



Aged Care  
Standards and Accreditation Agency Ltd

## **Glenrose Court Nursing Home**

RACS ID 6764

550 Portrush Road

GLEN OSMOND SA 5064

Approved provider: Churches of Christ Life Care Incorporated

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 9 September 2015.

We made our decision on 27 July 2012.

The audit was conducted on 2 July 2012 to 4 July 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Glenrose Court Nursing Home 6764**

**Approved provider: Churches of Christ Life Care Incorporated**

## Introduction

This is the report of a re-accreditation audit from 2 July 2012 to 4 July 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 2 July 2012 to 4 July 2012.

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

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

## Assessment team

Team leader:	Jeane Hall
Team member:	Judy Aiello

## Approved provider details

Approved provider:	Churches of Christ Life Care Incorporated
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## Details of home

Name of home:	Glenrose Court Nursing Home
RACS ID:	6764

Total number of allocated places:	86
Number of residents during audit:	82
Number of high care residents during audit:	68
Special needs catered for:	Residents with dementia and related disorders

Street:	550 Portrush Road	State:	SA
City:	GLEN OSMOND	Postcode:	5064
Phone number:	08 8379 1449	Facsimile:	08 8239 0914
E-mail address:	rosemary.padmanabhan@lifecare.org.au		

## Audit trail

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

### Interviews

	Number		Number
Management – corporate	6	Residents/representatives	12
Management – site	1	Lifestyle, pastoral care staff and volunteers	4
Nursing and care staff	10	Hotel services and administration staff	6

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	8
Care plans	10	Wound care charts	3
Restraint authorities/assessments	5	Personnel files	8
Lifestyle care plans and progress notes	9	Resident agreements	2

### Other documents reviewed

The team also reviewed:

- Activity guidelines
- Audit schedule, reports and actions
- Beverage lists
- Cleaning schedules
- Clinical assessment and observation tools
- Comments, compliments and complaints data
- Continuous improvement documentation
- Fire system monitoring records
- Handover records
- Hazard register
- Job descriptions
- Key performance indicator reports and analyses
- Maintenance schedules and records
- Memos, letters, emails, newsletters
- Menu and diet preference forms
- Policy and procedure documents
- Resident handbook, information package
- Schedule S4 and S8 medications licence
- Safety data sheets

- Staff communication book
- Staff recruitment and orientation materials
- Staff roster, allocation sheets
- Strategic Plan 2011-2016
- Training needs analysis and related training records
- Various meeting minutes
- Various survey results and action plans.

## **Observations**

The team observed the following:

- Activities in progress
- Comments and complaints information on display
- Electronic notice boards throughout the home
- Equipment and supply storage areas, including chemical storage and signage
- Fire equipment
- Information stands
- Interactions between staff , residents and representatives
- Internal and external living environment
- Kitchen and laundry facilities
- Locked suggestion boxes
- Meal service
- Medication round
- Memory boxes
- Personal protective equipment
- Restraint use
- Secure entry and exit doors
- Sluice rooms
- Storage of medications

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Glenrose Court is one of several homes in the Life Care Incorporated group of aged care facilities. The home has quality systems and processes to monitor compliance with the Accreditation Standards and is provided with ongoing support from Life Care corporate office. Opportunities for improvement are identified by a variety of processes, including key performance indicators and staff and resident feedback. Issues identified are added to the plan for continuous improvement and addressed according to the allocated timeframes. Progress is monitored by the site Heads of Departments meeting. Quality is a standing agenda item at all meetings, including resident meetings. Residents, representatives and staff interviewed said they are aware of the home's continuous improvement system and how they can make suggestions for change. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- The organisation has reviewed its mission and vision statements. The Life Care 'live every day' philosophy has been developed and introduced. This holistic approach to care and service provision provides equal focus on residents' clinical and social needs. The philosophy has been developed in consultation with all key stakeholders, including residents. Staff and resident handbooks have been updated to include the new philosophy. Ongoing education and guidance is provided for staff to assist them understand their responsibilities. Staff interviewed state they are aware of the philosophy and how this relates to care and service provision for residents. They confirm that ongoing training and education is provided to assist them implement the philosophy in their daily care regime.
- Information systems in the home have been updated and streamlined. Electronic noticeboards have been purchased and placed throughout the home. The noticeboards display a range of information for residents and staff via constantly changing screen displays. Each screen is linked and information provided is displayed across all screens in large font. Information provided includes daily and weekly menu choices, activities, meetings and events. The electronic noticeboards are strategically placed alongside the home's lifts to enable staff and residents to read the information while waiting for the lift. Residents and staff were observed to be reading the screens and commenting on the content throughout the Re-accreditation audit. Staff and residents interviewed said the screens are easy to read and serve as a timely reminder of daily events in the home.



## **1.2 Regulatory compliance**

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

### **Team's findings**

The home meets this expected outcome

The home has developed systems to identify and manage regulatory compliance. The corporate Residential care executive identifies changes to legislation that affect the operation of the home and passes information to the site Residential care manager for action. Legislative Update is a standing agenda item at all meetings. Relevant legislative changes are made available to staff through the intranet, memorandums and the staff noticeboard. Education sessions are held as required and staff are required to acknowledge that they have received and understood the information provided. Residents are advised of legislative changes at resident meetings. Audits and ongoing review processes monitor the home's compliance with legislation. The home has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the Re-accreditation site audit within the legislated timeframes, and maintaining an updated asset register. Staff interviewed state they understand and use the system.

## **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

Staff and resident feedback is combined with key performance indicators and regular performance reviews to develop the annual training program and monitor staff knowledge and skills for performing their roles. The home accesses external training providers and consultants on a regular basis. These are combined with in-house training to provide staff with ongoing training and development relevant to their roles. Management is aware of the benefit of up-skilling. In the past twelve months three enrolled nurses and four personal care staff have been supported to complete their registered nurse training. Currently three personal care staff are being supported to complete registered nurse training and a lifestyle staff member is undertaking an Advanced Diploma of Volunteer Management. The organisation provides ongoing training and education in the Life Care 'live every day' philosophy of care provision and service delivery. Additional education and development relevant to management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last twelve months in a variety of topics, including understanding Accreditation, leadership and 'peoplepoint'.

## **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

Residents and their representatives are informed about their rights and the internal and external complaints mechanisms available to them through a variety of processes. Brochures, information posters and feedback forms are readily available throughout the home. Comments and complaints are generally captured and trended. Actions and

timeframes for responding are identified and monitored by the Residential care manager. Comments and complaints are reported to the site Heads of Department meeting and the corporate Residential care executive. The Aged Rights Advocacy Service visits the home each year and provides information for residents, relatives and staff. Staff interviewed confirm they assist residents to use the system when required. Residents and representatives state they have used the home's formal and informal feedback processes and are satisfied with the home's response to issues raised.

### **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 organisation has reviewed its vision and mission statements. A new statement entitled 'Live Every Day' has been developed and distributed. This statement is displayed throughout the home and is included in newsletters and resident and staff information booklets.

### **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

Key performance indicators and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. The Residential care manager uses a formula based on resident care needs combined with staff, resident and representative feedback to determine the number of appropriately qualified and skilled staff required to provide resident care. The staff structure and roster have recently been reviewed in response to residents' changing needs. Lifestyle hours have been increased by ten hours per week to cater for the needs of residents exhibiting Sundowners' symptoms in the late afternoon/early evening. Recruitment processes, including student placements and links with the community identify prospective staff who are resident focussed and have the necessary skills and approach to provide care and services. Staff interviewed said they have sufficient time for their duties. Residents and representatives state they are satisfied with the number of staff available and their responses to resident care needs.

### **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

Corporate and site specific processes are used to provide sufficient and appropriate supplies and equipment required for care and services. Supplies are ordered, purchased and monitored by service managers, according to policies and procedures and authority delegations. Supply storage is appropriate to function, security and temperature

requirements. Equipment purchases are managed through the corporate capital expenditure request program or according to resident need. Equipment purchase decisions are supported by pre-purchase trials and physiotherapy advice. Preventive and corrective maintenance programs, equipment audits and regular cleaning schedules provide for functional and safe equipment. Staff are trained in the safe use of relevant equipment. Satisfaction with supplies and equipment is monitored through meetings, suggestions, care reviews and comments and complaint processes. Residents interviewed said they have access to the required aids, equipment and supplies to meet their needs.

## **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

The home has information management systems that assist staff in carrying out their role in the provision of care and services. Adequate and appropriate information is given to residents and representatives to enable them to make informed decisions about care and lifestyle. Written consent is obtained from residents and representatives for the use of photographs in care provision. Policies, procedures and legislation guide and direct the home in records management and information technology. Current and archived resident and staff information is stored securely. Computer based information is password protected and back-up measures are in place. Regular audits and staff and resident feedback processes are used to review and evaluate information management systems. Staff interviewed state they are satisfied with the information they receive to enable them to perform their roles. Residents and representatives said they are satisfied with the level and amount of information provided to them and that ongoing communication and information is clear.

## **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

Externally sourced services are provided according to the home's quality requirements and to meet service needs. Contracts are negotiated with selected preferred providers and managed by corporate and property management services. Processes include required police clearances and registration requirements. Contracts are regularly reviewed with evaluation forms completed by site specific service users. Contracts are discontinued when service is deemed unsatisfactory. Contractors attending the site are required to register and those providing maintenance or repair services are inducted and monitored by site maintenance staff according to required occupational health and safety guidelines. Resident satisfaction with externally sourced services is monitored through care reviews, resident meetings and established feedback processes. Staff feedback on external services is sought through meetings. Residents and representatives report being satisfied with external services.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information on the home's continuous improvement systems and processes.

Clinical indicators are combined with staff and resident feedback to identify opportunities for improvement in resident health and personal care. The home is using a variety of methods to evaluate continuous improvement activities and demonstrated results of improvements relating to health and personal care including:

- Clinical care has been improved following the introduction of an electronic suite of documents. The organisation researched and introduced an electronic system to record and monitor clinical data. Clinical staff are provided with data on key performance indicators on a weekly basis by corporate quality staff. Trend analysis is timely with multiple incidents being identified early. Staff report that this assists them to implement interventions immediately and prevent the escalation of issues. They state they appreciate the timely analysis and provision of resident adverse event data and this assists in prompt follow-up of adverse events.
- Resident admission to hospital has been reduced following the home's participation in a hospital avoidance scheme. The home is participating in the Western Division of General Practice and SA Ambulance Service hospital avoidance scheme. Extended Care Paramedics provide immediate assistance to the home in order to avoid unnecessary hospital admissions. A locum general practice also provides after hours advice as needed. Since the commencement of the trial, six residents have been able to avoid hospital admission. Feedback from staff and residents is that the trial provides positive outcomes for residents who appreciate not having to be admitted to hospital.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home's systems and processes for monitoring regulatory compliance.

The home has systems and processes to identify and manage regulatory compliance relating to residents' health and personal care including the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. Staff interviewed state they understand and use the system.

### **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

Refer to Expected outcome 1.3 Education and staff development for additional information relating to the home’s systems and processes for education and staff development.

Education and staff development in health and personal care has been provided to nursing and personal care staff over the last twelve months in a range of topics, including diabetes, wound management, hospital avoidance and managing challenging behaviours.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Processes provide for appropriate resident care. Interim and comprehensive care plans are developed from resident assessment and consultation processes. Allied health services and general practitioners contribute to this process. Care plans are accessible to staff in hard copy and daily care needs are communicated through handovers, work books, communication books and appointment diaries. Buzz meetings are used to support and guide staff practice. Progress notes record resident responses to care and changing needs, and are used to assist regular care reviews and case conferences when monitoring and evaluating care. Clinical audits, key performance indicator reports, resident observations and consultation contribute to monitoring processes. Residents and representatives interviewed are complimentary about the care provided and responsiveness of staff to residents’ needs.

### **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

Appropriately qualified staff provide specialised nursing care. Registered nurses coordinate resident assessments and prepare and review resident care plans. Specialised care needs are identified from assessments and specific guidelines for specialised care are included in care plans. Staff are provided with competency assessed training for specific care needs. Wound care is managed by registered nurses and attended by enrolled nurses who have received relevant training. External expert services are accessed as required. Specialised care is monitored through key performance indicator reporting, resident observations, care reviews and audits. Resident and representative interviews indicated that residents are satisfied with the specialised care provided.

## **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 have access to, and are appropriately referred to health and related services. Assessment processes, regular care reviews and case conferences identify residents’ referral needs. Residents retain the right to choose their service provider and appointments are arranged accordingly. Visiting services include physiotherapy, podiatry and speech pathology in addition to screening services such as the optician and audiometrist. Transfer documentation indicating resident care needs is used when outpatient appointments or hospital admission is required. Progress note entries and treatment plans record outcomes and changes to resident care resulting from referrals. Health and related service processes are monitored through audits, care reviews, resident feedback processes and resident observation. Residents and representatives reported satisfaction with referral processes and the support provided to attend residents’ preferred services.

## **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’ medication is managed safely and correctly. Medication policies and procedures and regular credentialling support staff practice. Medications are supplied in pre-packed dose aids and safely and securely stored. Imprest supplies are monitored by the contracted pharmacist. Medication charts include administration guidelines relevant to residents’ assessed needs and orders generally include required information. Medication profiles are conducted by a clinical pharmacist. There are procedures for assessing and authorising self-administration and processes for nurse-initiated medications. Medication management processes are monitored through signature omission tracking, audits and incident reporting and a medication advisory committee reviews medication management practices. Residents and representatives interviewed said residents’ medications are managed to their satisfaction.

## **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

Processes support resident comfort and freedom from pain. Residents’ pain experiences are observed and documented to assist pain assessment and the development of a pain management plan. Physiotherapy assessments contribute to this process. Treatment directives and where relevant, pain management medication, support residents’ pain relief. Massages, heat packs, wax baths and therapeutic exercises contribute to resident comfort. Pain monitoring charts document the effectiveness of pain management strategies and the use of ‘as required’ medication is monitored and documented. There are regular general practitioner reviews and referral for expert pain advice where relevant. Pain management guidelines are available to staff who receive pain management training. Pain management processes are evaluated through regular care and physiotherapy reviews, resident

observation and audits. Residents interviewed report that their pain is managed and that staff are responsive to their comfort needs.

## **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

There are processes to preserve the comfort and dignity of residents during end-of-life care. Residents and their families are encouraged to discuss the resident’s terminal wishes and end-of-life choices during the home’s entry processes. This information is generally documented and also discussed during care reviews that are conducted in consultation with the resident and/or their family. The home’s Chaplain is available to assist this process. When palliation is required a care pathway is developed and a specific care plan documented. A booklet is available for families to help them understand the home’s palliative care approach. Palliative care resources and equipment are available. External services and additional spiritual support are accessed as required and to meet specific cultural needs. Palliative care processes are audited and the palliative care plan structure includes monitoring guidelines. The home has received grateful feedback from families for the terminal care provided for their relative.

## **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

There are processes to provide residents with adequate nutrition and hydration. Residents’ dietary preferences are identified on entry and communicated to catering services. Nutrition and hydration assessment includes a risk management approach and referrals for speech pathology or dietitian assessment arranged as required. Nutrition plans generally include required textures, allergies, hydration requirements and support needs. Guidelines for each resident’s beverage needs are available in each kitchenette and staff receive training in preparing thickened fluids. Regular weight reviews are conducted by care coordinators and relevant supplements and fortified meals provided. Resident nutrition and hydration is monitored during care reviews, resident observations, audits and resident surveys. A dietitian reviews the home’s menu. Residents were observed to enjoy their meals and are complimentary about the home’s support 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 findings**

The home meets this expected outcome

Processes assist the maintenance of residents’ skin integrity. Risk based assessments identify residents’ skin care needs. A skin care plan provides care guidelines and preventive strategies such as regular moisturisers, protective bandages, gel cushions and sheep skins. Wound care requirements, healing progress and photographs are documented on-line and

wounds managed according to guidelines. Nutrition supplements may be used to aid healing for complex wounds and wound specialist support is available. Skin integrity is monitored through the incidence of skin tears, pressure ulcer incidence and wound healing rates. Regular care reviews and observation of residents contribute to skin integrity evaluation. Residents and representatives said that staff support residents' skin care needs to their satisfaction.

## **2.12 Contenance management**

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

### **Team's findings**

The home meets this expected outcome

There are processes for the effective management of residents' continence needs. Initial observation of residents' bowel and bladder patterns assists assessment of support needs and required aids. Continence management plans, required aids and toileting schedules are documented. Bowel management plans may include dietary support and there are protocols for monitoring processes. The incidence of urinary tract infections are monitored and regular urinalysis is conducted for at-risk residents who may also have instructions for additional fluids. Changes in resident behaviour may trigger continence re-assessment. Continence management is reviewed during regular care reviews. Observation and resident feedback contribute to monitoring processes. Residents and representatives said residents' receive appropriate and sensitive support to assist continence management and to maintain their dignity.

## **2.13 Behavioural management**

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

### **Team's findings**

The home meets this expected outcome

There are processes to identify and manage challenging behaviours. Behaviour monitoring charts document residents' behaviours during entry processes and when changes in management are implemented. Behaviour management plans are developed from assessments made from monitoring information, although triggers to behaviour are not consistently identified to assist management. Advice is sought from external services when required. Residents with wandering tendencies wear wrist alarms and are distracted from entering other residents' rooms by ribbon barriers. Staff were observed to gently re-direct residents and distract them from inappropriate activities or areas. There are specific activities provided for residents with dementia. The home has a minimal restraint policy and procedures for restraint assessment authority and care planning are generally followed. Behaviour management is generally monitored through incident reporting, regular reviews of care and case conferencing and audit processes. Unusual behaviours may trigger re-assessment or investigation of continence or pain management needs. Residents and representatives expressed no concerns about the behaviour of other residents.



## **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

Resident mobility and dexterity are optimised. Physiotherapy assessments are conducted on all residents and include balance, transfer needs, falls risks, dexterity capacity and rehabilitation requirements. Each resident has a relevant daily exercise plan and selected aids to assist safe mobility and to support dexterity. A regular fitness program and exercise based activities are part of the home's lifestyle program provided by trained lifestyle staff. The incidence of falls is monitored and analysed. Regular care and physiotherapy reviews and multi-disciplinary case conferences are conducted to monitor residents' progress and changing needs. The home provided examples of improved mobility for a number of residents and residents were observed using a variety of mobility and dexterity aids. Residents and representatives interviewed appreciate the support provided to encourage and develop residents' dexterity and mobility capacity.

## **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

Processes provide for the maintenance of residents' oral and dental health. An oral and dental care plan describes each resident's support needs and preferences for maintaining their oral and dental health. Assessment processes also identify reduced dexterity capacity and referral needs for dental care to assist planning. Staff training in oral and dental assessment and care strategies has been provided. There are adequate dental care resources available, although there is no formal program for ensuring tooth brushes are in good condition. Oral and dental care is monitored through regular care reviews, nutrition and pain monitoring processes and audits. Residents and representatives interviewed said residents have access to dental care and that staff support their oral hygiene needs.

## **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

There are processes to identify and manage sensory deficits. Assessment tools assist the home to identify residents' sensory deficits and support needs. Sensory management strategies are integrated in relevant areas of the care plan to guide required support and the care of relevant aids and to reduce resident risk. Sensory experiences provided include hand massages, cooking, gardening, soft toys and doll therapy. Large print and audio books are provided and screening services for sight and hearing are arranged. Sensory management is evaluated during regular care reviews and processes monitored through audits and resident feedback. Residents were observed to have hearing aids and glasses to meet their needs and when interviewed said staff support their sensory needs.

## **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

Processes support residents to achieve natural sleep patterns. Residents’ sleep patterns are monitored on entry to assist the home to identify barriers to settling and other assessments that may be required. Settling plans are documented and may include a range of comfort inducing strategies such as music, hot drinks, pain relief and attending to continence needs. Residents’ preferences for daily rest times are also documented. The use of ‘as required’ sedation is monitored. Sleep management is monitored through regular care reviews, audit processes and observation of residents. Residents interviewed said they are able to take rest breaks and that the quiet environment enables them to sleep well.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information on the home’s continuous improvement systems and processes.

Formal and informal feedback processes assist residents and staff to contribute to continuous improvement in resident lifestyle. Examples of recent improvements relating to residents’ lifestyle include, but are not limited to:

- Emotional support has been enhanced following the home’s participation in a community project. The home is participating in a joint project between service clubs in the area and the local council. Digital picture frames have been provided by service clubs and the local council has developed memory sticks containing photographs of interest of the local area. Many of the photographs are from council archives and depict the area as it would have appeared to residents in their younger days. Residents comment that they are enjoying looking at these photographs and that they provide happy memories of their past. Staff report that residents often comment on activities they recall taking place in areas depicted in the photographs and that it facilitates lively conversation between residents.
- Residents’ participation in external activities has been enhanced following the introduction of raised garden beds. The resident survey indicated that 20% of residents were interested in participating in gardening. The home has limited external space. Staff responded by developing raised garden beds on the balconies throughout the home. Residents choose what to grow in the garden beds and are assisted in the purchase of suitable plants and bulbs. Resident feedback is that they are enjoying tending the garden beds. Residents who choose not to participate in the activity comment that they enjoy watching the plants grow and that they add a pleasant ambience to the external area of the home.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home’s systems and processes for monitoring regulatory compliance.

The home provides lifestyle and activity programs consistent with Quality of Care and User rights Principles 1997, protecting residents’ privacy, maintaining confidentiality of resident information and providing resident agreements that assist them to understand their rights and responsibilities. Staff interviewed confirmed they understand and use the home’s system.

### **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

Refer to Expected outcome 1.3 Education and staff development for additional information relating to the home's systems and processes for education and staff development.

Education and development has been provided to all staff groups in the last twelve months in the Life Care 'live every day' philosophy. Additional education and development has been provided to lifestyle staff in the areas of documentation, mental health, anxiety and dementia awareness. Staff interviewed said that ongoing education and training in the organisation's guiding philosophy assists them to incorporate the values in their daily roles.

### **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

A variety of processes are used to welcome residents to their new home. These include flowers and a card in their room and being greeted by the home's welcoming 'buddies' who introduce them to their fellow residents. The on-site Chaplain facilitates a care and share group each week providing residents with the opportunity to discuss issues of significance to them. Chaplaincy services are offered to residents and representatives during family conferences. Residents are encouraged to engage in activities that assist in maintaining links with their past such as being assisted to play the piano in the home for their fellow residents. A variety of methods are used to evaluate the effectiveness of the support provided. Staff interviewed are aware of residents' emotional support needs and the availability of care plans to provide information as required. Residents and representatives said they are satisfied with the level of emotional support given on entry and on an ongoing basis.

### **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 has assessment processes to identify residents' individual interests, preferences, family and community associations. Volunteer support, family involvement, access cabs and the community bus assist residents to maintain community associations such as attending the local cinema and shopping centre. Newspapers are delivered to individual residents on request and newspapers are available in communal areas. Residents are offered active roles within the home such as assisting with activity preparation and clean up and being a welcoming buddy to new residents. A variety of methods are used to monitor and review the effectiveness of strategies implemented. These include resident feedback and lifestyle planning sessions. Staff interviewed are aware of their responsibilities in assisting residents to maintain their independence. Residents and representatives state they are satisfied with

the way staff assist residents to retain their independence and maintain meaningful relationships.

### **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 staff orientation program and information contained in resident and staff information booklets support residents' rights to privacy, dignity and confidentiality. Residents are able to lock the door of their room where appropriate and each room has a lockable space for storage of private items. Residents' confidential documentation is stored securely and accessed by authorised personnel only. Staff and volunteers are required to sign the organisation's confidentiality statement. Feedback from residents and representatives is combined with key performance indicators and peer review to monitor compliance with policies and procedures. Staff interviewed are aware of residents' privacy rights and their responsibility in protecting these rights. Residents and representative state they are satisfied with strategies staff use to respect individual needs and preferences, including using resident's preferred name.

### **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

Assessment and ongoing review processes are used to identify and respond to residents' interests and preferred activities. Individual preferences are generally recorded with activities in place to support residents with specific needs such as the Sundowner's afternoon program and doll therapy. The home has a large contingent of volunteers who work with staff to assist residents participate in activities of their choice. These include gardening and knitting items that are donated to the resident's chosen charity. The intergenerational project with local schools provides residents with the opportunity to teach skills such as knitting and crocheting. Monitoring processes, including observation, discussions at resident meetings and program evaluations are used to determine the effectiveness of residents' lifestyle programs. Staff interviewed are aware of their responsibilities in assisting residents with their lifestyle program and are able to demonstrate knowledge of residents' activity care plans. Residents and representatives said they are satisfied with the wide range of activities provided.

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

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

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

The home meets this expected outcome

Residents' cultural and religious backgrounds and any practices that are of significance to them are identified on entry to the home and recorded in their care plan. The home's Chaplain is available 24 hours a day to cater for the spiritual support needs of residents and

their representatives. The home has an on-site chapel and various religious services are held each week, including Sunday services. Memorial services are held to assist residents pay their respects and acknowledge the lives of former residents. Residents are supported to celebrate cultural days of significance to them such as Anzac Day, Mother's Day, Christmas and Easter. Ongoing feedback and review processes monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents' cultural and spiritual support needs and the availability of care plans to provide ongoing information as required. Residents and representatives state they are satisfied with the level of spiritual and cultural support offered.

### **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

Information on residents' rights and responsibilities is included in all resident information, including the resident information package and the resident handbook. Care plans include information on residents' capacity to make informed choices. Resident files identify representatives who can assist with care and lifestyle decisions when the resident is unable to do so. The electoral commission provides a booth at the home during elections to enable residents to exercise their right to vote. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed are aware of residents' right to make informed choices where appropriate. Residents and representatives state they are satisfied with the choice residents have around issues that affect their daily life, including the choice of when to rise and retire each day and choosing destinations for bus outings.

### **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 organisation's policy and procedure documents support residents' right to safe and secure tenure and staff responsibilities to protect these rights. The corporate Admissions officer meets residents and/or representatives prior to entry to assist them in understanding issues that affect residents' tenure in the home. This includes information on residents' rights and responsibilities, fees and charges and resident decision making forums. The home is an ageing-in-place facility and staff access external services to enable residents remain in the home as their needs change. Should a change of room be necessary for resident care, residents and/or their representatives are consulted in the move. These consultations are documented in progress notes and residents and/or their representatives provided with confirmation in writing. Residents and representatives said they are satisfied that the information provided assists them to understand residents' rights and responsibilities and security of tenure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information on the home’s continuous improvement systems and processes.

Key performance indicators, staff and resident feedback and external audits are used to identify opportunities for improvement in physical environment and safe systems. The home demonstrated results of improvements relating to physical environment and safe systems including:

- Residents’ living environment has been improved following staff observation. Staff noticed that some residents were having difficulty locating their rooms following the recent upgrade of parts of the home. Memory boxes have been purchased and placed outside residents’ rooms in the upgraded area. Residents place items of significance in the memory boxes to assist them in locating their rooms. Residents comment that the memory boxes are useful in assisting them to locate their rooms and that they are enjoying working with family members to find suitable items.
- Residents’ enjoyment of meals has improved following staff response to their request. Residents provided feedback on the warming of plates prior to each meal. They commented that although they appreciate the plates being warm for hot food, they do not like cold items such as salad being placed on the warm plates. The home responded by purchasing individual bowls for salad and other cold items. Cold food is now served separately in non-heated dishes. Resident feedback is that they are enjoying the change and they appreciate the home’s swift response to their request.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home’s systems and processes in monitoring regulatory compliance.

The home has processes to monitor and maintain regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations and monitoring and maintaining fire safety systems. Staff interviewed confirmed that they understand and use the home’s system.

### **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

Refer to Expected outcome 1.3 Education and staff development for additional information relating to the home's systems and process for education and staff development.

Mandatory training attendance is monitored and staff who miss mandatory training are directed to attend the next mandatory session at one of the home's sister sites. Education and staff development in physical environment and safe systems has been provided to all work groups over the last twelve months in a range of areas, including safe food handling, fire and emergency procedures, manual handling and infection control. Staff interviewed said they are satisfied that the training and education provided assists them in their roles.

### **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

There are processes to provide for a safe and comfortable living environment for residents. Residents have single or share rooms with access to ensuite bathrooms. There is secure storage for private items and relevant residents have a key to their room. Memory boxes outside some residents' rooms identify items of significance to residents. There is a range of sitting, dining and activity areas and secure access to external gardens. There is lift access to each level. Residents may wander throughout the secure facility with sensor mats and wrist alarms provided for at-risk residents. There is a monitored call bell system. There are policies and procedures for facilitating a minimal restraint approach however, documentation is not always consistent with the home's procedures. The living environment is monitored through incident and hazard reporting, environment and cleaning audits, corrective and preventive maintenance programs and resident and staff feedback. Residents said their living environment is homely and comfortable.

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

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

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

The home meets this expected outcome

Management systems provide for a safe working environment to meet regulatory requirements. Corporate and site specific occupational health and safety committees review outcomes of monitoring processes such as worksite inspections, incident, hazard and accident reports and plan and monitor required actions. Induction and regular mandatory training programs advise and assess staff knowledge of their occupational health and safety responsibilities. Procedures include safe practice alerts and assessment of manual handling skills. Staff are aware of their occupational health and safety responsibilities and those interviewed are satisfied that management supports a safe work environment.



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

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

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

The home meets this expected outcome

Management is actively working to reduce the risk of fire, security and other emergencies. Staff have access to emergency procedures and emergency code prompts and evacuation plans are displayed in the home. Resident evacuation lists are accessible and signs in residents' rooms remind them of actions in the event of an alarm. Fire equipment and systems and electrical equipment are regularly reviewed and tested by contracted services. Staff education to manage fire and emergencies is provided through induction processes and mandatory training programs. Knowledge is assessed through regular quizzes and evacuation drills. The home has a smoking policy that guides the assessment and management of residents who choose to smoke. Security procedures include monitored closed circuit television cameras, security checks at lock-up, and key pad operated entry. Corporate emergency and disaster planning has been undertaken. Residents advised they feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

There is a monitored infection control program coordinated by the home's three care coordinators. Infection control is managed according to national guidelines and the home's policies and procedures. Infection incidence is reported on-line with weekly and monthly summary reports reviewed for trends and required actions. Care plans include relevant precautions for managing specific infections. Infection control training and skill assessments are regularly conducted and there are hand-washing facilities, hand gel stations and personal protective equipment provided. Audited outbreak management kits are accessible and the home has an audited food safety program.

#### **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 are provided to meet residents' preferences and to provide a pleasant working environment. Entry processes advise residents of hotel services available. Resident choices for meals and relevant nutrition requirements are communicated to catering services. Daily menu selections are available and residents have a choice of room service or dining areas for meals that are supervised by staff. Cultural preferences are accommodated and there are between meal snacks and drinks served regularly. Residents' personal clothing is laundered on-site supported by contracted linen services. A naming system reduces the risk of lost clothing. Cleaning schedules guide the regular cleaning of residents' rooms and communal areas and include regular curtain and carpet cleaning. Hotel services are provided according to infection control guidelines and are monitored through internal and external audits, resident and staff meetings and surveys. Residents and staff interviewed are complimentary about hotel services.