



Aged Care  
Standards and Accreditation Agency Ltd

## **Glenarm Nursing Home**

RACS ID 3486

15 Burgoyne Street

KERANG VIC 3579

Approved provider: Kerang District Health

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

We made our decision on 9 January 2012.

The audit was conducted on 7 December 2011 to 8 December 2011. 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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# Site Audit Report

**Glenarm Nursing Home 3486**

**Approved provider: Kerang District Health**

## Introduction

This is the report of a site audit from 7 December 2011 to 8 December 2011 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 a site 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 7 December 2011 to 8 December 2011

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:	Jill Packham
Team member:	Angela Scarlett

## Approved provider details

Approved provider:	Kerang District Health
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## Details of home

Name of home:	Glenarm Nursing Home
RACS ID:	3486

Total number of allocated places:	30
Number of residents during site audit:	29
Number of high care residents during site audit:	29
Special needs catered for:	Nil

Street:	15 Burgoyne Street	State:	Victoria
City:	Kerang	Postcode:	3579
Phone number:	03 5450 9200	Facsimile:	03 5450 9211
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Management/administration	7	Residents/representatives	9
Clinical/care/lifestyle staff	8	Environment/hospitality/safety staff	6
Volunteers	2		

### Sampled documents

	Number		Number
Residents' clinical files including care plans, assessments and progress notes	5	Medication charts	10
Residents' lifestyle files	4	Personnel files	5
Residents' administration files	4		

### Other documents reviewed

The team also reviewed:

- accreditation site audit notification process
- activity program records
- assets register
- audits and action plans
- bed pole assessment form
- comments and complaints records
- communication book
- cultural care kit
- dangerous goods manifest and material safety data sheets
- diet change requests
- duty statements
- emergency plans, checklists and contact details
- evacuation kits and resident lists
- external cleaning audit
- external service providers' contracts
- fire, safety and emergency monitoring records and certificates
- food safety program
- gastroenteritis information kit
- global report calendar
- incident log
- infection control information brochure
- infection control records
- inventory and equipment documentation
- job descriptions
- mandatory reporting register
- memoranda
- minutes of meetings
- newsletters

- palliative care information sheets
- petty cash system
- plan for continuous improvement
- police check register and statutory declarations process
- policies and procedures
- preferred suppliers' list
- preventative and reactive maintenance records
- privacy statements and consent forms
- professional registrations register
- residents' survey
- residents' contracts
- residents' information pack and handbook
- restraint authorisation forms
- risk assessments
- rosters
- staff confidentiality agreements
- staff education records and competencies
- staff induction pack and handbook
- strategic plans and annual report
- vision and mission statement
- volunteer information pack and handbook.

## **Observations**

The team observed the following:

- activities in progress
- archives, confidential storage and secure destruction of documents
- building and essential services certificates
- charter of resident rights displayed
- chemicals stored in locked area
- cleaning in progress
- clothes labelling equipment
- contaminated waste disposal process
- continence aids
- equipment and supply storage areas
- external complaints and advocacy information
- feedback forms and suggestion box
- fire, safety and emergency equipment and signage
- interactions between staff and residents
- keypad and camera security systems
- kitchen
- laundry service
- living environment
- lunch time meal service
- mobility and safe transfer equipment in use
- noticeboards
- palliative care room
- plans for new building on display
- sharps containers
- staff interaction with residents
- staff practising hand hygiene
- storage of medications
- volunteers assisting with activities.

## **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 an effective quality system in place to identify, action and evaluate continuous improvements across the Accreditation Standards. Information is collected through comments, complaints and suggestions from staff, residents and representatives, monthly audits, incident reports, clinical indicators, legislative changes and strategic planning. Items are logged, allocated and prioritised with progress monitored. Closed items are evaluated for effectiveness with identified issues or needs resulting in reviews of policies and procedures, equipment purchases, additional staff training and updates to the audit schedule. Continuous improvement is discussed at meetings and relevant information is disseminated through memoranda, noticeboard displays and in newsletters. Residents, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and confirm they are encouraged to contribute to continuous improvement at the home.

Examples of recent improvements relating to Standard one:

- To identify staff understanding of continuous improvement and quality systems a quiz was conducted. This has increased staff awareness of their involvement in the process. Further education is planned for next year and ongoing six monthly surveys will be undertaken.
- It was identified that collection of data for hazards, incidents and comments and complaints was complex and confusing with a variety of methods in place. A review has resulted in a central system being implemented which logs all items. This new system has increased the reporting and actioning of items and clarified analysis and monitoring.
- To ensure staff have read memoranda a central folder has been implemented. Staff now sign to confirm they have seen the information. This has improved monitoring of staff practice and ensures they are informed of current issues and information circulated.

### **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 receives regular information and updates on professional guidelines and legislative requirements through the organisation’s subscription to a legal update service, peer group networking and notifications from government departments and the local council. Processes are in place to ensure that relevant policies and procedures are revised and internal reviews and audits are conducted to monitor compliance. Staff are informed of changes to regulations and the home’s practices through meetings, memoranda and education sessions. The home has an effective system in place to monitor that staff, volunteers and external contractors have current police check clearance and to ensure that professional registrations are renewed annually. Confidential information is stored and destroyed securely and residents are informed of external complaints and advocacy services.



### **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 demonstrates staff have the knowledge and skills to effectively perform their roles. An annual education calendar schedules mandatory and other relevant topics and is reactive to the current residents' needs. Attendance records are monitored, sessions are evaluated for effectiveness and staff undertake appropriate competencies to ensure their skills are maintained. The home provides suitable training facilities on site and staff are encouraged and supported to attend external courses to increase their skills and qualifications. Staff state they are satisfied with the education opportunities offered to them at the home.

Examples of recent education relating to Standard one:

- tools for quality/evaluation
- accreditation

### **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 provides stakeholders with access to internal and external complaints handling mechanisms. Comments and complaints information is discussed with residents and representatives prior to entry and is documented in the residents' handbook and their formal agreement. External complaints and advocacy brochures are available and posters are on display. Internal feedback forms are displayed in various areas and a suggestion box is accessible. The home has an open door policy and regular meetings with staff, residents and representatives provides an opportunity to raise any issues or concerns. Monthly complaint data is collated, reviewed and trended and feeds into the continuous improvement system. Residents, representative and staff are aware of the process and documentation confirms matters are actioned appropriately and in a timely manner.

### **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's values and mission statement is displayed in prominent areas of the facility and is consistently documented in all stakeholder publications. The organisational chart clearly displays management structures, annual business plans and tri-annual strategic plans are in place for future development and relevant items are documented in the home's plan for continuous improvement.

## **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

The home has systems in place to ensure staff are appropriately qualified and skilled and there are sufficient numbers to deliver quality care. A registered nurse is rostered on the morning and afternoon shifts with access overnight available through the acute section of the adjoining hospital. There are policies, position descriptions and guidelines to support the recruitment process. Regular education, training, observations and appraisals are in place at the home. Rosters are formulated to ensure a suitable skill mix is on duty and residents with specialist requirements can be managed appropriately. Residents state they are satisfied with staffing levels and the quality of care provided at the home

## **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 can demonstrate an effective system to ensure that appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels, an effective re-ordering process is in place and goods are sourced from an approved suppliers list. Effective maintenance and cleaning programs are adhered to and electrical equipment is tested and tagged for safety. Goods are reviewed and updated to reflect any special needs of the current resident population. New equipment is trialled prior to purchase with staff receiving appropriate training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Residents and staff state that adequate supplies of appropriate goods and equipment are available at all times.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

An effective system for managing and distributing information is in place at the home either electronically, written or by verbal means. Resident care needs are reviewed and evaluated and are performed to a schedule. There is regular collection of data through audits to inform management and monitor performance. Confidential Information is stored appropriately with staff aware of the importance of this security. Management and staff demonstrate they have ready access to accurate information. Residents and staff confirm they are provided with relevant information, meeting minutes and newsletters to ensure they are kept informed.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has effective processes that ensure the ongoing quality and responsiveness of externally sourced services. Formal agreements are in place that includes insurance, police clearance, qualifications, confidentiality and expected service levels and these are reviewed regularly to monitor compliance. Suppliers are provided with a contractor's handbook and undergo orientation to the home. Feedback is sought from staff, residents and representatives and satisfaction is also monitored through audits, surveys and observations. A list of preferred service providers is available and staff have access to after hour's emergency contacts. Staff and residents are satisfied with the currently sourced external suppliers.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home actively pursues continuous improvement in relation to residents' health and personal care. An audit schedule is in place that includes clinical outcomes and monthly incident/infection data is analysed and trended. Identified issues are captured and corrective actions are implemented through the quality system. Staff confirm they are encouraged to make suggestions and residents state they are satisfied with feedback and actions on any health management concerns.

Examples of recent improvements relating to Standard two:

- To improve residents' palliative pain management a new pain relief syringe has been introduced. This has increased residents' safety, dignity and comfort at end of life.
- To meet an identified gap in the residents' access to a dietician, a new service has been sourced. The new service visits the site and is available for telephone consultations to assess and advise on residents and provide education to staff. This has improved weight management strategies and ensures dietary needs are being appropriately met.
- To improve consistency with the home's pharmacy service provision a local pharmacist has been appointed to manage the residents' medication needs. The new pharmacy service has commenced auditing medication charts and is liaising with doctors. This provides a more accessible service and ensures effective monitoring of residents' medication.

### **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

The home ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Care plans are signed off by a registered nurse, medication management and specialised nursing care is provided by appropriately qualified staff and medication is stored securely. The home has a current policy for absconding residents with appropriate incident reporting and notification processes in place.

### **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

The home has a system in place to support staff in developing and maintaining their skills and knowledge in relation to residents’ health and personal care. For further details please see expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard two:

- palliative care
- continence update
- dementia care
- wound education
- quality use of medications

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents receive appropriate clinical care. The home has a system in place that ensures assessments of residents’ clinical care needs and preferences are completed on entry to the home. Care plans are then developed and evaluated on a regular basis and as required. Residents have access to general practitioners and allied health professionals. Clinical care is monitored through feedback from staff and residents, observations, audits, incident analyses and a formal review process. Residents state they are consulted about all aspects of their clinical care.

### **2.5 Specialised nursing care needs**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems and processes in place to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. The home maintains a register of all staff qualifications and levels of experience. Residents’ specialised nursing needs are identified and documented on admission and reviewed regularly by appropriately skilled staff. Care plans are accessible to all appropriate staff with specific instructions to guide staff practices. Residents state they are satisfied with the care they receive at the home.

### **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

Residents are referred to health specialists as required. The home has a visiting physiotherapist and has access to external service providers which include dietician, speech therapist, dentist, podiatrist, and optometrist. All files reviewed detailed referrals and records

of visits to relevant health specialists. Staff confirm changes and recommendations by specialists are documented and communicated appropriately. Residents state referral to specialists occurs in accordance with their needs and requests.

## **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

Residents express their satisfaction with the home’s approach to medication management. Registered nurses oversee the medication administration system and provide support and direction to administering staff. Staff are medication competency tested on employment and on an annual basis thereafter. Records show residents’ medication needs are reviewed and administered according to medical practitioners’ orders. Policies and procedures are accessible to guide staff practice and medication incidents are investigated and tabled at various meetings. Staff are aware of their individual responsibilities and the home’s expectations in relation to medication management.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes in place to ensure residents live as pain free as possible. This approach is demonstrated when residents enter the home. The assessment of pain needs is conducted initially and then ongoing as required. Documentation indicates various interventions are used and includes evaluation of the individual resident’s pain levels post intervention. Documentation shows various approaches to pain management, including the use of medication and alternatives such as refreshments, heat packs and extra support from staff. Residents state staff assist them in the management and relief of pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes in place to assess palliative care needs of residents upon entry to the home. Documentation shows residents have advance care directives, signed by the residents and/or their representatives, to record their final wishes and palliative care needs and preferences. Staff are supported in the care of palliative care residents by the nurse in charge and education as required. Palliative care needs are recorded on a specific nursing care plan. Residents state they are consulted about care needs and wishes when their care is reviewed.

## **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

Systems are in place for documenting, notifying and evaluating nutritional and hydration needs of individual residents. A care plan is developed to guide staff practice and reviewed regularly via the care review process and when there are changes to a resident’s intake, weight or health status. Residents’ weights are monitored regularly and more frequently for residents with identified weight or health changes. There are referrals to speech pathologists, dietician and medical personnel as required. Alternative menu selections for lunch and dinner are available, with the team observing individual meals served by staff. Residents state they are satisfied with the meals provided by the home.

## **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

Residents state staff help maintain their skin care needs. Residents’ skin integrity is assessed and potential risks identified and recorded. Documentation shows a wound chart is commenced for wounds and the wound’s ongoing progress is consistently monitored. Advice from the medical practitioner and the wound specialist is sought when required. Staff describe resident’s individual skin needs and confirm they have access to specialised equipment to prevent resident skin damage. The team observed adequate supplies of wound dressings in storage, with staff confirming the readiness of such supplies.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ continence is managed appropriately by the home. All residents are assessed on entry to the home and individual care plans are developed in consultation with residents and/or their representatives. Further assessment and monitoring occurs to identify bowel and urinary patterns and individualised toileting schedules are developed. The home has access to an internal continence advisor to provide assistance in setting up programs and advice on the appropriate aids for each resident. Care plans indicate individual regimes and appropriate aids and equipment are provided to assist residents with independence and to maintain dignity. Residents state continence aids are provided and assistance from staff occurs promptly.

## **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 with challenging behaviours are identified through an internal assessment process and care plans developed in consultation with the resident and/or their representative. After a

settling in period the staff complete behavioural assessment and devise care plans in consultation with other health professionals, if required. The home has access to necessary referrals to gain diagnoses and appropriate treatment through the aged persons' psychiatric assessment team, if required. Staff report they have access to training on dementia care and the home provides individualised activities to minimise challenging behaviours. Residents confirm they are not disturbed by residents with challenging behaviours.

#### **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

Residents' levels of mobility and dexterity are assessed on entry to the home and as required by a physiotherapist. Changes to a resident's condition are communicated to relevant staff and the physiotherapist will make recommendations to ensure optimal outcomes for each resident. Manual dexterity is optimised where possible through armchair tai chi and other activities. Staff said they receive regular education on 'no lift' and how to maintain residents' optimal mobility and dexterity status. Residents are satisfied with how their mobility and dexterity needs are managed at the home.

#### **2.15 Oral and dental care**

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

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

The home meets this expected outcome

Residents' oral and dental health is maintained at the home. Residents are assessed on entry to the home for their oral and dental care needs. A care plan is developed and documents individual preferences for cleaning dentures and teeth. Oral and dental issues are reported to the medical officer if required and external appointments to dentists are arranged. Registered nurses regularly evaluate oral and dental care plans and changes are made as required. Residents state they are satisfied with the care they receive.

#### **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

Assessment of residents' sensory losses is completed as part of the entry assessment period at the home. A nursing care plan is formulated to identify these losses and interventions to assist residents maintain quality of life are documented for staff to follow. Care plans are regularly reviewed and evaluated as part of the global review system at the home by a registered nurse. Staff state they are aware of the sensory losses of each resident and the care required. Residents state they are satisfied with the care they receive from staff.



## **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

Practices at the home assist residents to achieve quality sleep. Sleep assessments are completed on entry to determine the natural sleep patterns of the resident. A care plan is formulated by the registered nurse following the sleep assessment. Residents state the environment is quiet at night and night staff offer hot beverages or attend to pain requirements as needed to aid sleep.

### **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 a system for monitoring and improving outcomes relating to the residents’ lifestyle experiences. Satisfaction and ideas for improvement are sourced from feedback through surveys and meetings and evaluation of activity attendance and participation levels. Residents confirm they are satisfied with their input into the activities program and choices available to them regarding their lifestyle.

Examples of recent improvements relating to Standard three:

- As a result of feedback from residents that they would like more contact with children, a playgroup has been organised with local families. The first group is planned to meet in January 2012.
- To increase the residents’ access to gardening a grant was sourced to purchase a plot in the local community garden. Residents now visit the plot and are involved in collection of vegetables. Feedback has been positive.
- Following a request from residents and representatives the volunteers’ focus group now offer a weekly shopping trolley for toiletries and other small items. This has increased the residents’ access to purchase personal items and snacks as their mobility levels can restrict visiting the local shops.

#### **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

The home’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to residents’ lifestyle. Appropriate documentation is in place for incidents of elder abuse and mandatory reporting. Information for residents on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements. There are displays of relevant brochures and posters throughout the home relating to lifestyle choices and external complaints and advocacy services.

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

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

##### **Team’s findings**

The home meets this expected outcome

The home has a system in place to support staff in developing and maintaining their skills and knowledge in relation to residents’ lifestyle. For further details please see expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard three:

- privacy and dignity
- protecting older people from abuse
- active people, active choices workshop

### **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

Systems are in place to ensure residents and representatives are emotionally supported in adjusting to life at the home and that their needs are regularly reviewed. New residents are provided with an information pack explaining services and levels of care, given a tour of the facility and introduced to other residents and staff. On entry assessments capture past and current social and emotional histories and care plans are developed documenting preferences, triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and representatives are invited to join in activities and maintain close contact. The home can access internal and external professional support services if required, care plans are reviewed regularly to capture change and the activity program schedules individual time with residents. Staff were observed interacting with residents in a caring and friendly manner and residents and representatives confirm their emotional needs are being met.

### **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

The home demonstrates that residents are supported to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Physiotherapy exercise programs are implemented to maintain mobility and lifestyle programs include sensory stimulation activities and community outings. Residents are assisted to maintain financial independence, vote in elections, attend community groups and to entertain visitors. Equipment and utensils are provided to encourage independence and audits are conducted to ensure the environment is free of hazards. Residents state they feel they are part of the local community and that staff assist them to be independent.

### **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 respects each resident's right to privacy, dignity and confidentiality. Resident and staff handbooks and contracts document policies on this expected outcome and residents sign consent forms for the release of personal and medical information and the display of their photographs and names. There are appropriate strategies in place to ensure privacy for residents in shared rooms, internal and external areas are available to meet with visitors and

private functions can be arranged. Palliative care wishes are documented and a private palliative care room can be accessed, if preferred, for residents in shared rooms. Files are kept in secure areas, handover occurs discreetly and residents can request lockable drawers in their rooms. Staff were observed knocking on doors before entering and addressing residents by their preferred name. Residents confirm that staff treat them with respect and they are satisfied their privacy is maintained.

### **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 supported and encouraged to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and are regularly reviewed to reflect changes in the individual needs of the resident. Activity evaluations, surveys, feedback from meetings and participation records are used to monitor satisfaction and residents are encouraged to make suggestions for future planning. Community groups and volunteers are welcomed at the home, residents are assisted to go on outings and maintain individual hobbies, and friends and family are involved in their life at the home. Residents confirm staff invite them to the daily activities and that they are satisfied with the variety of the lifestyle 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

The home demonstrates it fosters and values residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff have access to cultural care kits and interpreters are available if needed. Various denominations hold group and individual religious services, cultural groups and volunteers are welcomed and residents are assisted to attend community clubs and events. Special events are acknowledged, significant days are celebrated and residents' cultural dietary preferences can be accommodated. Residents state satisfaction with the support provided to meet their cultural and spiritual needs.

### **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 home is committed to promoting the residents' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney are documented where assessed cognitive levels indicate and regular risk assessments and care plan reviews capture change. The resident handbook contains information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys

and feedback from meetings monitor satisfaction and staff attend ongoing education on this expected outcome. Residents state satisfaction with their ability to make independent choices and decisions.

### **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

The home ensures new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement covers policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Consultation is undertaken in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives are encouraged to seek external legal and financial advice, power of attorney and public trustee information is documented and staff receive ongoing education on elder abuse and mandatory reporting. The home has an open door policy to discuss any concerns and mail outs occur to inform of any relevant changes. Residents and representatives state they feel secure in their tenancy and understand their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home actively pursues continuous improvement to ensure residents live in a safe and comfortable environment. Feedback from residents, representatives and staff, maintenance requests, environmental audits and incident and infection data analysis is used to identify areas for improvement. Issues are addressed immediately where possible or added to the quality improvement process for further investigation and actioning. Residents confirm suggestions can be raised at meetings or directly to staff and state they are satisfied with the living environment and feel safe.

Examples of recent improvement relating to Standard four:

- Due to the increased care needs of residents it was identified that more slings were required. Each resident has now been provided with their own sling. This has reduced the risk of infections and ensures each resident has the appropriately sized sling.
- It was identified that there was no formal system in place to ensure all electrical equipment in the residents’ rooms had been tested and tagged. A new monthly procedure has been introduced to check all rooms to monitor the safety of electrical equipment.
- To better capture the residents’ dietary preferences a new form has been developed. The chef now visits each resident to discuss their satisfaction with the menu choices and to ensure their special dietary needs are being met. Feedback is positive with the new approach.

### **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

The home has a system in place to identify and ensure compliance with relevant regulations to ensure residents live in a safe and comfortable environment. Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling. Chemicals are stored appropriately with accompanying material safety data sheets, the kitchen has a current food safety program and certification by external authorities and fire and safety regulations are monitored and maintained by an external service provider.

### **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

The home has a system in place to support staff in developing and maintaining their skills and knowledge in relation to physical environment and safe systems. For further details please see expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard four:

- infection control seminar
- 'no lift' education
- fire and safety training
- implementing safe food handling program
- hand hygiene

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has systems in place to demonstrate they are actively working to provide a safe and comfortable environment. Residents are accommodated in single and shared rooms with shared bathrooms and they are encouraged to bring small personal items. The home provides well maintained pathways and external areas, appropriate fire and emergency signage and security features are installed and furnishings and equipment are consistent with residents' care needs. Private functions can be organised and residents and visitors can access a kitchenette for refreshments. The environment is monitored through surveys and audits and a preventative and corrective program maintains the site. Appropriate policies and procedures are in place to guide staff practices and to meet regulatory requirements. Residents and representatives are satisfied with the comfort and safety of the environment.

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

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

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

The home meets this expected outcome

The home has an occupational health and safety program that provides a safe working environment for staff that meets regulatory requirements. On site representatives have completed the relevant five day course and the committee is comprised of staff from the various departments within the home and adjoining hospital. Their responsibilities include conducting audits, risk assessments and new equipment testing. Staff receive appropriate training for manual handling, fire and emergency, safe chemical management and infection control and can access manuals and policies and procedures to guide work practices. Incidents and infections data is analysed and benchmarked monthly, hazards and maintenance requests are dealt with in a timely manner and identified opportunities for improvement are added to the continuous improvement plan. Staff state they have access to appropriate equipment and aids to reduce the risk of injury to residents and themselves and the team observed that chemicals are stored securely and have accompanying material safety data sheets.

#### **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

The home is able to demonstrate effective processes to ensure security and appropriate emergency response to threats. Fire, safety and emergency equipment and signage is

inspected and maintained according to the schedule by internal and external services. Staff receive mandatory training in fire and emergency procedures on a regular basis and are well informed of the process. Resident lists are available and indicate mobility requirements in case of evacuation. Policies are in place for an extensive list of internal and external potential events including bushfires and heatwaves. Residents indicate they feel safe in the home and are confident that staff will assist them in an 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 demonstrate an effective infection control program is operational at the home. Regular auditing identifies the incidence of infections and treatments with results reported at various stakeholder meetings. The team observed wash basins and hand washing equipment throughout the home. Staff practices are monitored with competencies undertaken on a regular basis. Staff state they have regular education on infection control processes. Residents state they are satisfied with staff practices of hand washing and feel confident staff are knowledgeable in the area of infection prevention and control.

#### **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 at the home are delivered and monitored regularly to ensure residents' quality of life is maintained. The team observed cleaning staff practices conducive to ensuring residents living environment remains clean. Staff state they are aware of their duties each day and participate in regular audits of the environment. There is an appropriate laundry collection process in place which follows infection control procedures. The home caters for resident's individual food preferences and dietary requirements. Residents state they are satisfied with the cleanliness of the home, the variety and quality of food offered and laundering services of their clothing at the home.