



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Dalrymple Villa Hostel**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Dalrymple Villa Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Dalrymple Villa Hostel is three years until 14 December 2013.

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

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

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

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

The Agency has taken into account the following:

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

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		Dalrymple Villa Hostel			
RACS ID:		5146			
Number of beds:		41	Number of high care residents:		2
Special needs group catered for:			<ul style="list-style-type: none"> <li>• Nil</li> </ul>		
Street/PO Box:		15 Fraser Street			
City:	CHARTERS TOWERS	State:	QLD	Postcode:	4820
Phone:		07 4787 4233		Facsimile:	07 4787 1745
Email address:		dt@dalrymplevillainc.org.au			
<b>Approved provider</b>					
Approved provider:		Dalrymple Villa			
<b>Assessment team</b>					
Team leader:		Louise Brouwers			
Team member/s:		Paula Gallagher			
Date/s of audit:		28 September 2010 to 29 September 2010			

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

**Accreditation decision**

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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

**Accreditation decision**

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Dalrymple Villa Hostel
RACS ID	5146

### **Executive summary**

This is the report of a site audit of Dalrymple Villa Hostel 5146 15 Fraser Street CHARTERS TOWERS QLD from 28 September 2010 to 29 September 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Dalrymple Villa Hostel.

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

### **Assessment team's recommendations regarding support contacts**

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 September 2010 to 29 September 2010.

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

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

## Assessment team

Team leader:	Louise Brouwers
Team member/s:	Paula Gallagher

## Approved provider details

Approved provider:	Dalrymple Villa
--------------------	-----------------

## Details of home

Name of home:	Dalrymple Villa Hostel
RACS ID:	5146

Total number of allocated places:	41
Number of residents during site audit:	39
Number of high care residents during site audit:	2
Special needs catered for:	Nil

Street/PO Box:	15 Fraser Street	State:	QLD
City/Town:	CHARTERS TOWERS	Postcode:	4820
Phone number:	07 4787 4233	Facsimile:	07 4787 1745
E-mail address:	dt@dalrymplevillainc.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Dalrymple Villa Hostel.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Facility manager/Diversional therapist	1	Residents/representatives	15
Registered nurse	1	Endorsed enrolled nurse	1
Care staff	2	Laundry staff	1
Catering staff	1	Cleaning staff	1
Lifestyle officer	1	Podiatrist	1
Hairdresser	1		

#### Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
Residential care agreements	3	Personnel files	6

#### Other documents reviewed

The team also reviewed:

- Activity calendar
- Activity evaluation
- Allied health reviews
- Application of employment documentation
- Audit tools and data
- Bowel charts
- Chemical risk assessment documentation
- Cleaning schedules and duties
- Clinical assessments
- Colour coded equipment chart
- Comments and complaints register and documentation
- Communication book
- Communication diaries



- Competency assessments
- Confidentiality agreements
- Continuous improvement plan 2010
- Continuous improvement register and documentation
- Dietician report
- Dining room seating plan
- Emergency Procedures
- Employee handbook
- Fire evacuation plan
- Fire systems and equipment inspection and servicing logs
- Food licence certification
- Food safety handling certification
- Food safety plan
- Four weekly menu
- Hazard, incident and accident reports
- Incoming goods delivery documentation
- Infection control guidelines
- Job routines
- List of residents special dietary requirements
- Maintenance request books, schedule and servicing documentation
- Material safety data sheets
- Memorandum
- Minutes of meetings
- Newsletter
- Observation charts
- Orientation checklist; general and shift specific
- Pandemic planning in the workplace documentation
- Pest control sighting report
- Policies and procedure manual
- Position descriptions
- Probe thermometer checking records
- Recruitment policies and procedures
- Residents and relative handbook
- Residents and representative surveys
- Residents dietary profile sheets
- Residents evacuation list
- Schedule 8 register
- Self medication assessments
- Staff leave planner
- Temperature records logs
- Training calendar and evaluation forms
- Training needs analysis
- Training register
- Weight graphs
- Wound care folder

## **Observations**

The team observed the following:

- Activities in progress
- Advocacy brochures on display
- Assembly points with signage
- Care staff assisting residents
- Cleaning processes

- Colour coded cleaning equipment
- Designated smoking areas
- Emergency exits with signage
- Equipment and supply storage areas
- Fire detection alarm system and safety equipment in place
- Fire evacuation plan displayed
- Fire exits, paths of egress and assembly points
- Hairdresser service on site
- Hand-washing facilities in use
- Interactions between staff and residents
- Living environment internal/external
- Meal services
- Medication round
- Notice boards and information displayed in public areas
- Personal protective equipment in use
- Resident medication storage
- Secure storage of resident files
- Sharps container
- Sign in/out books
- Spill kits
- Suggestion box

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Dalrymple Villa Hostel (the home) has established processes in place to actively pursue continuous improvement across the four Accreditation standards. The established processes are comprised of both written and verbal methods in which residents, representatives and staff can have input into the home’s continuous improvement program such as surveys, feedback forms, comments/complaints forms, hazard reports, meetings and verbal suggestions and through the managements open door policy. Suggestions and feedback raised through these mechanisms are logged into a register, discussed and recorded in relevant focus group meetings minutes, actions implemented by the appropriate staff and evaluated prior to closing off. Monitoring of the home’s performance occurs through the use of surveys and an internal audit program. Identified areas for improvement are followed up and actioned. Residents and staff stated that management was responsive to issues raised at the home and are aware of the mechanisms they were able to access in order to raise an improvement/concern.

Examples of improvements made by the home in relation to Standard One include:

- The home has introduced an order of filing index to the front of each resident’s clinical file; the index guides staff in the correct order and filing of documentation. The Registered Nurse reported the new system is working very well and has resulted in locating and filing of relevant documentation in a more timely and orderly manner.
- Management have developed and implemented resident adhesive labels to place on resident documentation. The pre-printed labels are clear to read and assist staff in easier identification of residents’ documentation.
- In response to residents becoming uneasy on accessing the standing scales for their regular monitoring of weights; the home has purchased a weight chair. Residents reported the new system is working well and allows them to feel safer during the process.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and processes to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to Standard One. The home has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via, memos, meetings and staff education. Compliance with aspects

of regulatory compliance is monitored through surveys, audits and observations of staff practices. There is a process in place to monitor that all staff have a current criminal record check.

### **1.3 Education and staff development**

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

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

Does comply

The home has systems in place to ensure management and staff have the knowledge and skill to perform their roles effectively. Education needs are identified through an annual training needs analysis, key performance indicator reviews and competency, results of internal audits, assessments, observation of practice, introduction of new equipment/processes, resident needs and staff feedback. An annual education plan is developed based on mandatory requirements and additional training needs. Staff have the opportunity to undertake a variety of internal and external training programs and are encouraged to enhance their knowledge and skill by completing courses in relation to individual roles and legislative requirements. Staff education records are maintained by the home with the monitoring of staff at mandatory and other educational sessions and measures are taken to follow up and action non-attendance. The Facility Manager (FM) monitors the skill and knowledge of staff through competencies, performance appraisals, analysis of data, and observation of practice.

### **1.4 Comments and complaints**

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

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

Does comply

Residents/representatives and new staff are given information on the internal and external complaint processes upon entry to the home, through staff and resident handbooks, residents agreements, meetings, notice boards and verbal discussion. External agency contact numbers, brochures, improvement forms are available throughout the home, a secure suggestion box is in place to allow anonymity if required. Complaints are logged into a register and actioned by the appropriate personnel, discussed at relevant meetings and tracked by the FM through to resolution. Staff are educated about the comments and complaints process during orientation and how to advocate for residents by directing them to complete written forms or towards management, who operate an open door policy. Residents are aware of the mechanisms in place and are satisfied that the issues that are important to them are dealt with appropriately.

## **1.5 Planning and leadership**

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

### **Team's recommendation**

Does comply

The home has documented its commitment to quality throughout the service and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents including the staff and resident information packages.

## **1.6 Human resource management**

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

### **Team's recommendation**

Does comply

The home has processes in place for the recruitment and selection of appropriately skilled and qualified staff and these processes are overseen the Facility Manager. During an orientation period staff gain an understanding of the home's mission statement, vision, values and policy statement and commitment to quality of care, confidentiality and privacy requirements, resident's rights and responsibilities, relevant work instructions and mandatory responsibilities. This process also includes new staff having supernumerary buddy shifts with experienced staff. Staff roles are outlined in position descriptions and work schedules and processes to monitor staffing levels and skills mix meet resident's needs include reviews of resident care acuity and feedback from staff. The FM manages the home's rosters, which includes access to qualified staff 24 hours a day and shifts are filled with permanent part time staff to manage planned and unplanned leave. Monitoring of staff knowledge and skills is facilitated through annual performance appraisals, competency assessments and observation of practice; identified deficits are referred to the education program. Residents are satisfied with the ability of staff to meet their needs across a range of service areas.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

The home has processes in place that ensure the adequate supply and quality of goods and equipment is available at all times. Designated staff are responsible for the regular ordering of goods including catering supplies, continence aids, chemicals, medical supplies, medications and other general goods through preferred suppliers. Processes ensure goods are checked on delivery, returned if incorrect or unsatisfactory in quality and stock items are regularly rotated. All stock is appropriately and securely stored in designated areas throughout the home with all staff having access. Staff education and risk assessments are conducted for new equipment as required. There is a planned maintenance program in place and preventative/reactive maintenance is performed by maintenance personnel and/or external contractors. Staff report they have access to appropriate goods and equipment for residents' health, personal care and environmental needs in order to provide service delivery.

Residents stated appropriate goods and equipment are provided by the home to meet their needs.

### **1.8 Information systems**

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

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

Does comply

The home has processes in place to ensure appropriate information management. A hard copy clinical management system is used for resident care provision, training information, communication and quality systems with an electronic computer system used to manage the collection, communication, reporting and trending of incidents, infections and clinical data. Computer access is password protected and resident and staff confidential information is stored in locked areas and is archived regularly. Staff receive information through written communication, handover, one to one direction, communication books, meetings, memoranda and meeting minutes. A document control system ensures information manuals and handbooks are reviewed and updated regularly with input from designated personnel and are available to guide staff practice. Residents/representatives have meetings, newsletters, noticeboards and other written correspondence to keep them informed. Staff and residents expressed satisfaction with the level of communication and information they receive.

### **1.9 External services**

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

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

Does comply

The home identifies and specifies services to be provided by external service providers. Contracts and service agreements are in place for the provision of services such as fire equipment maintenance, pest control, chemical, medical and food supplies, servicing of equipment, security and allied health services. Service providers are required to provide relevant certificates/licences and are required to work within the home's workplace health and safety guidelines. Designated personnel monitor the activities of these external providers and scheduled servicing is recorded and tracked to ensure requirements are being met as planned. Service agreements are reviewed annually or as required with input from relevant stakeholders and a process is in place to manage external services that do not meet the home's expectations. A list of these external providers is readily available to staff who can obtain authority to contact these providers when issues arise. Residents and staff are satisfied with the provision of 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 recommendation**

Does comply

Dalrymple Villa Hostel (the home) has established processes in place to actively pursue continuous improvement across the four Accreditation standards. The established processes are comprised of both written and verbal methods in which residents, representatives and staff can have input into the home's continuous improvement program such as surveys, feedback forms, comments/complaints forms, hazard reports, meetings and verbal suggestions and through the managements open door policy. Suggestions and feedback raised through these mechanisms are logged into a register, discussed and recorded in focus group meetings minutes, actions implemented by the appropriate staff and evaluated prior to closing off. Monitoring of the home's performance occurs through the use of surveys and an internal audit program. Identified areas for improvement are followed up and actioned. Residents and staff stated that management was responsive to issues raised at the home and are aware of the mechanisms they were able to access in order to raise an improvement/concern.

Examples of improvements made by the home in relation to Standard Two include:

- To improve timeliness of resident access to antibiotic medications, the home has developed in consultation with their pharmacy, an 'imprest' system. The new system allows for frequently prescribed antibiotics to be commenced soon after prescription. Registered staff indicated that the new 'imprest' system allowed for improved timeliness of antibiotic therapy commencement.
- To provide information to guide staff practise, the home has developed information sheets in regard to medication management. Higher risk medications such as anticoagulant and insulin therapies have information regarding risks and perimeters available for staff reference in the medication folders. The home has also accessed a document which provides information to which medications can and cannot be crushed.
- To guide staff in the management of weight variation, the home has developed a graph with perimeters outlining resident's 'ideal' weights. Qualified staff informed the team that the graphical representation of resident's weights has assisted in the management of variations.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has systems and processes to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to

Standard Two. The home has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via, memos, meetings and staff education. Compliance with aspects of regulatory compliance is monitored through surveys, audits and observations of staff practices. The home has processes in place to ensure that all registered staff a current registration and that unexplained absences of residents are reported to the relevant external body.

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

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

#### **Team’s recommendation**

Does comply

The home has systems in place to ensure management and staff have the knowledge and skill to perform their roles effectively. Education needs are identified through an annual training needs analysis, key performance indicator reviews and competency, results of internal audits, assessments, observation of practice, introduction of new equipment/processes, resident needs and staff feedback. An annual education plan is developed based on mandatory requirements and additional training needs. Staff have the opportunity to undertake a variety of internal and external training programs and are encouraged to enhance their knowledge and skill by completing courses in relation to individual roles and legislative requirements. Staff education records are maintained by the home with the monitoring of staff at mandatory and other educational sessions and measures are taken to follow up and action non-attendance. The FM monitors the skill and knowledge of staff through competencies, performance appraisals, analysis of data, and observation of practice.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Processes are established for identification and assessment of resident’s physical, emotional, psychosocial and spiritual needs on admission (and ongoing) utilising a baseline health assessment and a range of focus assessment tools. Registered nurses and allied health professionals analyse information gathered during the assessment phase and then develop care plans to guide and direct care interventions. Residents/representatives are consulted during assessment processes and also on completion of care plans. Evaluation of care interventions occurs in consultation with the personal carers and relevant health care specialists. Residents’ continuity of care is maintained through hand over, staff communication diaries and resident progress notes. Residents/representatives reported satisfaction with the care and services provided.



## **2.5 Specialised nursing care needs**

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

### **Team’s recommendation**

Does comply

Residents’ specialised nursing needs are identified in consultation with residents and other health professionals. Care plans identify and include the specialised nursing care needs of individual residents and are developed and reassessed by registered nurses. The delivery of specialised nursing care needs of residents’ is undertaken by registered nursing staff or with care routines structured to ensure specialised care needs are carried out in accordance with residents’ identified needs. A registered nurse is available for consultation at all times. The home accesses clinical expertise through effective working relationships with specialist external health services within the area. Residents/representatives indicate they are satisfied that their specialised nursing needs are identified and met by appropriately qualified staff.

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

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

### **Team’s recommendation**

Does comply

The home has an established system for referral to medical and allied health professionals including physiotherapy, podiatry, dietician, speech pathology and integrated mental health services with assessments undertaken for individual residents, as required. The outcome of the referral (internal or external), including instructions for ongoing care, are documented appropriately and retained in residents’ electronic records. Residents/representatives indicate that residents are referred to appropriate health specialists in accordance with residents’ needs and preferences.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Residents’ medication management requirements are assessed on entry to the home and a contracted pharmacy provides weekly supplies of medications. Residents wishing to self-administer are assessed by a doctor for their competence. Medications are administered via a multi-dose blister packaging system delivered on a weekly basis and when the medical officer prescribes changes. Registered staff and care staff who have completed medication competencies attend to medications. Medications are stored securely and records of controlled medication are maintained in accordance with state regulatory requirements. Effectiveness of medication management processes is monitored through audits, incident recording, investigation and analysis, competency assessments and discussion at relevant staff meetings. Resident feedback confirmed satisfaction with the way in which their medications are managed and the assistance provided by staff.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

There are systems and processes in place for the identification, assessment, care planning, review and ongoing management of residents’ pain. Care plans for pain management are developed in consultation with the resident’s general practitioner and other health professionals, as indicated. Residents’ individual pain management programs and care plans are monitored and evaluated to determine the effectiveness of identified triggers to manage pain and alternative strategies such as heat packs, diversion, massage, positional changes, pressure relieving devices, administration of analgesics, and liniment rubs are also utilised to manage pain. Residents report that they were comfortable and that staff respond in a timely manner when they have pain.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Residents’ end of life preferences are discussed with them or with their representatives (as appropriate) after entry to the home, and their preferences are documented. The home is not able to provide advanced long term palliative care and residents are required to be transferred to the hospital. The home liaises with the resident’s medical officer to ensure the resident is able to stay in the home for as long as possible before transfer. The residents’ emotional, physical, spiritual and cultural needs care needs are assessed and documented and the registered nurse develops care plans that reflect the personal wishes of the resident and their family. Residents/representatives confirmed they were aware of the end of life processes at the home and were satisfied with this process.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Residents’ dietary needs and preferences and food allergies are identified on admission and information is provided to the kitchen. Care plans outline the strategies required to support residents’ nutrition and hydration needs with strategies implemented including, the provision of specialised eating utensils, assistance with meals, provision of texture modified diets and dietary supplements. Assistance with fluids is offered throughout the day to ensure residents remain adequately hydrated. Residents are routinely weighed on admission, monthly or more frequently, if required. Variances in weights are monitored by clinical staff, unintended weight loss is analysed for causative factors with special diets and/or supplements administered as indicated. Referral to a dietitian/speech pathologist initiated after consultation with the resident and medical officer. Residents reported satisfaction with the provision and support of staff to meet their nutrition and hydration needs.

### **2.11 Skin care**

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

#### **Team’s recommendation**

Does comply

Residents’ skin care needs and preferences are identified by registered staff through initial and ongoing assessment and review processes including general skin integrity status and potential risk of breakdown. Skin care interventions and preventative actions are planned to meet individual needs and preferences. Staff provide assistance in maintaining residents’ skin integrity. Residents with wounds are assessed by a registered nurse who plans, delivers and evaluates treatment and refers residents to the medical officer where additional treatment may be required. The incidence of skin breakdown is reported and monitored by the homes management. Residents indicated they are satisfied with the care provided by nurses and care staff to help maintain their skin integrity.

### **2.12 Contenance management**

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

#### **Team’s recommendation**

Does comply

Residents’ continence status is assessed on admission and monitored by staff regularly for changes that would prompt re-assessment. Individualised strategies to promote continence and manage incontinence are developed in consultation with the resident /representative to ensure maintenance of independence. Residents’ urinary and bowel patterns are monitored daily by care staff and interventions required are initiated by registered nursing staff. Bowel management programs include pharmacological and non-pharmacological interventions as required and directed by the residents’ medical officer. Continence aids are supplied to residents on a daily basis with identified increased aid requirements being linked to continence reassessments. Residents’ indicate they are satisfied with the way their continence needs are managed.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents with identified challenging behaviours are assessed on entry to the home. Resident’s behaviours are reassessed as required and at least annually and identify the context of behaviours, possible triggers and successful interventions; assessment is repeated as necessary with the escalation of behaviours or incidents. All behaviour management strategies are documented in the care plan. Residents’ episodes of challenging behaviours are managed through distraction, use of therapy aids, activities and review of medications. Representatives confirm staff implement strategies to minimise behaviours to ensure that all resident’s rights are respected.

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

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

### **Team's recommendation**

Does comply

Residents are able to mobilise freely around the home either independently or with the assistance of mobility aids, as required. The home has processes for assessing all residents in relation to their mobility, dexterity and rehabilitation needs. A falls risk assessment is conducted by the registered nurse and a physiotherapist develops individualised exercise programs for residents, where indicated. Care staff implement exercise programs during daily care routines. Walking programs and balance classes aimed at maintaining resident independence and maximum function are implemented in consultation with the resident. A range of manual handling equipment is provided and staff have been trained in the use. Resident falls are monitored and actions taken to reduce the incidence. Residents indicated satisfaction with management strategies to maintain or improve their general mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

Residents' oral and dental health care needs are identified and assessed on entry to the home and if changes occur. Strategies to promote oral health are implemented and evaluated and staff provide assistance where required. Residents are supported to attend dentists and other health specialists as required and recommendations following dental procedures such as extractions are documented and implemented. Residents expressed satisfaction with their oral and dental health.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

Residents are assessed by the registered nurse to determine their sensory needs on entry to the home, and when there are indicators of a change. Referrals are made for residents to access medical and allied health professionals and care plans outline nursing strategies to assist residents who have sensory deficits. These strategies include: directional signage, large print reading material, access to and assistance with optical and hearing aids, and maintenance of a consistent environment. Residents stated that staff are aware of their sensory needs and provide support as required.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Information about individual residents sleep patterns is gathered during the initial assessment process and is included in the resident’s care plan to guide staff care. Factors that may compromise sleep such as confusion, incontinence, pain, temperature variances and noise are identified and addressed to promote sleep. Prolonged disruption to sleep prompts reassessment of the individual resident’s needs by night staff. Non-pharmacological interventions such as provision of food and warm drinks are provided for residents if wakeful. Pharmacological intervention is available as prescribed by the resident’s medical officer. Residents/representatives are satisfied that they are assisted to achieve natural sleep patterns by staff at the home.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Dalrymple Villa Hostel (the home) has established processes in place to actively pursue continuous improvement across the four Accreditation standards. The established processes are comprised of both written and verbal methods in which residents, representatives and staff can have input into the home’s continuous improvement program such as surveys, feedback forms, comments/complaints forms, hazard reports, meetings and verbal suggestions and through the managements open door policy. Suggestions and feedback raised through these mechanisms are logged into a register, discussed and recorded in focus group meetings minutes, actions implemented by the appropriate staff and evaluated prior to closing off. Monitoring of the home’s performance occurs through the use of surveys and an internal audit program. Identified areas for improvement are followed up and actioned. Residents and staff stated that management was responsive to issues raised at the home and are aware of the mechanisms they were able to access in order to raise an improvement/concern.

Examples of improvements made by the home in relation to Standard Three include:

- Residents at the home now have weekend activities planned. Residents, assisted by volunteers have a special morning tea and craft day one Saturday of each month. Management commented that the special morning tea and activities are popular with residents.
- With the assistance of pastoral care volunteers, the home has commenced reminiscing events. Residents commented positively on these events held at the home.
- To provide all residents at the home with regular visits from the community, the home has allocated volunteers to visit specific residents regularly. Management indicated that all residents at the home are visited regularly either by family, friends or by volunteers.

#### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and processes to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to Standard Three. The home has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via, memos, meetings and staff education. Compliance with aspects of regulatory compliance is monitored through surveys, audits and observations of staff

practices. Management and staff are aware of their responsibilities with regard to 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 recommendation**

Does comply

The home has systems in place to ensure management and staff have the knowledge and skill to perform their roles effectively. Education needs are identified through an annual training needs analysis, key performance indicator reviews and competency, results of internal audits, assessments, observation of practice, introduction of new equipment/processes, resident needs and staff feedback. An annual education plan is developed based on mandatory requirements and additional training needs. Staff have the opportunity to undertake a variety of internal and external training programs and are encouraged to enhance their knowledge and skill by completing courses in relation to individual roles and legislative requirements. Staff education records are maintained by the home with the monitoring of staff at mandatory and other educational sessions and measures are taken to follow up and action non-attendance. The FM monitors the skill and knowledge of staff through competencies, performance appraisals, analysis of data, and observation of practice.

### **3.4 Emotional support**

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

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

Does comply

Processes are in place to identify residents' emotional support needs on entry to the home and on an ongoing basis. Residents are provided with a resident handbook on admission and are orientated to the environment, services, staff and other residents. Regular review processes identify changes or concerns experienced by residents and current strategies used to support residents are documented in progress notes, communication books and in care plans. Nursing staff, the lifestyle officer, relatives, friends, volunteers, management and spiritual/cultural services provide initial and ongoing social and emotional support to residents. Residents/representatives confirm satisfaction with the emotional support provided on entry and on an ongoing basis to enable them to adjust to their altered lifestyle within the home.

### **3.5 Independence**

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

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

Does comply

The home has systems in place to support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' needs and preferences for independence are

assessed on entry to the home and care plans are developed to guide staff practice. Residents requiring alternative decision makers have relevant information documented and those with special needs are provided with appropriate equipment and support by nursing staff, lifestyle officers, management and volunteers to promote maximum independence. Staff assist residents to pursue activities of preference, encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community and are aware of individual resident's preferences and limitations. Residents/representatives report satisfaction with the assistance they receive in maintaining personal independence.

### **3.6 Privacy and dignity**

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

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

Does comply

The home has processes in place to recognise and respect each resident's right to privacy, dignity and confidentiality. Residents are provided with information about their rights on admission and on an ongoing basis. Strategies are implemented to ensure that residents' privacy and dignity are maintained during all aspects of resident care and staff are provided with information relating to confidentiality and respect for residents at orientation, through meetings, handbooks and education sessions. Residents' personal information is stored securely requiring authorised access with processes in place for archiving and destruction of confidential information. Staff demonstrate strategies to maintain residents' privacy and dignity and interact with residents respectfully. Residents/representatives confirm that staff are courteous, respect their privacy and treat them with dignity when caring for them.

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

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

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

Does comply

Information about residents' social interests, (both past and present) capabilities, cognitive function, level of independence, communication skills, hearing, vision and significant relationships is collected on entry to the home and reviewed as needs change. The activities program is developed in consultation with residents through evaluation undertaken at resident meeting forums. A weekly activity calendar is displayed on notice boards throughout the home with staff and volunteers reminding residents to attend. Representatives are encouraged to participate in any activities within the home. Staff are made aware of upcoming resident activities and specific requirements and support and encourage residents to attend. Residents/representatives are satisfied with the activities offered and the support provided by staff and volunteers to enable them to participate in activities of interest to them.



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

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

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

Does comply

The cultural and spiritual needs of the resident are identified through the completion of the biographical profile and lifestyle assessment with the information gained transferred into the residents' lifestyle care plans. Ecumenical church services are conducted and individual spiritual needs are met by visiting ministers and pastoral care volunteers. Cultural days of significance are celebrated within the home with the individual beliefs and customs of residents are observed and known by staff. Staff access culturally specific support services and have access to cultural resources to assist in communication with residents from diverse cultural backgrounds (if required). Residents are satisfied with the avenues for spiritual and cultural life supplied by the home.

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

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

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

Does comply

Residents are encouraged and enabled to exercise choice and to make decisions regarding their day-to-day life at the home. Assessment of residents' preferences occurs on entry to the home. Residents/representatives indicated they are involved in establishing care plans and their choices are respected. Information is provided in written and verbal form to provide residents with the ability to make informed choices. Residents' alternative decision-makers (such as adult guardian, enduring power of attorney, or significant other) are identified. Residents have access to information regarding advocacy services if required and are aware of their rights and responsibilities. Residents/representatives reported they are offered choices and were satisfied with their involvement in decision-making.

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

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

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

Does comply

The home has processes in place to inform residents/representatives of their rights and responsibilities, security of tenure and the care and services provided prior to entry. Information is discussed before residents/representatives sign a residential care agreement to ensure that terms and conditions are fully understood. Consultative processes are in place involving residents/representatives and staff if changes to living arrangements, for example transfer to another area of the home or an external facility are required. Key personnel are accessible to both residents and relatives to discuss any concerns, and processes are in place to notify residents/representatives of legislative changes relating to residents' security of tenure and rights and responsibilities. Residents/representatives indicate they are aware of their rights and responsibilities and residents believe that their stay in the home is secure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Dalrymple Villa Hostel (the home) has established processes in place to actively pursue continuous improvement across the four Accreditation standards. The established processes are comprised of both written and verbal methods in which residents, representatives and staff can have input into the home’s continuous improvement program such as surveys, feedback forms, comments/complaints forms, hazard reports, meetings and verbal suggestions and through the managements open door policy. Suggestions and feedback raised through these mechanisms are logged into a register, discussed and recorded in focus group meetings minutes, actions implemented by the appropriate staff and evaluated prior to closing off. Monitoring of the home’s performance occurs through the use of surveys and an internal audit program. Identified areas for improvement are followed up and actioned. Residents and staff stated that management was responsive to issues raised at the home and are aware of the mechanisms they were able to access in order to raise an improvement/concern.

Examples of improvements made by the home in relation to Standard Four include:

- To prevent the clutter on the dining room table and to make the condiments accessible to all residents; the home has purchased and implemented “lazy Susan’s” on each dining table. Residents were observed to be utilising the lazy Susan’s to reach condiments during their lunch time meal and reported to the team how much easier they made meal times.
- To provide the residents with more of a variety in the menu the home has introduced monthly barbeques. Residents are able to participate in the cooking of the meal with supervision from the staff. The barbeque allows for and encourages residents’ independence while offering more variety.
- The home has reviewed their laundry processes and as a result introduced additional colour coded laundry bags as part of their infection control program. A yellow laundry bag has been implemented for use during outbreaks and/or infectious items and a green laundry bag has been introduced for kitchen apron only to ensure they are kept and washed separately.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and processes to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines applicable to Standard Four. The home has access to government bodies and industry sources that

provide regular updates of legislative and regulatory requirements. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via, memos, meetings and staff education. Compliance with aspects of regulatory compliance is monitored through surveys, audits and observations of staff practices. Processes are in place to maintain workplace health and safety requirements, monitoring emergency and fire systems and to ensure food safety.

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

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

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

Does comply

The home has systems in place to ensure management and staff have the knowledge and skill to perform their roles effectively. Education needs are identified through an annual training needs analysis, key performance indicator reviews and competency, results of internal audits, assessments, observation of practice, introduction of new equipment/processes, resident needs and staff feedback. An annual education plan is developed based on mandatory requirements and additional training needs. Staff have the opportunity to undertake a variety of internal and external training programs and are encouraged to enhance their knowledge and skill by completing courses in relation to individual roles and legislative requirements. Staff education records are maintained by the home with the monitoring of staff at mandatory and other educational sessions and measures are taken to follow up and action non-attendance. The FM monitors the skill and knowledge of staff through competencies, performance appraisals, analysis of data, and observation of practice.

#### **4.4 Living environment**

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

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

Does comply

Processes are in place to ensure residents are provided with a safe and comfortable living environment consistent with their care needs. The home provides residents with accommodation in single rooms with an ensuite and encourages them to have their own furnishings to personalise their room. Internal/external walkways are free of trip hazards, designated storage areas for equipment and mobility aids are provided and garden areas are maintained to ensure safety. Residents are provided with personal alarms and have access to call bells in their rooms to alert staff they require assistance. The home is maintained through preventative and reactive maintenance schedule, gardening and cleaning schedules are in place and are adhered to by staff. Security measures are in place to ensure overnight security in the home and staff have access to emergency telephone numbers in the event of a security breach. The comfort and safety of residents is monitored through resident feedback and environmental audits with identified improvements being actioned in a timely manner. Resident feedback indicates residents feel safe and comfortable in all areas of the home.

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

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

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

Does comply

The home has a workplace health and safety system in place to ensure that a safe working environment is maintained that meets regulatory requirements through discussions/meetings, regular audits of the environment for safety aspects, hazard/risk management processes, incident and hazard reporting, staff education and competency assessments. Staff receive education on the home's safety requirements at orientation and through the annual mandatory training program. Maintenance programs are in place for equipment and building and these are monitored for completion. Material safety data sheets are available in work areas and chemicals are stored securely. Spills kits are available and accessible for staff. Staff accidents and incidents are reviewed, trended and analysed then discussed at focus group meetings to ensure effectiveness of interventions. Staff demonstrated effective knowledge and understanding of the reporting processes of safety issues and how to perform their roles in a safe manner.

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

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

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

Does comply

The home has policies and procedures to guide staff practices in the event of a fire, security and other emergency. Management and/or the senior staff member on duty are responsible for responding to and co-ordinating staff in the event of an emergency. An up to date resident list is maintain and located at the fire panel. An external provider ensures maintenance of fire safety systems and equipment is carried out in accordance with legislative requirements. Evacuation plans are clearly displayed; emergency exits are clearly marked, free from obstruction and are suitable for the mobility level of the residents. Mandatory fire safety training is provided to staff at orientation, yearly and as required. Monitoring of fire safety systems occurs through the home's preventative maintenance program and inspection by external bodies; issues identified are resolved in a timely manner. Staff and residents demonstrate knowledge of fire, security and other emergency procedures including their role in the event of an alarm, emergency or evacuation.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program in place across clinical, catering, cleaning and laundry services. The Registered Nurse in conjunction with the FM is responsible for overseeing and monitoring the home's infection control program. This program consists of policies/procedures including an outbreak management plan and access to government guidelines. The home has processes in place to collect and analyse infection data and identify infection trends. Staff receive mandatory training in relation to infection control measures through the home's orientation program and on an ongoing basis. Residents are administered flu vaccinations if this is their preference, with the program also

offered to staff. Current processes are in place to monitor the effectiveness of infection control program in all areas of the home, including the kitchen, cleaning services and laundry through audits, temperature checks and competencies/questionnaires. Processes are in place to guide staff in the correct disposal of sharps, clinical waste and the management of spills. Personal protective equipment and hand washing facilities are available for staff use. Staff demonstrated awareness of the colour-coded equipment, the use of personal protective equipment and general principles used to prevent cross infection.

#### **4.8 Catering, cleaning and laundry services**

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

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

Does comply

The home provides catering, cleaning and laundry in a way that enhances residents' quality of life and the staff's working conditions. Catering services are provided to meet residents' dietary needs and preferences as identified on entry to the home and when changes occur. A four weekly rotating menu that is seasonally adjusted is planned and reviewed with residents input then reviewed by a dietician to ensure nutritional value prior to implementation. Catering staff use safe food handling practices and daily equipment temperature checks and kitchen cleaning schedules are completed as planned. The on site laundry provides services for resident's personal laundry and all other linen in the home. Cleaning of residents' rooms and communal areas is completed in accordance with the cleaning duty lists and schedules. All staff receive education on and are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. Mechanisms are available for residents/representatives to provide feedback about hospitality services. Residents indicated satisfaction with the provision of catering, cleaning and laundry services at the home.