



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Kyneton Community Aged Care**

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

The Agency has decided that the period of accreditation of Kyneton Community Aged Care is three years until 29 December 2013.

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

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

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

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

The Agency has taken into account the following:

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

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		Kyneton Community Aged Care			
RACS ID:		3876			
Number of beds:		60	Number of high care residents:		40
Special needs group catered for:			<ul style="list-style-type: none"> <li>• Dementia unit</li> </ul>		
Street:		2 Edgecombe Street			
City:	Kyneton	State:	Victoria	Postcode:	3444
Phone:		03 9559 9300		Facsimile:	03 9553 2120
Email address:		manager@kyneton.innovativecare.com.au			
<b>Approved provider</b>					
Approved provider:		Innisfree Aged & Community Care Pty Ltd			
<b>Assessment team</b>					
Team leader:		Val Dudok			
Team member:		Jennifer Thomas			
Dates of audit:		5 October 2010 to 6 October 2010			

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

**Accreditation decision**

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

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Kyneton Community Aged Care
RACS ID	3876

### **Executive summary**

This is the report of a site audit of Kyneton Community Aged Care 3876 2 Edgecombe Street KYNETON VIC from 5 October 2010 to 6 October 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kyneton Community Aged Care.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 5 October 2010 to 6 October 2010

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

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

## Assessment team

Team leader:	Val Dudok
Team member:	Jennifer Thomas

## Approved provider details

Approved provider:	Innisfree Aged & Community Care Pty Ltd
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## Details of home

Name of home:	Kyneton Community Aged Care
RACS ID:	3876

Total number of allocated places:	60
Number of residents during site audit:	50
Number of high care residents during site audit:	40
Special needs catered for:	Dementia unit

Street:	2 Edgecombe Street	State:	Victoria
City:	Kyneton	Postcode:	3444
Phone number:	03 9559 9300	Facsimile:	03 9553 2120
E-mail address:	manager@kyneton.innovativecare.com.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kyneton Community Aged Care.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Facility manager	1	Residents/representatives	12
Operations manager	1	Lifestyle staff	2
Quality manager	1	Enrolled nurses	4
Registered nurses	2	Dietitian	1
Care staff	7	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	1	Maintenance staff	1

#### Sampled documents

	Number		Number
Residents' care files – assessments, charts, progress notes, care plans	8	Medication charts	10
Summary/quick reference care plans	8	Personnel files	5
Resident agreements	5	Lifestyle profiles and care plans	6
Weight charts	50		

#### Other documents reviewed

- Activities attendance and evaluation forms
- Activities program
- Allied health referrals folder
- Audits – call bell, medication, maintenance
- Behaviour assessments and charting
- Certificate of external food audit
- Cleaning schedules
- Clinical and lifestyle assessments



- Communication folders
- Complaints folder – register
- Compulsory reporting register
- Cultural/spiritual needs reports
- Diabetes management record
- Doctor's communication folder
- Education calendar and tracker
- Education participation and evaluation records
- Electronic documentation system
- Emergency response manual
- Essential services records
- External complaints brochures
- Focus group monthly program plan
- Food and fluid intake charts
- Food register
- Food safety program
- Gastro management plan
- Hand books – resident/staff/volunteer/contractors
- Handover sheets
- Improvement forms
- Incident data
- Infection control surveillance program
- Inventory register
- Legislative updates folder
- Material safety data sheets
- Medical instructions diabetes management form
- Medication refrigerators temperature recording charts
- Meeting minutes – staff/resident
- Memoranda
- Nurse registration register
- Nutrition intervention/recommendations/risk assessments
- Outbreak folder
- Pest control register
- Police check register
- Policies and procedures
- Position descriptions and staff guidelines
- Preferred supplier list
- Preventative and corrective maintenance records
- Registration of food premises certificate
- Regulatory compliance folder
- Resident admission package
- Resident evacuation list
- Resident newsletters
- Resident of the day guidelines and care evaluation folder
- Sign in and out registers
- Staff allocation list
- Staff appraisals and competencies
- Staff induction form
- Staff roster
- Surveys – staff/resident
- Temperature monitoring records
- Textured food poster
- Weight management guidelines flow chart

- Wound and skin (acute) management and evaluation charts
- Wound procedures and resource folder

### **Observations**

- Accreditation site audit notices on display
- Activities in progress
- Archiving and paper shredder
- Call bells/duress alarms
- Care staff being orientated
- Clean/dirty laundry procedures
- Cleaning in progress
- Comfortable and maintained environment
- Dignity curtains
- Evacuation kits
- Exits and egress route
- Fire fighting equipment
- Hand washing facilities
- Handover
- Industrial steam iron
- Interactions between staff and residents
- Living environment – internal/external
- Meal service and menu boards
- Meals assistive devices
- Medication round
- Mobility aids
- Notice boards – staff room and resident rooms
- Outbreak kit
- Oxygen storage
- Pathology specimen refrigerator
- Personal protective equipment in utility rooms
- Psychologist reviewing residents
- Public announcement system and security cameras and closed circuit televisions
- Refreshment making facilities
- Residents pursuing individual interests
- Secure storage of resident and personnel files
- Security system
- Sharps containers
- Staff practices
- Storage areas – medication/equipment/chemicals/supplies
- Suggestion box
- Trolleys – medication/refreshment/laundry/cleaning
- Vision, mission and philosophy statements on display
- Walkie talkies and personal hands free telephones
- You are here maps

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home actively pursues continuous improvement using a comprehensive quality framework, encouraging all stakeholders to be involved in improving services for residents. There is an internal audit schedule in place with audit results linked directly into the continuous improvement processes. Improvement forms, incidents, formal and informal complaints, comments and suggestions, hazard reports, clinical risk indicators, minutes of meetings, surveys, analysis of monthly trend data and informal conversations are all used to gather information regarding potential improvements. Items are numbered and entered on the plan for continuous improvement register. An action list with details is created with timelines depending on the complexity and urgency of the improvement.

Recent improvements include:

- Introduced a staff training matrix to accurately record all education and training for staff.
- Complaints system reviewed and improvements in response times and communication implemented.
- Introduction of a committee structure to include management, health, lifestyle and physical environment.
- Meeting schedules altered to facilitate optimal attendance.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure relevant changes in legislation, regulations, guidelines and codes of practice are captured and implemented. Management receives legislative updates through subscription, membership and email services. Policies and procedures are updated as appropriate and changes communicated to staff through education sessions, memoranda and meetings. Regulatory compliance is a standard agenda item at all focus group meetings. Staff, volunteers and contractors have current police certificates and renewals are monitored regularly. Information regarding regulatory compliance is located on site and is readily accessible to staff.

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

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure appropriately qualified staff are employed with the required qualifications and skills based on their position description and resident needs.

Staff feedback, education needs analysis, audit results, mandatory training, quality framework, resident needs, and appraisals contribute to the educational calendar. Records show that education sessions are offered regularly and participation records confirm staff attendance. Staff feedback of these sessions is sought and informs the ongoing program. The education program is supported through the use of a satellite channel, self-directed learning packages and assessments. Staff said they are supported to participate in education sessions and are satisfied with the training opportunities available to them.

Recent education completed relevant to management systems, staffing and organisational development include:

- Accreditation Standards
- Software care planning program
- Orientation
- Continuous improvement
- Documentation and resident care

#### **1.4 Comments and complaints**

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

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

Does comply

Information regarding external and internal complaints mechanisms is included in resident agreements and all handbooks provided on entry to the home. Improvement forms and complaints brochures are available and on display in the foyer of the building. A suggestion box is available to provide anonymity to lodged complaints. A formal acknowledgment letter is sent on receipt of a complaint and a letter is sent again advising of the outcome of the complaint. The home has an open door policy and welcomes comments and complaints and all issues raised are responded to appropriately. Residents and representatives said staff are approachable and they are comfortable raising any issues directly. Residents and staff confirm their knowledge and satisfaction of the complaints processes and with the response to issues raised.

#### **1.5 Planning and leadership**

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

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

Does comply

The home's vision, mission and philosophy statements include a commitment to providing quality care for residents and to continuously improve the care and services the home provides. The statements are on display in the foyer and are consistently captured in all hand books. The orientation program informs staff of strategic planning and leadership, including the home's continuous improvement processes. Staff said they are aware of the vision, mission and philosophy of 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 recommendation**

Does comply

The home has processes in place for the recruitment and ongoing monitoring of staff practices to meet residents' care needs and services. Recruitment processes include formal interviews, reference checks and police checks. Position descriptions, guidelines and policies and procedures inform and guide staff in areas of resident care and professional development. All new staff attend a one day orientation and a supernumerary buddy shift and annual appraisals are completed. Staff feedback, audits, incidents and residents changing care needs assist management in identifying required staffing levels and ongoing training requirements. Residents and representative said they are generally satisfied with staffing levels and adequacy of care.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

The home has processes and adequate facilities in place to ensure supplies of appropriate goods and equipment are available to provide quality service delivery. Equipment is trialled before purchase and preferred suppliers provide stock and education. Preventative equipment maintenance is planned and corrective maintenance records show that requests are handled promptly. Stock is stored and rotated as appropriate in clean and secure areas. The team observed appropriate stocks of goods and equipment located throughout the home. Staff, residents and representatives said the home supply and maintain goods and equipment to meet their needs.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Information management systems are in place to provide appropriate methods of communication including policies and procedures, handbooks, noticeboards, memoranda, newsletters, meetings and regular education sessions. Care plan documentation is current and handovers between shifts is used by staff to keep each other informed of each resident's current needs. Personnel and resident files are securely stored, archived and destroyed as required and computer systems are password protected and backed up. Staff said they have access to information and policies and procedures to guide work practices. Residents and representatives said they are satisfied with the feedback mechanisms and information provided to them.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

External service providers are sourced to ensure services are provided at a standard that meets the home's quality goals and residents' needs. The home maintains a preferred suppliers list and service level agreements with external service providers are offered. Service providers working in the home are required to have a current police check and sign in and out procedures are practiced. External service provider's performance is monitored through regular checks, observations and from feedback from residents, representative and staff. Staff, residents and representatives said they are satisfied with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

The system for continuous improvement is described in Expected outcome 1.1. Staff meetings, informal discussions with the facility manager during appraisal and the improvement forms provide staff with the opportunity to have an input into the continuous improvement system. Data analysis occurs for falls, infections and medication errors. Actions are recorded and if appropriate added to the home's continuous improvement plan. Internal audits are conducted covering clinical care documentation and practices.

Recent improvements include:

- Specialised medication is now packed in different coloured packs to assist staff to identify these during medication administration to reduce incidence of missing doses.
- Improved process introduced in relation to analgesic patch application and documentation.
- Specialised trays purchased for commode chairs to assist staff in the collection of urine samples for pathology testing.
- Unsecured oxygen cylinders now secured with additional signage to assist in the speedy identification of ready to use cylinders in an emergency.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has processes in place to ensure relevant changes in legislation, regulations, guidelines and codes of practice are captured and implemented in the management of the home. Management receives updates through subscription and membership services. Policies and procedures are updated as appropriate and changes communicated to staff. The home ensures staff has their current nursing registrations on file and medication is managed appropriately. Staff are aware of their responsibilities in regards to compulsory reporting of missing residents. Information regarding regulatory compliance is located on site and is accessible to 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 recommendation**

Does comply

The home has processes that enable staff to acquire the knowledge and skills to provide health and personal care to residents. Staff participate with on-the-job training and internal education sessions to improve their clinical skills and knowledge. External training is

encouraged and supported for continuing professional development. Staff said they are satisfied with the opportunities provided to them to participate in on-going education and development.

Education recently completed in relation to health and personal care includes:

- Absconding residents
- Medication management
- Managing dementia
- Continence aids
- Wound management
- Weight chair use
- Bowel management

#### **2.4 Clinical care**

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

##### **Team’s recommendation**

Does comply

The home has systems in place to ensure resident clinical needs are assessed, planned, implemented and evaluated. A registered nurse oversees and/or supervises clinical care for all residents and is supported by enrolled nurses and care staff. Comprehensive information is collected from residents and representatives prior to entry, ensuring an interim care plan is available for each resident from their day of admission. A range of clinical assessments commence and this information is then formulated into individual care plans. These care plans detail the resident care goals and the interventions required by staff to implement the care. Staff state they use these care plans when providing daily care. Resident and representative feedback was positive about the clinical 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 recommendation**

Does comply

Registered and enrolled nurses provide, supervise and evaluate the specialised care needs of residents. Detailed specific support care plans are implemented and contain additional information for staff to assist them to deliver current specialised care to residents. All specialised care charts are kept in a clinical care folder for easy checking and review by staff. Staff attend specialised nursing care education and the team confirmed staff have guidelines available to refer to when providing specialised care. Staff stated they have access to external specialist services if required for advice and management interventions. Residents and representatives said they are satisfied with the specialised care received.

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

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

##### **Team’s recommendation**

Does comply

Residents have access, via referrals to a number of allied health services and alternative health practitioners according to their needs and preferences. Documentation, residents and staff confirm the availability of specialist external health practitioners. Staff organise transport for residents if required to local and city health services. Residents and representatives



stated they are consulted before referrals are made and are informed of the outcome following an appointment. They also said they are satisfied with the services provided.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Registered and enrolled nurses administer medication from a blister pack system. Unpacked medications are highlighted on medication charts and staff sign to verify administration. Residents that self-administer medication are assessed to ensure safety and have a signed assessment in place that is monitored regularly. Audits of medication charts are conducted and improvements identified and actioned to ensure medications are administered as safely as possible. Staff said they attend education sessions on medication management and have undertaken competencies to ensure they maintain the skills to safely administer medication. Residents and representatives stated their medication is managed well.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents are assessed for pain and if pain issues are identified a comprehensive resident pain management support care plan is implemented. Staff are aware of the importance of monitoring cognitively impaired residents for pain and use an observational tool with verbal and non-verbal cues to assess pain. The home has plans to implement an impress system that will include analgesics to ensure residents have immediate access to pain relieving medication as soon as prescribed by their doctor. Entries in the progress notes showed staff offering pain management strategies to residents and the effectiveness of these interventions is recorded. Pain management plans are reviewed as per schedule by a registered nurse who liaises with the resident's doctor if the resident's pain is not being adequately managed. The home provides education and educational resources on current pain management for staff. Resident and representative feedback indicates satisfaction with how pain is managed by staff.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Staff and documentation confirm that residents are able to remain at the home and receive palliative care. Residents have their end of life wishes information documented. An external palliative care team can be accessed for management strategies and advice. Staff said the palliative care experience of the facility manager and the education provided assists them to provide optimal palliative care. The home is currently developing a palliative care kit. When a resident requires palliative care a review of their support care plans is undertaken and updated to reflect the changing care needs; these changes are made following consultation with the doctor and family. Staff are aware of the special needs of residents and representatives at this time. Progress note entries highlight the emotional support offered to residents and families.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Prior to the resident coming into the home information regarding their dietary likes, dislikes, allergies and preferences is discussed and recorded. This information is detailed on their interim care plan and sent to the kitchen to ensure residents receive the meals and drinks of their choice. Residents are weighed monthly or more frequently if required and if a significant change in weight is identified, staff refers the resident to the dietitian and/or speech pathologist. Residents receive food and fluid supplements and are seen by the dietitian regularly. Resident feedback was mixed about the meals but residents confirmed they have been consulted about the menu and are aware that a new rotating menu is being introduced. Residents said that staff assist them with their meals as needed and said they always have enough to eat.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Reviewed resident files contained skin integrity assessments and detailed support care plans to assist staff to maintain and protect residents’ skin using creams, pressure relieving equipment and protective devices. When impairment to the skin occurs, wound management plans are implemented. Staff said they always have adequate supplies to ensure wound and skin care can be provided. Residents stated they are satisfied with the skin care they receive.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

On entry to the home residents have continence assessments that identify the level of their urinary continence. If continence management is required staff develop and implement an effective plan for each resident. There is a designated continence nurse who oversees the coordination of continence aids and is a resource for staff. Staff stated that there are always adequate supplies of aids available for resident use. Staff attend education on continence management and offer support and advice to residents on the most suitable continence aids to use. Each continence management plan is evaluated and changes made to continence aids as necessary. Residents and representatives stated they are satisfied with the continence management provided by staff.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents with identified challenging behaviours are assessed and comprehensive management plans implemented. The team observed a psychologist reviewing residents with behavioural issues, with staff confirming this service provides management strategies to assist them to develop interventions to minimise resident behaviours in the home. Staff interviewed demonstrated knowledge of residents and individual management strategies. The only restraint is in relation to safety mattresses. Signed authorisation forms are in place and the facility manager is currently reviewing the restraint assessment period for these residents. Residents and representatives said the environment of the home was peaceful and said staff intervene promptly if any resident behaviours impact on others.

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

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

#### **Team’s recommendation**

Does comply

Residents have their mobility and dexterity status assessed by the physiotherapist on entry to the home. Support care plans are developed and detail the number of staff and equipment required when assisting residents to transfer and mobilise safely. Many of the residents have individual exercise plans implemented and carried out one on one by the physiotherapist, lifestyle and care staff. Staff are offered education that incorporates mandatory manual handling and falls prevention training. The team observed residents being assisted to mobilise using mobility aids. Residents said they attend exercises and appreciate the assistance given to them by staff to remain as mobile and as physically active as possible.

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

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

#### **Team’s recommendation**

Does comply

The home has processes in place for the assessment, planning and review of residents’ oral and dental needs and to identify when referrals to dental allied health practitioners is required. Residents are assisted to visit private external dental services. The home is organising a mobile dental service to visit residents. Staff attend education on oral and dental care. Residents and representatives informed the team that the oral and dental care provided was satisfactory and confirmed residents do have access to dental services.

### **2.16 Sensory loss**

*This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.*

#### **Team’s recommendation**

Does comply

Residents’ communication and sensory needs are documented prior to entry then assessed once the resident has settled into the home. Resident preferences in regard to their sensory aids are recorded on their support care plans. Following consultation with residents and

representatives staff organise referrals to appropriate services for examination and review of sensory losses. Residents are assisted to access external services or can attend when services are onsite. A record is kept of resident appointments and follow up is recorded in their progress notes. Residents stated they are happy with how their sensory loss is managed.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

All residents have a sleep management plan; this details resident settling routines and their preferences in relation to the environment most conducive for sleep. Staff administer medication, as prescribed, to aid sleep and offer residents drinks and snacks to help them to settle to a natural sleep. Progress note entries confirm that staff spend one on one time with restless residents and staff record the number of times they return to check on unsettled residents. Residents said they sleep well because of the assistance given to them by the staff.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The system for continuous improvement is described in Expected outcome 1.1. Resident lifestyle is monitored through scheduled audits with feedback being sought through resident satisfaction surveys and resident and representative meetings. Residents indicated satisfaction with the lifestyle program.

Recent improvements include:

- Resident newsletter commenced providing stakeholders with current information about the home.
- Raised garden beds purchased and being developed at residents’ initiative.
- Massage therapist employed to visit home regularly.
- In response to resident requests a new microwave and a number of new board games have been purchased.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure that relevant changes in legislation, regulations, guidelines and codes of practice are captured and implemented in the management of the home. Management receives updates through subscription and membership services. Policies and procedures are updated as appropriate and changes communicated to staff. The charter of residents’ rights and responsibilities is displayed and is provided to residents. Residents’ right to privacy and confidentiality is respected with staff signing confidentiality statements and residents signing consent forms. The home has a process for mandatory reporting of elder abuse. Information regarding regulatory compliance is located on site and is accessible to staff.

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

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

#### **Team’s recommendation**

Does comply

The home enables and encourages staff to participate in learning and development opportunities to improve their lifestyle skills and knowledge. The home provides staff with education and development opportunities that enable them to develop and improve the skills and knowledge staff need to perform their roles effectively. Staff confirmed they are satisfied with the home’s commitment to staff education and learning.

Education completed to enhance resident lifestyle includes:

- Elder abuse
- Privacy and dignity
- Managing behaviours – choice and decision making

### **3.4 Emotional support**

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

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

Does comply

The emotional needs of residents are documented on entry and monitored on an ongoing basis. Care plans and progress notes are updated to identify the changing emotional needs of the residents. The admissions coordinator ensures residents and representatives are welcomed into the home. Staff said they monitor the ongoing emotional needs of all stakeholders and said that lifestyle staff facilitates the support and assistance required as residents settle into their new home. Regular 'one on one' sessions with the lifestyle coordinator include visiting residents in their rooms for private discussions. The team observed newsletters welcoming residents and activities programs in resident rooms on their noticeboards. An information pack is provided to residents detailing the support mechanisms both internally and in the wider community. The team observed staff to be supportive and using a caring approach with residents and residents said they are satisfied with the emotional support provided.

### **3.5 Independence**

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

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

Does comply

The home encourages residents to achieve maximum independence and maintain friendships within the home and local community. Community links are encouraged with residents attending external religious services and visiting local shops. The home actively supports these trips and arranges transport as appropriate. Physical exercise as part of the physiotherapist's recommendations is carried out daily, promoting residents to maintain or improve their physical independence with appropriate mobility and meal assisting aids readily available. Representatives and groups from the community are invited to participate in resident activities, with residents confirming that their independence is encouraged.

### **3.6 Privacy and dignity**

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

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

Does comply

The home has processes to ensure respect for residents' privacy, dignity and confidentiality is maintained. Residents are provided with single rooms with private bathrooms and staff shut bedroom doors during care procedures. Staff are advised at orientation and on an ongoing basis to respect residents' privacy and to maintain their dignity through using their preferred names and always knocking on residents' doors before entering. There are private sitting areas to enable residents' private quiet times with representatives. Staff orientation and signs in the facility includes information regarding privacy and confidentiality. Resident

information is stored securely and consent is sought for the collection and disclosure of information. Residents and representatives report they are satisfied with the manner in which the home supports their privacy and dignity.

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

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

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

Does comply

There are process that encourage and support residents' leisure interests and activity needs. The resident social profile records spiritual and cultural details, emotional support and activity preferences which are used to form the lifestyle care plan. The monthly program is posted on noticeboards and published in the newsletter. The program is responsive to feedback, requests and consultation, resident likes and dislikes, cultural and social occasions. There is a wide range of activities conducted within and outside the home including bus trips, cooking, bingo, craft, men's shed, exercises, entertainers and sensory simulating activities. Residents and representatives confirmed they are satisfied with the activities available to them at 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 recommendation**

Does comply

The home has processes in valuing and fostering each individual resident's interests, customs, beliefs and cultural backgrounds. Preferences and needs are identified when the residents enter the home. Individual special celebrations and events are identified and celebrated with activities, food and ceremonies. Residents have access to community visitors and religious personnel who regularly visit. The home has no residents at present from a culturally and linguistically diverse background however the home continues to celebrate international theme days. Residents and representatives are satisfied their cultural and spiritual needs and preferences are being met.

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

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

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

Does comply

Residents' preferences including likes/dislikes, cultural and social interests are documented prior to entry; this information is then assessed and if current recorded in their support care plans. Residents are encouraged to participate in menu planning via the food focus forum and to provide feedback on meals to the kitchen. Resident meetings are another avenue for residents to make decisions and choices on how they live in the home. Residents stated they do not have to participate in activities, can refuse clinical care or treatments and that they can ask for changes to the home's activity program and meal services. Residents said they have a say in the general practitioner or specialist they wish to see. Staff stated that residents are encouraged to participate in decision making process and are offered daily choices in service delivery. Residents confirmed to the team that choices are offered and provided.

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

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

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

Does comply

Management demonstrates that residents and representatives are provided with information about security of tenure and residents' rights and responsibilities. Residents are offered a residency agreement, which includes information regarding fees and charges and their security of tenure. Information about the internal and external complaints mechanisms, resident rights and responsibilities are provided in the residents' handbook and are on display in the home. Residents and representatives said they are satisfied with the information the home provides regarding security of tenure, and they feel secure with regards to their tenure at the home.



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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The system for continuous improvement is described in Expected outcome 1.1. The physical environment and safe systems are monitored through scheduled audits and workplace inspections that are conducted to assess resident satisfaction and staff implementation of procedures related to Standard four. Staff stated they record maintenance requests and said these are promptly attended. Incident reports are collated on an electronic database, analysed for trends and actioned. Resident surveys are used to assess the level of satisfaction and also to highlight equipment needs.

Recent improvements include:

- Fire blankets purchased and situated in resident smoking area.
- Tinted glass windows to be implemented to decrease sun glare in front foyer sitting areas and staff work areas.
- Additional trolleys purchased to improve meal service to residents preferring to have meals in their rooms.
- Food focus forums commenced to encourage active participation in the menu review by residents.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure that relevant changes in legislation, regulations, guidelines and codes of practice are captured and implemented in the management of the home. Management receives updates through subscription and membership services. Policies and procedures are updated as appropriate and changes communicated to staff. The home manages a food safety program, emergency preparedness, occupational health and safety and infection control processes. Material safety data sheets are in place and staff said chemicals are stored and used as instructed. Staff said they are kept up to date with information and training in relation safety procedures.

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

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

#### **Team’s recommendation**

Does comply

The home identifies training requirements through legislation in regards to occupational health and safety. All staff complete compulsory manual handling, fire and evacuation training and infection control as part of the annual mandatory training program of the home. Staff education and training records are maintained and evaluation of training occurs after

each session. Staff confirm they regularly participate in mandatory training and contribute to maintaining a safe and comfortable environment for staff, residents and representatives.

Recent education completed by staff in regards to the physical environment and safe systems include:

- Fire and emergencies
- Fire panel - evacuation
- Food safety
- Hand washing competencies
- Infection control
- Fire warden training
- Safe use of chemicals
- Manual handling
- Laundry standards

#### **4.4 Living environment**

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

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

Does comply

Management is actively working towards providing a safe and comfortable environment for residents. The home provides accommodation in private rooms or double suites, all with private en-suites. Rooms were observed to be decorated with resident preferences and personal belongings. There are large communal areas as well as private areas and secure external areas where residents can entertain their representatives. Security at the home is provided with external doors accessed through a security code keypad. The home is well maintained through planned and reactive maintenance programs and residents and staff confirmed that maintenance issues are addressed promptly. Residents and representatives said they are very comfortable and feel safe in the living environment provided at the home.

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

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

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

Does comply

The home has processes in place to provide a safe working and living environment for residents and staff. Environmental audits and workplace inspections are regularly completed and reported with appropriate remedial action taken. Staff receive training in occupational health and safety, manual handling and in the safe use of equipment. Occupational health and safety meetings are held to discuss issues from audits, routine maintenance and staff feedback. Information collected from these processes is incorporated onto the home's continuous improvement plan. Staff were observed to be using protective clothing and said they were satisfied with the support they receive in maintaining a safe working environment. Staff were also observed using appropriate manual handling techniques and protective clothing and said they were satisfied with their 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 recommendation**

Does comply

The home has systems in place for detecting and acting upon fire, security and other emergency risks. The home is equipped with fire fighting equipment including alarms, automatic sprinklers, fire doors, hoses and extinguishers. Fire plans and emergency procedures are displayed throughout the building. An evacuation list is maintained and updated regularly. Mandatory fire safety training for staff occurs regularly. External contractors test and maintain fire and security detection systems. Emergency exits are clearly illuminated and free from obstructions. There is security systems located throughout the home and these are maintained and checked appropriately. Staff are aware of the home's fire and emergency procedures and expressed confidence with the home's emergency systems and processes.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program that includes education, provision of personal protective equipment for staff and infection surveillance processes. An infection surveillance register is completed each time a resident infection is identified. The facility manager offers staff additional support and information in relation to infection control procedures in the home. Staff confirm they have attended infection control education in the last year. The facility manager ensures staff complete infection control audits and environmental inspections and observes staff practice. The team observed stock levels and staff said that they have enough stock to maintain infection control practices in the home. There are blood spill kits, infectious and influenza management kits and yellow infectious waste disposal units located in the home. Staff hand-washing education and competencies are undertaken. The team noted hand sanitisers being used by staff around the home. Staff are aware of standard precautions and infection control principles.

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

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

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

Does comply

The home has a system and processes in place to enable the provision of hospitality services that enhances residents' quality of life. Meals are freshly prepared in the kitchen and served to residents in accordance with their preferences and individual nutritional and hydration needs. The home has a rotating four week menu in place which is reviewed by a dietician. Cleaning is undertaken according to a schedule and the team observed the home to be clean and well maintained. All laundry is laundered on the premises and offers ironing, hand washing for knitted clothing and clothes labelling services. The home maintains a food safety program and infection control procedures are in place. Residents and representatives said they are generally satisfied with the home's catering services and other hospitality services were good.