating independence in carrying out civic duties, physical activities, decision making, social and recreational activities. Specialist assessments are conducted as required and independence is promoted through the use of mobility, sensory and dexterity aids and provision of a safe and comfortable living environment. Residents are consulted regarding their preferences and need for assistance with daily routines and activities as required. Advocacy information is provided on entry and readily available. Visitors are welcomed and

residents are encouraged to maintain community links. Residents and representatives report independence is encouraged and supported.

### **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 ensures residents' right to privacy, dignity and confidentiality is recognised and respected through staff education, orientation and monitoring of practice. Residents, representatives and staff are informed about privacy and confidentiality on entry or during orientation. Staff were observed to interact with residents in a kind, respectful manner and to exercise appropriate practice when attending to or discussing personal issues; confidential information is securely stored. Consent forms are signed for outings, the release of information, use of photographs and other relevant activities. Residents state they are treated with great respect and dignity at all times.

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

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

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

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities of interest to them. Life history, interests and preferences are discussed with the resident and their representative on entry and residents are encouraged and supported to participate in the activities program. The program includes one on one, small groups, large groups and community outings; musicians, artists and community groups visit the home. The lifestyle and complementary therapy program supports residents in managing issues related to pain, mobility, sleep, emotional stress and behaviour. All staff, residents and visitors are invited to become actively involved in celebrating special days through fancy dress, music, food and fun. Evaluation occurs through monitoring attendance and participation, surveys and feedback. Residents and representatives have input into the program and are very satisfied with the home's leisure and recreational program.

### **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

Cultural and spiritual needs are identified on entry to the home. Religious clergy visit residents and weekly prayer services are held. Residents are assisted to attend community services if they wish. Cultural and religious days of significance are identified, acknowledged and celebrated; catering staff assist by providing special meals in line with activities. Multicultural information is available and residents and representatives are satisfied with the way their cultural and spiritual needs are acknowledged and respected.

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

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

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

The home meets this expected outcome

The rights of each resident to make decisions and exercise choice are recognised and respected. If decision making ability is compromised, representatives or powers of attorney are consulted. Residents/representatives are consulted regarding care and lifestyle preferences including rising/settling times, personal hygiene times, activities of interest, preference for male/female carers and food choices. Meetings, consultations, care plan reviews, surveys, feedback forms and informal discussions provide opportunity for residents to express their wishes. Documentation indicated that individual choices and decisions are incorporated into care and lifestyle plans and residents confirm they are consulted and have opportunity to make choices and decisions about their life at the home.

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

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

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

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Information about security of tenure, residents' rights and responsibilities, specified care and services and complaints resolution mechanisms is provided on entry and is contained in the resident agreement and handbook. The Charter of Residents' Rights and Responsibilities and information regarding independent complaint and advocacy services are on display within the home. Staff are informed about residents' rights and responsibilities, privacy and elder abuse through handbooks, orientation and education sessions. Management consult with the resident and representative well in advance and provide additional support if there is a need for room change or alternative accommodation. Residents and representatives are satisfied with their security of tenure and feel well informed regarding any issues associated with the accommodation.

## **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

The home has systems and processes to actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. The home has a system that demonstrates ongoing improvements in physical environment and safe systems.

Examples of recent improvements in relation to Standard 4 include:

- Following analysis of eye infection results by infection control staff, management provided additional education for staff in eye care and treatment of infections. Staff report this has increased staff awareness and knowledge regarding eye care. Ongoing monitoring by infection control staff is occurring.
- The home introduced an emergency evacuation pack which includes resident information, torches and a radio. Management report this improvement provides essential resident information and basic equipment needs in the event of an emergency evacuation.
- As a result of a management initiative, staff complete an environmental audit in resident’s rooms during resident review every 2 months. Management report this has led to improvements in detection and correction of any environmental concerns or hazards in a timely and planned manner.

### **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 systems and processes.

Essential services inspections and testing, internal and external audit reports, observations, feedback forms and maintenance processes ensure the home meets and monitors its regulatory compliance obligations in relation to Standard 4 Physical environment and safe systems.

Regulatory compliance in relation to Standard 4 is demonstrated by:

- ensuring security systems are in place to ensure the home is safe from intrusion and secure for residents
- inspections and testing to ensure compliance with fire safety regulations
- mandatory annual fire and emergency management training for all staff

- mandatory education in infection control/hand washing, chemical handling and food safety as relevant
- secure storage of chemicals, oxygen and hazardous items
- access to material safety data sheets in relevant work areas
- appropriate recording and reporting of infectious illnesses
- independent auditing of compliance with food safety regulations.

#### **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 demonstrated that staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- food hygiene and safety
- infection control
- clinical waste
- fire and emergency
- infection prevention
- nutritional requirements.

#### **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

Management and staff actively work to provide a safe, comfortable and well maintained home for residents. Effective systems and processes ensure preventative and reactive maintenance, essential services testing and inspection, cleaning, safety and environmental monitoring occurs. Audits, feedback, incidents, hazards and maintenance requests lead to actions and improvements. These are monitored and managed by the on site maintenance officer who is supported by corporate management. There is a program to ensure all furniture, aids and equipment are routinely checked and maintained. There are adequate quiet and private spaces for residents and their visitors to meet. Keypads, closed circuit television, a wanderers alert system and staff education contribute to ensuring a secure environment. Residents rooms are personalised and residents and representatives report the home is clean, comfortable and well maintained.



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

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

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

The home meets this expected outcome

The home provides a safe working environment that meets regulatory requirements. Effective and stringent risk management procedures include essential services testing, maintenance programs, incident reporting, workplace inspections and internal and external audits that identify and minimise the impact of workplace hazards. The occupational health and safety committee meets regularly and reports to the executive committee. Occupational health and safety responsibilities and changes are communicated to staff through orientation, education, meetings, policies, procedures, email, memoranda and noticeboards. Annual essential education includes manual handling, fire and emergency and infection control. Staff are provided with equipment and supplies to employ safe work practices. Staff confirm they have opportunity to discuss workplace health and safety issues and are satisfied the home provides a safe work environment.

#### **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

Essential services, accredited fire inspection services, environmental auditing, security procedures and maintenance programs ensure risks associated with fire, security and other emergencies are minimised. The home is in a high fire risk area and specific emergency procedures are in place to ensure appropriate response. Weather monitoring occurs twenty-four hours per day, seven days per week with warnings communicated to management via text messages and emails. All staff attend annual mandatory fire and emergency training and this also occurs at orientation for new staff and contractors. Fire detection and fire fighting equipment, clear exits, signage, evacuation plans and the emergency response kit are readily available. Removable evacuation plans are located on walls near permanent plans to assist staff in the event of evacuation. There are systems in place to ensure the residents' evacuation list is kept updated with permanent and temporary changes. Residents are confident staff are skilled to manage emergencies; staff are aware of their responsibilities in the event of a fire, security breach or other emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management demonstrated they have an effective infection control program in operation coordinated by an infection control nurse specialist. There is an infection surveillance system including data collection, analysis and review of trends. Medical practitioners and nursing staff monitor infections and response to treatment. Policies and procedures, mandatory education and observation of practice such as hand washing ensure staff follow infection control processes. Staff demonstrated the procedure to follow in event of an outbreak and we observed staff using hand washing facilities and personal protective equipment. We observed appropriate waste disposal systems throughout the facility. There is a planned pest

control program and environmental testing procedures. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety certificate, an external audit, and temperature monitoring occurs. Cleaning schedules and environmental audit documentation was in place and observed. A vaccination program is available for staff and residents.

#### **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

Hospitality services support residents' quality of life and the staff's working environment. Catering staff have access to accurate resident dietary information including specific dietary requirements and food preferences. A dietician has reviewed the four week rotating menu and alternative meal choices and snacks are available. A photographic menu is provided in the dining room and all meals are prepared fresh on site; vegetarian and gluten free options are available. Processes ensure safe work practices and compliance with the food safety program including appropriate food handling and storage and third party audits occur. Cleaning schedules ensure resident rooms and communal areas are cleaned regularly and in accordance with chemical safety and infection control guidelines. Laundry contractors are engaged for all laundry services and there are systems for collection and delivery of linen that ensures clean and dirty separation; labelling minimises lost articles. Staff confirm they are trained in relevant areas including food safety, infection control and chemical and manual handling. Residents provide feedback through meetings, surveys, forms and informal discussions and confirm they are satisfied with the home's hospitality services.