



Aged Care  
Standards and Accreditation Agency Ltd

## **Ira Parker Nursing Home**

RACS ID 6004

16 War Memorial Drive

BALAKLAVA SA 5461

Approved provider: Country Health SA Local Health Network  
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 27 May 2015.

We made our decision on 30 March 2012.

The audit was conducted on 27 February 2012 to 28 February 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

# Site Audit Report

**Ira Parker Nursing Home 6004**

**Approved provider: Country Health SA Local Health Network Incorporated**

## Introduction

This is the report of a site audit from 27 February 2012 to 28 February 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 a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

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

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

- 44 expected outcomes

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 27 February 2012 to 28 February 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:	Judy Aiello
Team member:	Linden Brazier

## Approved provider details

Approved provider:	Country Health SA Local Health Network Incorporated
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## Details of home

Name of home:	Ira Parker Nursing Home
RACS ID:	6004

Total number of allocated places:	22
Number of residents during site audit:	19
Number of high care residents during site audit:	19
Special needs catered for:	People with dementia or related disorders

Street:	16 War Memorial Drive	State:	SA
City:	BALAKLAVA	Postcode:	5461
Phone number:	08 8862 1400	Facsimile:	08 8862 2286
E-mail address:	donna.cowan@health.sa.gov.au		

## Audit trail

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

### Interviews

	Number		Number
Management	8	Residents/representatives	5
Nursing, care and lifestyle staff	10	Administration and ancillary staff	4

### Sampled documents

	Number		Number
Residents' files	4	Medication charts	4
Lifestyle plans	4	Wound charts	3
Care plans	4	Personnel files	6

### Other documents reviewed

The team also reviewed:

- Activities program
- Audit schedule
- Audit tools
- Charter of residents' rights and responsibilities
- Clinical assessment tools
- Clinical indicator reports
- Communication book
- Consumer feedback form
- Diet analysis forms
- External advocacy brochures
- Fire safety and evacuation plans
- Induction checklist for employees
- Job descriptions and duty statements
- Lifestyle documentation and evidence folders
- Maintenance records
- Mandatory training records
- Material safety data sheets
- Residents' menu
- Newsletters
- Plan for continuous improvement
- Police clearance records
- Policies and procedures
- Quality improvement timetable
- Resident agreements
- Resident assessments
- Resident handbook
- Residential services agreement
- Schedule 4 and 8 licence
- Staff appraisals
- Staff development plan
- Staff education records
- Staff handbook
- Staff orientation package

- Statement of purpose and values
- Various audits and surveys
- Various meeting minutes
- Various policies and procedures

### **Observations**

The team observed the following:

- Activities in progress
- Cleaning in progress
- Confidential bin
- Evacuation plans
- Fire safety and equipment
- Interactions between staff and residents
- Living environment
- Meal service
- Medication administration and secure storage
- Personal protective equipment
- Resident noticeboard
- Secure archive storage area
- Suggestion box with feedback forms available

## Assessment information

This section covers information about 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

Ira Parker Nursing Home is co-located with the Balaklava Hospital and is part of the Yorke and Lower North Health Service cluster, governed by Country Health SA Local Health Network Inc. The home has a continuous improvement framework to identify opportunities for improvement and generally monitors compliance with the Accreditation Standards. The home identifies improvement opportunities generally from surveys, consumer feedback forms, audits, resident and staff meetings, incident and hazard data, verbal feedback and complaints. New improvement activities are recorded on the continuous improvement plan, which includes measurable goals, tracking progress and setting timeframes and evaluating the benefits to residents. Actions generated from continuous improvement activities are tracked by management using a computerised quality tracking system. Quality information is generally discussed at the Operations Committee meeting and the cluster Quality Risk and Safety Committee. Residents and their representatives are aware of the continuous improvement program through resident meetings, resident newsletter and the resident information noticeboard.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Following feedback from residents and representatives it was identified that communication between management, residents and representatives could be improved. Management set up meeting dates for resident/representative meetings and invited residents and representatives to attend. A monthly newsletter was introduced and a noticeboard implemented to communicate with residents and representatives. As a result residents and representatives feel more informed and management plans to monitor the effectiveness of this initiative from feedback at resident and representative meetings.
- Staff identified that staff training was not organised and the aged care education channel was not being used. A staff member has been allocated time to manage staff education. Following feedback from staff, the 2012 education planner has been completed and management reported a high number of staff attending education sessions. Staff feedback, completed certificates and staff attendance demonstrated that the education planner is meeting staff needs.



## **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 organisation has centralised processes to monitor and disseminate legislation, regulations, professional standards and guidelines relevant to the Accreditation Standards and the specific care and services provided by the home. Information gathered through relevant government departments is received and evaluated at a corporate level to identify legislative changes that will impact on the home. Procedures are updated to comply with regulatory requirements. Where changes to procedures are implemented, staff, residents and other stakeholders are informed via meetings, newsletters and memoranda. The home generally monitors its legislative responsibility for police clearances, nursing registrations and mandatory education. Residents and their families were notified about the re-accreditation audit. Staff are aware of the legislative requirements that affect their role and responsibilities.

## **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 home has processes to generally ensure management and staff have the required knowledge and skills to perform their roles effectively. Staff performance appraisals, stakeholder feedback, surveys, audits and legislative changes assist the home to develop training and to monitor staff knowledge and skills. Assistance is provided for staff to complete relevant further education and to attend external training programs consistent with their role. Staff are satisfied with the education offered and the support available to further develop their knowledge and skills. Staff generally complete staff attendance records and this information is entered into the corporate data base as a record of staff education attendance. The home was unable to demonstrate consistent monitoring of staff attendance at training sessions, completion of annual competencies and attendance at mandatory training. Examples of training completed in management systems, staffing and organisational development in the last 12 months include, zero tolerance, external complaints and ACFI training.

## **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 are generally satisfied with the handling of comments and complaints and the home's response to the issues raised. The home has processes to inform residents and representatives of internal and external complaints mechanisms including information in the residents' handbook and residential service agreement. The home monitors resident satisfaction through surveys and consultation with residents and representatives. Advocacy and complaints information is displayed in the home. Residents are encouraged to raise concerns verbally with management or at resident meetings. Residents and representatives have access to suggestion boxes and can maintain confidentiality if they wish. All comments and complaints are logged and tracked until a satisfactory outcome is achieved. Procedures

set out time frames for the management of complaints. Staff are aware of the comments and complaints system and feel supported in raising issues with management.

### **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 care philosophy, vision, values and statement of purpose. This information is provided to residents and staff through handbooks, orientation processes and relevant policies. Staff are familiar with the home's commitment to quality care and services.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has processes for identifying and assessing the required staffing levels and skills to meet residents' needs. Corporate human resources generally assist with recruitment processes including induction and police clearances. All staff and volunteers are required to provide a police clearance certificate prior to commencing employment. Training needs are identified at performance appraisals, staff meetings and through work practices. The home provides an induction program for commencing staff. Vacant shifts are filled by casual and permanent staff or agency staff if required. The home generally monitors and evaluates care outcomes through audits, surveys, meetings, incident data and observation of staff practice. Staff are guided in their roles by job descriptions, duty statements, various procedure manuals and a staff handbook. Residents and representatives are satisfied that staff have the appropriate skills to deliver care and services.

### **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 a process for providing sufficient supplies and equipment for care and services, supported by corporate management systems. Site service managers order, maintain and monitor supplies according to purchasing policies and procedures and authority delegations. There are processes for staff and resident input to guide equipment purchase decisions in addition to equipment trials and risk assessments. Equipment is monitored through regular preventive and corrective maintenance and audit processes and safe operating procedures and staff training support safe use of equipment. Interviews with residents and staff confirmed there is access to suitable equipment and sufficient supplies for 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

Residents, representatives and staff interviewed confirm they generally have access to and use information appropriate to their needs. Management is able to demonstrate that its systems generally provide adequate and timely information for staff to perform their duties, and to keep residents informed of changes within the home and industry. New resident care and lifestyle plans have been introduced by corporate services. These care plans do not consistently meet aged care standards' requirements for documentation. Security and confidentiality is maintained, computers are password protected and backed up routinely. Memos, diaries, newsletters, meetings and communication books are used as ways of communicating information. The home has an archiving and document destruction system. Information systems are generally monitored through incident data, feedback from residents and staff, audits and surveys.

## **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 contracted according to Country Health SA procedures and preferred state wide and local service providers. Contracts are managed and evaluated at corporate level. This is supported by the site Executive Officer/Director of Nursing for clinical related services, although there is no current contract for externally provided pharmacy services. Relevant police clearances and registration requirement are monitored, and contractor understanding and adherence to occupational health and safety regulations is a component of documented contracts. While new corporate processes for managing and monitoring external contracts have commenced, existing monitoring strategies do not facilitate specific feedback from residents. Residents and staff interviewed did not express any concerns regarding 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 about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears, medications, behaviours and absconding residents and this information is then collated and generally analysed for trends. Residents and staff are satisfied that the organisation actively promotes and improves residents' physical and mental health.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months are:

- Following an audit that identified that the home did not have a system for ensuring that resident's end of life wishes were recorded staff received training on respecting resident's choice and advanced directives. The home identifies residents who have not completed this information, letters are sent to representatives and meetings arranged to review information. The home has a system to monitor compliance with this process.
- Staff identified that the home did not assess and manage resident's individual bowel management. Staff received education on contemporary bowel management practice, resident's bowel management was reassessed and management plans implemented. Following this review management has observed that there has been less incontinence of faeces and an increase in consistency of bowel actions. Positive feedback from residents and representatives have been provided to staff and staff have observed an improvement in residents' well being following the implementation of the bowel management plan.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected Outcome 1.2 Regulatory compliance for information about the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 2 Health and personal care, the home monitors compliance including for annual renewal of medication licences, suitable storage of medications, renewal of nursing and professional registrations, notification of unexplained absences and the provision of prescribed care and services as outlined in the *Quality of Care Principles 1997*.

### **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 information about staff knowledge and skills.

In relation to Standard 2 Health and personal care, examples of training completed by staff in relation to health and personal care include pain management, bowel management, dealing with aggressive behaviour and palliative care. Residents are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

There are processes for identifying, assessing and documenting residents' care needs to provide relevant health and personal care. Care documentation relevant to these processes has recently changed and is yet to be fully implemented. A collaborative approach involving nursing, care and allied health staff advises care planning and regular review processes, with resident input relevant to their capability. Residents' representatives are offered the opportunity to participate in these processes and are informed of resident care need changes. There is regular review and input to care decisions by general practitioners. Care plans and progress notes are accessible to staff to advise resident care needs, supported by handovers and daily diaries. Care and staff practice is monitored through regular documented observations, daily care records, incident reporting, care reviews and case conferences and resident feedback. While there are audit processes to assess aspects of clinical care, staff interviewed are not confident with the new process. Residents were complementary about the care received.

### **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

Resident assessment, care planning and review processes are conducted by qualified staff. Specialised care needs are identified through this process and care plans identify those technical aspects of care to be provided by registered or enrolled nurses. Treatment charts and wound care charts record care provided and daily duty schedules allocate relevant care and monitoring responsibilities. Staff have access to procedures, best practice guidelines and additional registered nurse support from the co-located acute care facility. Country Health SA Outreach services provide education and assist with aspects of specialised care as required. Specialised care is monitored through regular care and clinical reviews, observations, incident reports, resident surveys and clinical audits. Residents said they 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

Entry assessment processes and regular care and clinical reviews identify residents’ other health and related service requirements. Residents and their representatives are informed of services available and their preferences considered and supported when referrals are required. Care plans record therapy referral requirements and follow-up dates. There is site access to allied health services co-located through community health services and visiting specialists. Referrals are arranged and transfer documentation provided. Integrated progress notes document referral outcomes and treatment changes. Other health and related services and referral processes are monitored through resident feedback, audit processes, regular reviews and incident reporting. Residents advise they have access to health services according to their needs and preferred service providers.

## **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 generally managed safely and correctly. There are policies and procedures to guide staff practice and staff medication competency is assessed. Residents’ medication management needs are assessed and required support and precautions documented on medication charts. There are processes for assessing and authorising self-administration. Medications are administered from multi-dose blister packs provided by external pharmacy services and are safely and appropriately stored. Medications are regularly reviewed by the general practitioner and pharmacy profiles conducted. While there are processes for monitoring medication management and staff practice these are not consistently effective. Monitoring processes include incident reporting and signature omission tracking, and supply audits. Residents indicated during interview that they were satisfied with their medication management.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Resident assessment, planning and review processes provide for effective resident pain management. Assessment processes and tools identify pain management needs for both cognitive and non-cognitive residents. Physiotherapy assessments assist this process. Pain monitoring charts are implemented to evaluate the effectiveness of management strategies or changes in medication orders. ‘As required’ medication is also monitored and general practitioners advised of sustained use and the need for review. There is a pain management information pack available to staff and staff generally advised of alternative strategies they can use to provide resident comfort such as, massage, aromatherapy, hot packs, change of position or diversional therapy. Residents’ pain management is monitored through observation and feedback, pain monitoring charts, care reviews and audit processes. All residents interviewed advised us that their pain was managed and that staff responded promptly to meet their 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 entry processes to initiate discussion and documentation of resident choices for end-of-life care, to assist the provision of comfort and dignity for terminally ill residents. Residents’ wishes are regularly reviewed during care reviews and representatives invited to discuss the needs of their resident relatives who are cognitively impaired. Resources are available to assist staff to provide for resident comfort and single room accommodation is arranged if required. Trained staff on-site or external palliative care services are available to support staff. Palliative care training has been provided to staff and there is access to information on palliative care processes. Aromatherapy services and spiritual care support resident comfort according to their choice. Care review and case conference and feedback processes assist the home to monitor palliative care. Residents advise staff have supported discussions about their choices for care.

## **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 manage residents’ nutrition and hydration and generally identify residents at risk. Nutrition and hydration needs and preferences and the requirement for referral are assessed. A diet analysis sheet and breakfast request form is forwarded to catering services. Staff assist and observe resident meal and snack intake and have received training in safely supporting residents with swallowing deficits and the preparation of thickened fluids. Residents’ nutrition and hydration is regularly reviewed and weights and level of hydration monitored. Meal replacements are provided to support resident nutrition intake. Residents’ daily menu choices are advised to catering, although while residents interviewed said they are satisfied with meals in general, they would appreciate having meal choices at lunch time. A dietician has reviewed the current menu.

## **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

Assessment and care planning processes assist the home to maintain residents’ skin integrity and identify residents’ whose skin integrity may be at risk. A skin integrity management plan records identified risk levels and strategies to maintain skin integrity and prevent injury, such as pressure relieving mattresses, daily moisturisers, limb protectors, regular position changes and hydration monitoring. Podiatrist and hair dressing services are available on-site. Wound care charts indicate management plans are regularly assessed by registered nurses. Wound care training has been provided and there is access to information on current wound management products. Skin integrity is monitored through incident reporting, regular care and wound reviews, daily treatment records, audits and resident feedback. Residents are satisfied with the care provided in relation to their skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Resident observation, documented flow charts and consultation processes assist the home to plan for effective management of residents’ continence. Continence plans identify residents support needs, required aids and suggested toileting programs. A separate bowel management plan details dietary and hydration needs and strategies to assist natural bowel patterns. Continence plans, the effectiveness of selected aids and bowel management are monitored daily with support and guidance from allocated continence support staff. Staff have been provided with continence management training. Urinary tract infections are monitored and care reviews, case conferences, regular observation, continence audits and resident feedback contribute to monitoring the effectiveness of continence management processes. Residents confirm through interview that their continence needs are met.

## **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 residents’ behaviours of concern. Behaviour assessment tools and cognitive skills assessments assist the home to identify behaviours and the suspected triggers. A ‘challenging behaviour’ plan records circumstances under which behaviours may occur and strategies to assist staff to manage resident care. While the home uses a behaviour monitoring chart to assist evaluation of strategies, this chart does not allow for trigger identification and documentation. Specialist services are accessed to assist with management advice and treatment options for diagnosed conditions which may contribute to difficult behaviours. Staff have received training in behaviour management. Restraint use is minimal, guided by risk assessment and authority processes. Behaviour management is monitored through incident reporting, care reviews and case conferences and monitoring environmental or physical factors which may affect behaviours. Residents interviewed did not express any concern about the behaviours of others impacting on them.

## **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 are assessment, care and exercise planning processes to support optimum levels of resident mobility and dexterity. Assessment processes are conducted in collaboration with the physiotherapist and at-risk residents identified. Transfer plans include a red dot code to identify staff numbers required for safe resident transfer. Staff competency in manual handling is assessed by the physiotherapist. Exercise programs are documented and available in residents’ rooms for easy staff access. Appropriate bed and chair heights are established to assist resident independence and reduce the risk of falls. Low beds, hip protectors and sensor mats are also used. Residents’ dexterity is assisted by exercises, provision of utensils and aids and through activities requiring fine motor skills, such as craft and card making, drawing and colouring. Mobility and dexterity is monitored through falls



incidents, care and physiotherapy reviews, and resident feedback. Residents report satisfaction with the opportunities provided to optimise their mobility and dexterity.

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

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

#### **Team’s findings**

The home meets this expected outcome

Oral and dental hygiene assessments and daily care and support plans assist the home to maintain residents’ oral and dental health. Plans advise staff of residents’ preferred oral and dental health care and dental review requirements. Each resident has a toiletries basket which is regularly checked for relevant supplies to assist oral and dental care. Staff have received oral and dental care training and have access to reference material to support practice. Local dental services are available for resident referral. Oral and dental care is monitored through regular resident observation, daily care records, care reviews, and changes to eating patterns. Residents report they are satisfied with the home’s approach to managing their oral and dental health.

### **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

Resident sensory losses are identified and are generally managed effectively. Assessment tools and an assessment kit assist the home to assess all five senses. The physiotherapist also assesses residents’ sense of touch. While the home has a specific plan to address residents’ sight and hearing deficits and required aids, care plan references to other sensory needs were not consistently identified. Residents’ sensory needs and referral requirements for sight and hearing are identified through care reviews and resident satisfaction monitored through resident surveys and individual feedback. Audits are conducted however these are not consistently effective in identifying gaps in processes and documentation. Residents interviewed were satisfied that the home supports 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

Residents are supported to achieve natural sleep patterns through sleep and settling plans developed through assessment and observation processes. Three day flow charts record resident observed sleep patterns. In consultation with the resident, preferences for settling and rising times, and rest periods are documented. While sedation may be used to assist sleep this is monitored in consultation with the general practitioner. Settling strategies may include music, favourite pillows or a warm drink. Sleep is monitored through care reviews, observation and resident feedback. Resident interviewed said their preferences for settling and rising are respected and that they have adequate rest and a comfortable sleep.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Resident feedback is recorded and evaluated from lifestyle and care reviews. Staff encourage and support residents and representatives to provide feedback and suggestions.

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle include:

- Diversional therapy staff identified that residents’ lifestyle equipment was not stored in an organised manner. Equipment was categorised and streamlined for easy access. As a result staff are aware of equipment available for resident activities and relieving staff are able to quickly find equipment for residents’ activities.
- Staff identified that an area in the nursing home could be better utilised for displaying resident activities. Activity boards have been put up displaying photographs of residents’ activities and shelves display resident craft that they have made. Residents and representative feedback indicates they enjoy looking at the photographs and talking about the activities with family and staff.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 3 Residents lifestyle, direct communication, meetings, newsletters and memoranda are used to inform staff, residents and other stakeholders of changes that impact on resident lifestyle. Internal auditing processes assist the home to generally monitor and maintain compliance with mandatory reporting procedures for elder abuse, provision of suitable lifestyle support and providing residents with a residential care agreement.

### **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 information about staff knowledge and skills.

In relation to Standard 3 Resident lifestyle examples of training completed by staff in relation to resident lifestyle include elder abuse and multicultural training. Residents are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

### **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

New residents are allowed time to settle into the home and are supported to participate in the life of the home once they are ready to do so. A lifestyle social history form is completed by the lifestyle team in consultation with the resident and/or representative and identifies past and present interests including spiritual, cultural, lifestyle and social aspects. Residents' emotional, privacy, independence and dignity needs are not consistently identified and documented on the lifestyle care plan or reviewed on an ongoing basis. Residents are encouraged to maintain their links with family and community groups. Volunteers are organised for individual residents and provide support to residents when special needs are identified that cannot be met through the home's general lifestyle program. Staff are aware of their role in relation to the emotional support of residents in the home. Residents interviewed are satisfied with the support they receive in adjusting to life on entry to the home 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

Residents' lifestyle preferences, interests and abilities are identified on admission to the home. Processes are in place to assist residents to maintain their voting rights and financial independence when this is their choice. Staff assist residents to participate in group and individual leisure activities and to maintain links with family, friends and community groups. Staff described specific strategies they implement to encourage, promote and respect residents' independence. Residents interviewed are satisfied that they are assisted to achieve and maintain their independence and friendships and participate in the life of the community within and outside of the home.

### **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's orientation process outlines residents' rights to privacy, dignity and confidentiality. There are a variety of small lounges where residents can spend private time with relatives and friends outside of their rooms. Staff were observed knocking on doors before entering residents' rooms. Staff assist residents to make clothing choices that respect their identity and dignity when they are unable to do this for themselves. Resident information is stored securely. The home uses feedback forms, surveys, care and lifestyle evaluations and observations to monitor staff practices. Staff are aware of their responsibilities and the importance of maintaining residents' privacy, dignity and confidentiality. Residents interviewed are satisfied their privacy and confidentiality is maintained and staff treat them with dignity and respect.

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

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

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

The home meets this expected outcome

Residents' interests are captured in a social history profile on admission to the home. This information is used to design the resident's lifestyle plan. The plan records resident lifestyle activities, and staff consult residents on a daily basis regarding activities on offer, giving them the option of attending. The home monitors the effectiveness of the activity program through activity evaluations, surveys and feedback from residents at meetings. Identified issues are actioned as required. Staff interviewed are familiar with individual resident's interests and activities that are important to them. Residents interviewed are satisfied with the activities program and with the variety of group and individual activities provided by the home.

### **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

Assessment processes identify each resident's cultural and spiritual preferences and support needs when they first enter the home. Strategies to support these needs are documented on the care and lifestyle plans. Spiritual support is provided by pastoral visitors and church services. Residents are supported to attend church services in the community. Religious and significant cultural days are identified and acknowledged, with residents participating in celebrations according to their preferences and beliefs. The home monitors residents' cultural and spiritual needs through audits, lifestyle reviews and observations. Staff are aware of strategies to support residents' cultural and spiritual lifestyle needs. Residents are satisfied their individual interests, customs, beliefs and cultural backgrounds are valued and fostered.

### **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 gathered when a resident first enters the home assists staff to identify and respond to residents individual care needs, preferences and lifestyle choices. Processes are in place to identify resident representatives who have the authority to make care and lifestyle choices when the resident can no longer do this for themselves. Information on residents' rights and responsibilities is included in the resident handbook and resident agreement. Residents are encouraged to raise concerns through the comments and complaints process, meetings and direct consultation. The home generally monitors and evaluates their processes regarding resident choice and decision making through audits, surveys, observations and consultation with residents and representatives during care plan reviews. Staff described strategies they use to assist residents to make choices about all aspects of their care and daily lives. Residents are generally satisfied with the consultation, choice and support provided to make decisions about issues that affect their daily life.

### **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

Information regarding resident rights and responsibilities is provided on entry to the home in the residential services agreement and resident information pack. A corporate admissions officer visits the resident and their representative during admission to provide support. Brochures regarding independent sources of advice and advocacy are available within the home. Staff are informed of resident's rights and responsibilities through induction, meetings and newsletters. Residents are satisfied their tenure is secure and that the home will support their individual needs and preferences where possible.

## **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 about the home’s continuous improvement systems and processes.

Examples of improvement initiatives implemented by the home over the last 12 months include:

- Staff identified that residents in wheelchairs were unable to be weighed accurately and weighing residents in wheelchairs put staff at risk of an injury. Wheel-in scales were purchased; resident wheelchairs have been weighed and the weight recorded on the resident’s wheel chair. Management believe that resident’s weights are accurate and staff can quickly and safely weigh residents. Residents are pleased with the purchase of the equipment as it has reduced the number of resident transfers and resident comfort and dignity is maintained.
- Residents requested a meal choice at lunch time. The menu has been reviewed and a menu with choice is now available for residents. Residents were advised of the change in menu by staff, newsletter and resident meetings. Management commented that the lunch time menu choice will commence following the site audit visit. Management plan to monitor resident feedback on menu choice at resident meetings and through verbal feedback.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

In relation to Standard 4 Physical environment and safe systems, direct communication, meetings, newsletters and memorandum are used to inform staff, residents and other stakeholders of changes that impact on the living environment, occupational health and safety, fire and emergency procedures and the hospitality areas. Internal and external auditing processes assist the home to generally monitor compliance and include triennial fire safety inspections and local government food safety audits. Occupational health and safety policies and work instructions are in line with professional standards and guidelines and are implemented to provide a safe physical environment for both residents and staff. Management and staff are aware of the legislative requirements that affect their role and responsibilities.

#### **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 information about staff knowledge and skills.

In relation to Standard 4 Physical environment and safe systems, training undertaken by staff includes infection control, fire and emergency, food safety and manual handling. Residents are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

#### **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 corporate and site specific processes for maintaining and monitoring the comfort and safety of the residents' living environment. Residents have access to private and communal lounge and recreation areas and are accommodated in single or share rooms with shared bathroom facilities. The home is secure, enabling residents to wander freely. This includes access to enclosed external courtyards. There are procedures for the assessment and authorisation of restraint which is minimally used, and there is a monitored call bell system. The environment is monitored and maintained through regular cleaning services, maintenance services, environmental audits and incident and hazard reporting. Staff training and assessment is provided to ensure safe work practices and manual handling. Residents interviewed were satisfied with their living environment and their satisfaction is monitored through resident meetings, personal discussions with the Executive Officer/Director of Nursing and comment and complaint processes.

#### **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

Corporate and site specific occupational health and safety committees coordinate and monitor the home's system for providing a safe working environment. An occupational health and safety manual guides management and staff practice. Safe operating procedures, staff induction and ongoing training re-enforces safe work practices. Occupational health and safety processes and the work environment are monitored through worksite inspections, incident, hazard and accident reporting and trend analysis. Staff interviewed were aware of their occupational health and safety responsibilities and are satisfied that management supports a safe working 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

There are management systems to support an environment to reduce the risk of fire, security and other emergencies. There are documented fire and emergency procedures and displayed evacuation plans around the home. The home is a non-smoking facility; however, there are processes to support resident choice to smoke. A residents' evacuation file provides current information for safe resident evacuation and continued care. Contracted fire and internal maintenance services maintain and monitor the fire system and equipment, and electrical equipment is tested and tagged. Fire and emergency management training is regularly provided for staff, and competency assessed and maintained through regular drills and 'fire walks'. There is an after-hours lock up procedure and staff have access to monitored duress alarms. Existing disaster management plans are under corporate review. While staff were aware of their responsibilities during a fire alarm, residents interviewed were uncertain of their actions if an alarm was raised.

#### **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

The home has an effective infection control system to reduce the risk of infection. There are corporate and site specific coordination and monitoring processes guided by management and staff access to an infection control manual and procedures. These include outbreak management procedures and available resources and infection control guidelines for hairdressing services. There are adequate hand washing facilities and hand gel dispensers and staff access to personal protective equipment. Infection control knowledge and skill is provided through staff induction, ongoing training and skill assessments. Staff and resident vaccination programs are provided. Infection control is monitored through infection surveillance reporting and analysis, audits, and environmental swabbing. There is 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

Residents interviewed advise they are generally satisfied with hospitality services provided. While residents' preferences for meals and their dietary needs are documented and communicated to catering services, residents have not been offered meal choices at lunch time. Meals are plated in the kitchen and served in the dining room or to the resident's room. Residents are assisted with meals as required and provided with suitable aids. On-site cleaning and personal laundry services are provided by multi-skilled staff who have received training relevant to their role and to support infection control practices. Cleaning services are provided according to schedules and procedures, although these are under review following a change in chemical provider. Laundry procedures and relevant material safety data sheets (MSDS) were not in evidence. Linen management is a contracted service. Hospitality



services are monitored through audit processes, resident meetings, resident surveys and personal discussions with the Executive Officer/Director of Nursing.