



Aged Care  
Standards and Accreditation Agency Ltd

## **Heytesbury Lodge Hostel**

RACS ID 3221  
5 Victoria Street  
COBDEN VIC 3266

Approved provider: Cobden District Health Services Inc

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 1 August 2015.

We made our decision on 5 June 2012.

The audit was conducted on 8 May 2012 to 9 May 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



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# Audit Report

**Heytesbury Lodge Hostel 3221**

**Approved provider: Cobden District Health Services Inc**

## Introduction

This is the report of a re-accreditation audit from 8 May 2012 to 9 May 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 8 May 2012 to 9 May 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:	Gerard Barry
Team member:	Cheryl Conder

## Approved provider details

Approved provider:	Cobden District Health Services Inc
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## Details of home

Name of home:	Heytesbury Lodge Hostel
RACS ID:	3221

Total number of allocated places:	30
Number of residents during audit:	26
Number of high care residents during audit:	12
Special needs catered for:	Dementia wing with 12 residents

Street:	5 Victoria Street	State:	Victoria
City:	Cobden	Postcode:	3266
Phone number:	03 5595 3100	Facsimile:	03 5595 3177
E-mail address:	jcreely@swarh.vic.gov.au		

## Audit trail

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

### Interviews

	Number		Number
Management/administration	7	Residents/representatives	4
Nurses/care/lifestyle staff	6	Environmental services/ohs	7

### Sampled documents

	Number		Number
Residents' hard copy files	5	Medication charts	5
Residents electronic files including assessments and care plans	10	Referral form for speech pathologist	4
Identified powers of attorney	4	Respecting Patient Choices palliative care packs	3
Residents' agreements	3	Personnel files	4

### Other documents reviewed

The team also reviewed:

- Annual report
- Audit results
- Care plan consultation forms
- Catering/cleaning/laundry records
- Communication books
- Dietary alteration forms
- Emergency management plans
- Environmental audit
- Flowcharts
- Incident reports and analysis
- Independent medication review reports
- Lifestyle records
- List of key personnel
- Material safety data sheets
- Medication competencies
- Medication fridge temperature logs
- Minutes of meetings/memoranda
- Mission/vision statements
- Observation charts
- Organisational chart

- Policies and procedures manuals
- Position descriptions
- Preferred suppliers list
- Preventive/requested maintenance records
- Privacy and consent forms
- Quality plan/register/action plans
- Resident handover sheet
- Residents' information package and handbook
- Restraint authorisation and reviews
- Selected policies and procedures
- Site plans
- Staff development records
- Staff induction pack and handbook
- Training calendar/records.

### **Observations**

The team observed the following:

- Activities in progress
- Blood spill kits
- Cleaning in progress
- Confidential documents storage and destruction processes
- Contaminated waste management practices
- Daily menu displayed
- Dedicated medication room
- Dressing trolley
- Drug administration in progress
- Equipment and supply storage areas
- External complaints and advocacy brochures
- Feedback forms and suggestion box
- Fire and safety equipment and signage
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Keypad and camera security
- Kitchenettes
- Laundering processes
- Lifting machines and mobility aids
- Meal services

- Noticeboards and information displays
- Nurses' stations resources
- Outbreak kits
- Personal protective equipment
- Residents' rooms
- Staff handover
- Staff room and resources
- Sterile supplies for clinical care
- Storage of medications
- Suggestion box
- Wound trolley.



## 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

Heytesbury Lodge Hostel (the home) shares a building with Lovely Banks Nursing Home and a small bush hospital. All three share management and systems. The home monitors its quality system through an internal auditing process with corrective actions recorded in the continuous improvement register. The home identifies possible improvement activities through data analysis of infections/incidents and hazards, complaints, meetings, survey results, strategic planning and stakeholder suggestions. All improvement activities are registered, progress monitored and actions evaluated to confirm successful completion. Management discusses continuous improvement at their monthly meeting and informs staff of the operational issues within the home. We observed that the home actively pursues continuous improvement in all aspects of care and service.

Recent improvements include:

- Management has revised the staff induction pack for new beginners. We observed that the pack is comprehensive providing information on quality, safety, regulatory compliance as well as respecting residents' right to privacy. Staff told us they have a good orientation to the home, fill in a checklist and are 'buddied' for one or two shifts.
- Management has altered the hours of the administration department to 8.30am thus relieving the registered nurse of incoming calls. This has allowed the nurse to concentrate on medication management and increased the time with residents and their care.
- The home conducts its computer system through the South West Alliance of Rural Health and at times, particularly mid afternoon experience a slowdown of the information system. This is particularly noticeable when staff are entering data into the computerised care planning software. As a result the home has purchased a new upgrade to this planning software that will resolve the issues through a simpler more user friendly interface with improved back up. Management informed us that the supplier will install the new software in the next month or two and will train selected staff to act as 'champions'.
- Cobden District Health Services Inc. (the approved provider) has built a sheltered community warm pool on the site and residents attended the opening ceremony. At least four residents have availed themselves of the pool to take a swim. Management is hopeful that more residents will choose to use the facility.

## **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 is knowledgeable of relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. The home's management receives information from a commercial update service, peak bodies, publications and government communiqués. Management reviews and amends policies and procedures in response to legislative changes and the home audits the system for continued compliance. The home informs stakeholders of updates through memoranda or meetings and occasionally through education sessions. The home's management provided examples of regulatory compliance relevant to Standard One including a process to ensure relevant staff, volunteers and contractors have current criminal record checks. We confirmed this through a review of documentation. Staff said they were aware of their regulatory compliance responsibilities. We observed that reference to regulatory compliance was included in position descriptions.

## **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

The facility provides staff opportunities to develop knowledge and skills appropriate to the needs of the home. Management offers planned education by addressing the four Accreditation Standards and by staff suggestions, external notices and by gaps identified in the audit process. Mandatory training includes infection control, manual handling and fire training. Facilitation of sessions is by external providers and experienced staff. Administration maintains attendance records and evaluations. The clinical services manager monitors the program. Evaluation of each session confirms the effectiveness of the training.

Examples of recent education over the last 12 months relating to Standard one:

- comments and complaints
- return to work training
- aged care funding instrument
- business bookkeeping.

## **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

Documentation showed the home generally records, actions and monitors concerns, suggestions and compliments through its continuous improvement system. The home explains its system to residents/representatives in the residents' information pack.

Information brochures explaining the external complaint system are also available in the home. The home conducts regular resident/representative meetings in which residents or their representatives can raise concerns. We confirmed this through a documentation review. Residents told us they could raise any concerns with management who responded promptly to resolve any issue.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has documented its vision/mission statements and displays them in the home. Management includes the statements in information handbooks, procedures and the annual report supplied to current and prospective residents, representatives, staff and other stakeholders. The board of management develops strategic direction leaving operational issues to the home's management. The board also raises funds from the community and seeks bequests to help finance the home. The ladies auxiliary conducts a second hand shop in the town centre with profits assisting the home.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home employs appropriately skilled and qualified staff to meet residents' care needs in accordance with the home's objectives. Recruitment processes include interview, criminal checks, qualifications, registrations and reference checks. Position descriptions and policies/procedures inform and guide staff in areas of resident care and professional development. There is an orientation program for new staff and experienced staff partner them during their initial shift(s). Management performs appraisals at the completion of the probationary period and then annually. Staff confirmed satisfaction with the ongoing training and support they receive from management. Residents and representatives stated they were satisfied with the level of care provided by staff and the availability of care staff to meet residents' 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

The home has systems and processes to ensure the provision of appropriate goods and equipment for the delivery of services to residents. Selected personnel monitor stock levels of clinical and non-clinical supplies, continence products and chemicals before placing an order. Environmental services staff cook meals directly from fresh ingredients in the home's kitchen where the cook is responsible for ordering food supplies. The home has a laundry for

processing residents' personal clothing while the home sends linen to an external laundry service. Management plans and monitors preventive maintenance while staff have access to requested maintenance books. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Staff can access approved providers or maintenance personnel after business hours in the event of an emergency. Staff, residents and representatives are satisfied the home has sufficient and appropriate goods and equipment to meet residents' 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 systems to facilitate the collection and distribution of information to enable staff and management to perform their roles. There are processes for the secure storage, archival and disposal of staff and resident information in line with legislated privacy requirements. Documented policies and procedures are readily available and accessible to staff to guide staff practice. Management communicates information to staff through meeting, memoranda and noticeboards. Management informs residents through residents' meetings and the provision of newsletters, flyers and posters. Information flow concerning residents' care plans is through computerised planning software and is generally accurate. Staff reported they are informed of changes and other required information through staff meetings, at shift handover times and by memoranda. Residents and representatives confirmed management informs them about activities and other relevant information within the home.

### **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 systems ensuring the delivery of goods and services meets the required standards. The home provides contractors with a safety handbook and has service agreements which staff review regularly. The home has received affirmation of the contractors and their employees having had police criminal record checks. There is a sign in/out book where contractors register when on site. External contractors maintain essential services according to legislative requirements and provide records of inspection. There is a preventive maintenance system and staff can access a contact list in the event of an emergency situation. Residents reported they were satisfied with the services the home provides.

## **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

For details on the home's continuous improvement system refer to expected outcome 1.1 Continuous improvement. Management encourages staff to complete opportunity for improvement forms for any of their initiatives. Staff confirmed management keeps them informed of improvement activities. Staff and documentation confirmed that staff raise improvement requests.

Recent improvements include:

- The home has introduced a bariatric management policy to ensure the proper management and provision of all necessary equipment in the circumstance of having a resident meeting that criterion. The policy provides for the safety and dignity of such a resident as well as for the safety of staff during the manual handling aspects of care delivery.
- Reviewed the medication management system and implemented changes to improve efficiency, accuracy and safety for residents. Changes made include:
  - updated the nurse initiated medication form
  - retrained staff regarding medication incidents to improve the rate of reporting and now collate results quarterly
  - commenced ongoing checks on medication charts to ensure all aspects such as; 'special considerations', photograph, allergy stickers were all in place and current.

### **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 details on the home's system for regulatory compliance. Staff confirmed management updates them on regulatory changes using various methods of communication. The method used depends upon the extent of the change and the effect it has on their roles. A contracted management service update policies and procedures to reflect any changes and makes them available to all staff. There are systems for reporting the unexplained absence from the home of any resident and the recognition of continuing professional registration of nursing staff.

### **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 provides staff opportunities to develop knowledge and skills appropriate to the needs of the home. Management offers planned education by addressing the four Accreditation Standards and by staff suggestions, external notices and by gaps identified in the audit process. Mandatory training includes infection control, manual handling and fire training. Facilitation of sessions is by external providers and management. Administration maintains attendance records and evaluations. The clinical services manager monitors the program. Evaluation of each session confirms the effectiveness of the training.

Examples of recent education over the last 12 months relating to Standard two:

- dementia and palliative care
- dementia care essentials
- thickened drinks training
- continence management.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to ensure that each resident’s care is consistent with their needs and preferences. All new residents have comprehensive assessments following a settling in period and information from these assessments formulates a care plan. Registered nurses review high care residents’ needs and all residents have their care plans reviewed every month as part of a ‘resident of the day’ program or as required as care needs alter. Care consultations occur with residents or representatives with conversations documented. Staff record incidents and information is sent to management for analysis. Staff report they are familiar with each resident’s care needs and residents confirmed they are happy with the care provided.

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

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure that appropriately qualified staff identify and meet residents specialised nursing care needs. Complex care plans detail the needs of residents with diabetes such as reportable blood sugar parameters instructions in the care of residents. Reviewing of the care plan is monthly or when care needs alter. Referrals to appropriate health specialists generally occur as required and instructions from these specialists noted in care plans. There is access to appropriate equipment and supplies. Residents and their representatives reported they were satisfied with the staff ability to attend to their specialised nursing care needs.

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

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

### **Team’s findings**

The home meets this expected outcome

There are processes to identify residents’ care needs in relation to allied and other health professionals. After entry discussion occurs to obtain previous visits to health professionals such as physiotherapists, podiatrists, dieticians, optometrists, speech pathologist, dentists and medical specialists. Care plans, allied health notes and progress notes generally show input and recommendations from some health specialists. Staff were able to demonstrate knowledge of residents’ care needs from other health and related services. Residents and representatives confirmed their access to medical and other health care specialists as required.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

A registered nurse oversees medication management with medication administered by endorsed enrolled nurses. Policies and procedures are available to guide staff in medication administration. Management conducts medication competencies annually for all staff administering medication and discuss incidents at senior staff meetings and at the quarterly medication advisory committee meetings. Residents who wish to self administer have their ability to do so assessed by their doctor and their medication is secure in a locked drawer in their room. Medication charts have clearly defined allergies and current residents’ photos and an accredited pharmacist reviews medications on a three monthly basis. There is a local pharmacist who caters for urgent and out-of-hours orders. Residents and representatives report they are happy with the way staff manage their medication.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

There is a system to guide staff to assess residents of the presence of pain and how to manage its presence. A comprehensive pain assessment includes a numerical scale for residents to give a guide as to the severity of pain. Pain assessments for residents who cannot communicate their pain are used which examine facial expressions, body language, behaviour and physical changes. A resident of the day program is in place to review the care needs and any exceptional reports of pain, reports of pain trigger a review. Residents with severe intractable pain have access to a regional external service. Residents and representatives report they are happy with the way staff manage their pain levels.

## **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

From entry and during their stay the staff obtain resident’s palliative care wishes and, where possible, integrated into a respecting patient choices palliative care program. There is a dedicated palliative care room with families invited to stay with beds and other facilities available. A regional hospice service is available in the management of residents’ end of life wishes. Representatives confirm staff seek their end of life wishes to ensure comfort and dignity in the end of life

## **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

Identification of residents’ likes, dislikes, allergies, meal choices and textures occurs on entry and a copy of the assessment delivered to the kitchen. Referrals to a speech pathologist or dietitian usually occur when necessary for ongoing reviews. If a resident experiences unplanned weight loss of more than two kilograms in one month they see a dietitian and the kitchen documentation generally shows updated nutrition and hydration requirements. Care plans detail assistive devices required to maintain independence and dignity such as lipped plates, modified cutlery or spouted cups. Staff were observed to be assisting residents with their meals in a respectful manner and assistive devices observed to be in use by residents during their meals. Residents and representatives reported they were happy with the meals offered.

## **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

After entry an assessment of the residents’ skin integrity occurs and care plans indicate impairment risks such as diabetes, as well as the residents’ personal needs and preferences. Wounds are assessed on wound management charts and all wounds and skin tears are reported on incident forms and discussed at senior and care staff meetings. Trends are discussed and actioned at these committees. There are adequate resources available for residents skin care needs including wound management. Care plans show devices used for residents prone to skin breakdown such as special mattresses. Residents and relatives said they are happy with skin care and said staff are aware of their skin care needs.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure staff manage residents’ continence effectively. After a settling in period a continence history and flow charting commences for between three and seven days. Staff observe other care needs which may affect continence such as medications and fluid intake to identify voiding patterns. Staff monitor residents who are unable to communicate their needs for signs such as restlessness as a guide for assistance. Staff reported they use the documented plans to assist residents with their toileting needs. Residents and relatives reported their satisfaction with the assistance given to manage their continence.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home’s processes ensure that staff identify and effectively manage a resident’s challenging behaviours. Behaviour assessments begin shortly after entry to the home and occur over seven days. Staff record specific behaviours exhibited, possible triggers, interventions taken in response to the behaviour shown and the effectiveness of the action taken. Information from these assessments formulates the basis to the behaviour management care plan. Staff can access psycho-geriatric assessment teams if required for further recommendations and advice. Residents with bed rails or seat belts in use have an authorisation and reviews of restraint occur on a regular basis with a medical practitioner and representative authorisation, and staff complete regular checks on these residents when the restraint is in use.

## **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

There is a system to support residents in maintaining optimum mobility and dexterity levels through assessment care planning and exercise programs. Care staff assess resident mobility, strength and transfer requirements in detail on entry to the home. The physiotherapists devise exercise plans for the staff to assist residents with. Staff record falls onto incident forms for discussion and analysis with the nursing staff devising interventions. The living environment is clutter free and residents stated they were happy with the support provided to optimise their mobility and dexterity levels.

## **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

On entry to the home, an assessment of residents’ oral and dental health occurs in consultation with the resident and their representative to include eating and swallowing difficulties and their preferences for oral hygiene. A care plan includes all requirements and preferences, assistance required and condition of teeth, gums, dentures, tongue and lips. Referrals to a speech therapist or dental technician occur where necessary. Residents interviewed reported their satisfaction with the oral and dental care provided by staff.

## **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

Residents are satisfied the home has appropriate measures in place to manage sensory loss. The assessment process includes some senses and care strategies documented in the care plan. Residents have access to some visiting specialists for consultation and are assisted with arranging external consultation where necessary. Outdoor areas for residents include gardens, and water feature. Care staff are provided with information on the care and management of hearing equipment. The nurse reviews and evaluates care as part of a monthly ‘resident of the day’ process.

## **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

On entry to the home, staff seek residents’ preferences, settling and rising times, and commence a flow chart over several days to identify wakefulness. Care plans are developed, and show individual requirements and strategies to assist residents’ with natural sleeping regimens. Staff use night lights, warm drinks, massage, pain management and position changes to assist residents to sleep. Residents confirm that noise rarely disturbed them overnight and staff provide comforts when necessary to support their natural sleep patterns.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home’s overarching system. The home conducts continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. The home’s improvement plan also takes note of comments, complaints and feedback from resident/representative meetings. We observed that improvements were documented, evaluated and the originator was formally notified of the results. Residents and their representatives stated the home’s management informs them of improvement activities through meetings, newsletters and informal discussions.

Recent improvements include:

- Lifestyle staff have introduced a computer for residents to use. They are currently waiting for internet connection so that residents can conduct telephone conversations as well as email with distant friends and relatives. Residents will receive training in the use of the computer where appropriate.
- Commenced fortnightly movie nights and afternoon matinees for residents conducted by a volunteer. Residents use small side tables for holding snacks and drinks while they enjoy the entertainment. Residents from the hostel helped to make these tables in the men’s shed along with community volunteers. Staff also invite residents from the co located nursing home with four or five usually attending. Residents stated they enjoyed these evenings; they are a bit different to sitting in the lounge watching the television.
- The home has formed an alliance with the Cobden library. The library delivers new books and similar material to the home on a fortnightly basis. Lifestyle distribute the material to residents. Lifestyle attempts to match the books with residents’ preferences. Residents stated they enjoy the extra books.
- Lifestyle have introduced new activity calendars using large print and A3 paper to assist those residents with reduced vision. Residents appreciate the extra size to help them decide on what activities they will attend and the timing thereof.

### **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 specific details on the home’s system for regulatory compliance. The home provides residents with information packs detailing the specified care and services, security of tenure, complaints mechanisms and their rights and responsibilities. The home displays its vision and mission along with the Charter of Resident’s Rights and Responsibilities. Information brochures on the external

complaint system and other aged care related matters were readily available. The home notifies residents and their representatives of changes to legislation through letters and at meetings. The home has a consolidated system for reporting elder abuse and has trained staff in mandatory reporting. The home maintains residents' security of tenure and confidentiality and meets accommodation charges/bond fiduciary requirements.

### **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 facility provides staff opportunities to develop knowledge and skills appropriate to the needs of the home. Management offers planned education by addressing the four Accreditation Standards and by staff suggestions, external notices and by gaps identified in the audit process. Mandatory training includes infection control, manual handling and fire training. Facilitation of sessions is by external providers and experienced staff. Administration maintains attendance records and evaluations. The clinical services manager monitors the program. Evaluation of each session confirms the effectiveness of the training.

Examples of recent education over the last 12 months relating to Standard three:

- privacy and dignity
- choice and decision making
- elder abuse
- leisure and lifestyle.

### **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

The home has systems to support residents' emotional needs in adjusting to their new home and on an ongoing basis. There is a pre entry interview where residents receive an information pack about the home to assist them make an informed decision about becoming a permanent resident. After entry there is a comprehensive orientation program. A range of assessments include social and cultural profiles, specific emotional needs and religious and spiritual preferences. Care documentation show and staff interviews demonstrate they are aware of residents' emotional needs. The team observed staff interacting with residents in a caring manner and residents confirm a high level of satisfaction with the emotional support they receive.

### **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 provides assistance for residents to maintain their independence and to participate in the community. Realisation of this is through the clinical assessments, lifestyle program, mobility assistance and dietary aids. Families are involved in care plan either formally or informally on a regular basis with conversations recorded. The home has a bus for outings for those who wish to participate. The home provides information on voting, mailing, phone calls, and community services available. Residents are able to personalise their rooms and this is evident with many having brought in personal effects and bedspreads. Staff were observed supporting residents to do things for themselves, and dietary aids were observed to be in use to assist residents with independence at mealtimes. Residents and their representatives confirmed the staff supported them to maintain their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home respects each resident's right to privacy, dignity and confidentiality. Handbooks document privacy policies and residents sign consent statements for the release of information and the use of their photographs and names. There are internal and external areas for residents to meet with visitors and private functions are possible. Electronic information is password protected, files maintained in secure areas and handover occurs discreetly. Staff practices are monitored by observation and audits, and we observed staff to knock on doors before entering and to address residents by their preferred name(s). Residents' and representatives' stated staff were respectful of residents' privacy and dignity when caring for them.

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

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

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

The home meets this expected outcome

The home supports and encourages residents to participate in a range of activities and events both in groups and individually. Lifestyle staff capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and regular reviews reflect changes in the individual needs of the resident. Community groups and volunteers are welcomed at the home and residents receive assistance to go on outings and to maintain individual hobbies. Friends and family are encouraged to be involved in their life at the home and to join in activities. Residents confirmed staff assist them to attend daily activities and stated 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

Residents' cultural and spiritual preferences are valued at the home. Assessment processes include the identification of residents' individual needs and preferences related to their cultural and spiritual life. Care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. The home has access to culturally specific services and resources to assist in providing individual cultural needs if required. Staff gave examples of strategies to foster the cultural and spiritual life of residents including religious services and cultural and celebratory days. Residents stated their 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 promotes residents' rights to participate in choices and decisions regarding their clinical care and lifestyle preferences. Files contain authorised powers of attorney and care plans reflect residents' wishes in relation to areas of daily living and leisure activities. Handbooks and agreements contain 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 have access to policies and procedures. Residents and representatives stated the home supported residents' involvement in making 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 has a system to ensure residents and representatives understand their rights and responsibilities and have security of tenure. The residents' information pack and the home's agreement contains information about security of tenure, specified care and services and complaint mechanisms. The home displays the Charter of Residents' Rights and Responsibilities and information regarding independent complaint services and advocacy groups. Management informs staff about residents' rights and responsibilities, specified care and services and elder abuse through policy, handbooks and education. Management offers residents transferring from the hostel to the nursing home a new high care agreement. Residents and representatives confirmed they received an agreement and that staff assisted them to understand relevant information about the residents' 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 a detailed explanation of the home’s overarching system. The home monitors its physical environment and safety systems through environmental inspections, analysis of incident/infection reports, resident/staff surveys and comments/complaints. Residents can make suggestions or express concerns through the regular residents’ meetings or feedback forms. The home includes identified issues on its continuous improvement plan for further development/action.

Recent improvements include:

- The home has installed ‘stable doors’ in the dementia wing to provide security from wandering residents but still allowing residents to have their door open (at least partially) if that is their preference. In some instances the home has painted doors in different colours to assist residents to find their rooms. The home has also painted several walls as feature walls to brighten the living environment for residents. Representatives commented favourably on the changes.
- The home is planning to introduce the Department of Health’s cleaning and environmental audits tool to assist in improving its service delivery to its residents. The home will use this tool voluntarily and will not submit results to the Department. The home will make use of the results internally and after an initial trial will judge whether the tool will be useful in whole or in part.
- Management has introduced three large whiteboards into the kitchen. Catering staff have entered all resident’ names along with their dietary needs and preferences as a quick reference when preparing meals. Catering staff said it has been a great benefit to them.
- The home’s management arranged for the local fire authority to visit the site and advise on any precautions they needed to take in preparing their emergency plans. Maintenance has completed several actions such as clearing shrubs from certain areas.

### **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 details on the home’s system for regulatory compliance. The home maintains systems ensuring continued compliance with essential services, occupational health and safety and food safety programmes. Staff have had compulsory education around safety systems, including infection control and safe food handling.

### **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 facility provides staff opportunities to develop knowledge and skills appropriate to the needs of the home. Management offers planned education by addressing the four Accreditation Standards and by staff suggestions, external notices and by gaps identified in the audit process. Mandatory training includes infection control, manual handling and fire training. Facilitation of sessions is by external providers and experienced staff. Administration maintains attendance records and evaluations. The clinical services manager monitors the program. Evaluation of each session confirms the effectiveness of the training.

Examples of recent education over the last 12 months relating to Standard four:

- occupational health and safety
- infection prevention
- fire and safety
- food handling
- manual handling.

### **4.4 Living environment**

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

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

The home meets this expected outcome

The home accommodates residents in single rooms generally with a private ensuite. Residents are encouraged to personalise their rooms with furnishings/memorabilia from home. The home has preventive and requested maintenance systems along with emergency systems and procedures. The home is well maintained, clean and uses minimum restraint with appropriate authorisations. The internal environment is uncluttered and the home monitors its safety through audits, regular reviews, incident and hazard reporting processes and feedback. Air conditioning/heating systems maintain the home at a comfortable temperature. Residents said they felt safe and comfortable living in the home.

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

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

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

The home meets this expected outcome

The home actively supports and provides a safe working environment meeting regulatory requirements through its systems and processes. Management demonstrated policies and procedures, staff education, and incident reports supporting a safe workplace. The home's program including hazard identification, incident analysis, workplace audits and maintenance schedules ensures the environment/equipment is safe. The home has safe chemical storage, appropriate safety signs and personal protective equipment in use. Documentation confirmed



that management discusses safety at their monthly meetings and takes actions through the improvement system to correct hazards. Staff confirmed they can approach management with any issue relating to occupational health and safety.

#### **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 ensures that legislative requirements regarding essential services are being met by using an external contractor to maintain and perform system checks on the home's fire safety system. The home maintains clearly marked and unobstructed fire exits. There is a preventive maintenance program that includes the testing and tagging of all electrical equipment the cleaning of mobility aids and the maintenance of plant and equipment. Key pad locks control external doors for resident security, these doors automatically release in the event of an emergency. Staff and documentation confirmed annual training in fire and emergency occurs for staff. Residents and representatives stated they would wait for instructions in the event of an emergency. We observed appropriate security measures, equipment and environmental controls 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

An enrolled nurse oversees infection control at the home. Collation of infections occurs including an analysis to identify any trends with incorporation of results of audits and information from regional organisations. Residents and staff are encouraged to partake in an annual vaccination program with many taking up the offer. All staff are educated in infection control during their orientation and ongoing, with guides to standard and additional precautions in the staff room and posted on walls. There are well stocked supplies for use in the implementation of standard and additional precautions as well as policies in place in the event of an epidemic. There are regular audits and competencies conducted in staff practices and staff are able to demonstrate their knowledge of outbreaks, containment of sharps and contaminated waste and blood spills.

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

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

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

The home meets this expected outcome

The home's catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. There is a registered food safety plan and a rotating menu offering variety and choice to residents. The home's environmental services staff conduct cleaning according to planned schedules and launders residents' personal clothing. The home contracts its linen to an external laundry service. The home monitors its hospitality systems to identify and correct deficits throughout the services.

Residents and representatives confirmed their satisfaction with the catering, cleaning and laundry services provided by the home.