



Aged Care  
Standards and Accreditation Agency Ltd

## **Lerwin Nursing Home**

RACS ID 6966

59-67 Joyce Street

MURRAY BRIDGE SA 5253

Approved provider: Rural City of Murray Bridge

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 6 May 2015.

We made our decision on 13 March 2012.

The audit was conducted on 20 February 2012 to 21 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



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# Site Audit Report

**Lerwin Nursing Home 6966**

**Approved provider: Rural City of Murray Bridge**

## Introduction

This is the report of a site audit from 20 February 2012 to 21 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 20 February 2012 to 21 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:	Suzette Hayter

## Approved provider details

Approved provider:	Rural City of Murray Bridge
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## Details of home

Name of home:	Lerwin Nursing Home
RACS ID:	6966

Total number of allocated places:	75
Number of residents during site audit:	75
Number of high care residents during site audit:	74
Special needs catered for:	People with dementia or related disorders

Street:	59-67 Joyce Street	State:	SA
City:	MURRAY BRIDGE	Postcode:	5253
Phone number:	08 8539 1185	Facsimile:	08 8531 1655
E-mail address:	lerwin@rcmb.sa.gov.au		

## Audit trail

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

### Interviews

	Number		Number
Management	3	Residents/representatives	9
Clinical, care and lifestyle staff	10	Administration/ancillary staff	7

### Sampled documents

	Number		Number
Residents' files	7	Medication charts	7
Summary/quick reference care plans	6	Wound charts	6
Lifestyle plans	7	Personnel files	4
Palliative care plan	1		

### Other documents reviewed

The team also reviewed:

- Activities calendar
- Activity summary reports
- Audit schedules, audits and surveys
- Cleaning and laundry schedules
- Clinical indicator reports
- Communication diaries
- Continuous improvement documentation
- Compliment and complaint data and analysis
- Contractor agreements
- Controlled drug licence
- Church services calendar
- Daily resident occupancy register
- Diet preference forms
- Emergency management plan
- Emergency procedures, evacuation plans and contact numbers
- Fire safety certification
- Fire safety log book
- Handover forms
- Job descriptions
- Maintenance records (preventative maintenance and maintenance request)
- Management guidelines
- Material safety data sheets
- Memorandum
- Monthly indicators and evaluations
- Pharmacy documents
- Risk assessments and hazard reports
- Rosters
- Safe work procedures
- Temperature recordings
- Temperature records
- Training records

- Training calendar
- Various meeting minutes
- Various flowcharts and guidelines
- Work instructions

### **Observations**

The team observed the following:

- Activities in progress
- Activity room
- Bird aviary
- Chemical storage
- Comments and complaints brochures
- Emergency exits and assembly areas
- Equipment and supply storage areas
- Evacuation plans
- Fire fighting equipment, signed, tested and tagged
- Interactions between staff and residents
- Internal and external living environment
- Medication storage, trolley and rounds
- Meal service
- Morning and afternoon drinks distribution and resident being assisted
- Notice boards and information displayed
- Personal protective equipment in use
- Raised garden beds
- Suggestion box
- Visitor and contractors sign in and out books

## 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

Lerwin Nursing Home has a continuous improvement framework which supports identification of opportunities for improvement and the engagement of residents and staff. Improvements are identified through a range of sources including strategic planning, resident and staff suggestions, complaints processes, meetings and surveys and education sessions. The home’s monitoring systems such as, audits and incident reporting contribute to improvement initiatives, which are logged on the improvement register. A continuous improvement plan records planned and in progress improvements. Progress on planned actions evaluation processes are regularly monitored through quality meetings. Residents and staff interviewed were aware of continuous improvement processes, and provided examples of improvements and how they had contributed.

Improvements implemented relating to management systems, staffing and organisational development include:

- To improve staff access to resident information and involvement in resident care, management has facilitated care staff access to the home’s electronic care management system. Staff training was provided to enable computer competency, and an understanding of documentation requirements and system specific skills. Additional computer hardware was purchased and a new work station was established. The majority of care staff now document in progress notes and have access to these notes to keep informed of resident progress, and changes in care needs. Evaluation has included progress note audits and feedback from staff. Staff appreciate access to progress notes particularly to track resident care following days off, and there is improved capture of resident care information. Monitoring processes have also identified that care staff work loads do not consistently enable sufficient time to document progress notes and a review of care staff work processes is now planned.
- To improve the management, training and effectiveness of volunteer services, the lifestyle coordinator developed a volunteer management program. Using the National Volunteer Management guidelines as a framework, recruitment, orientation, training and guidelines for fulfilling a volunteer role have been developed. Manual handling training is a component of the program together with a charter of mutual obligations, a volunteer application pack and a volunteer handbook. The home plans to formally launch this program during National Volunteer Week in May 2012 when evaluation of the program will commence.



## **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

There are processes for identifying and implementing required legislation, regulations and guidelines. Links to legislative update services, industrial relations organisations and registering authorities, assist the home to identify regulatory requirements relevant to Standard One. The home is managed by the local Council who also advise on requirements and contribute to monitoring processes. A regulatory compliance file records all relevant acts and guidelines, in addition to the home's on-line information library. Management meetings monitor implementation processes such as staff training, revised documentation and policies and procedures, although there are no current ongoing compliance monitoring processes. The home has processes for informing residents and stakeholders of Accreditation audits and a system for ensuring relevant staff and volunteers have current police clearances.

## **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

There are processes to identify required staff skills and knowledge and to recruit, train and maintain staff competency relevant to their roles and responsibilities. Staff recruitment and selection processes are based on minimal qualification levels and criteria documented in job descriptions. Initial and ongoing training needs are identified through legislative requirements, continuous improvement projects, performance appraisals, and training surveys. An annual training calendar is developed. Individual files record staff training and professional development activities. A dedicated training room, and technology support is available to staff and annual incentives provided to encourage staff participation. Staff attendance and evaluation records are maintained for all training sessions and attendance at mandatory sessions is documented and monitored. Training provided relevant to Standard One includes change management, a leadership course for registered and enrolled nurses and senior management and Approved Provider responsibilities for Council staff.

## **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

There are comment and complaint processes accessible to residents, their representatives and staff. Residents and their representatives interviewed indicated they are aware of complaint processes and are comfortable to raise any concerns with management. There is information on both internal and external complaint processes in the resident entry pack, resident agreement and on display in the home. The home does not have a resident handbook. Staff induction processes include comment and complaint processes and staff understand their responsibility to advocate for residents. Compliments and complaints are logged, and a register maintained on actions taken and resolution. A flow chart guides the management process although the home does not have a current complaints management

policy. Complaint trends are regularly reviewed and linked to continuous improvement where relevant. Comment and complaint processes are monitored through audits, resident surveys and benchmarking processes.

### **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

Lerwin Nursing Home has documented its Vision, Mission and Values and while these are displayed in the home's foyer there is no specific resident and staff documentation which includes this information. A quality statement outlines the home's commitment to provision of a quality service.

### **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

Residents and their representatives advised they are satisfied with the skill and approach of staff and responsiveness to their needs. Consultant advice and a review of staff ratios have assisted the home to establish base-line rosters for clinical, lifestyle and ancillary staff. Hospitality service staff are provided through contracted services. Roster vacancies and additional staff required for resident care, are provided from the home's casual pool, through part-time staff, or agency staff. Staff orientation, buddy shifts, job descriptions and work instructions for each shift, assist staff to understand their role, although there is no staff handbook or new staff information pack. While there are procedures for clinical care and management guidelines, the home's policy manual is currently under review. Agency staff induction processes include an information file and an orientation checklist. Staffing and skill levels are monitored through resident and staff feedback, incident reporting, performance appraisals and competency assessments. Staff indicated through interview that they are able to complete their tasks within allocated time and have access to sufficient information to perform their roles.

### **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 organisation has systems to facilitate the availability of an adequate supply of goods and equipment for care and services. Staff are given the opportunity to participate and provide feedback during trials of new equipment prior to purchase. There is a process for considering occupational health and safety requirements prior to purchasing new equipment. The home has a preventative and corrective maintenance program and sources external contractors when required. All electrical equipment in the home is tested and tagged in line with legislative requirements. Compliance is monitored through audits and staff and resident

feedback. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

### **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 and representatives advise they have access to required information to assist their decisions about care and lifestyle and are satisfied with the home's communication processes. Entry processes provide opportunity for discussion about the home's services assisted by an information pack. There is a range of information displayed in the home and regular resident meetings are conducted and newsletters circulated. No resident hand book is provided. Monitoring processes are reported and reviewed at regular, minuted, management and staff meetings according to an annual schedule. Not all committees have terms of reference. Newsletters, memoranda, notice boards and the home's on-line message system assist staff communication, although staff do not have access to a staff handbook. There are information technology back-up procedures and protected access to the home's data and on-line care management system. Archiving processes are managed by the Council according to legislative requirements. Staff advise they have access to required procedures and information through the on-line information library, management guidelines and work instructions. The home's current policy manual is under review.

### **1.9 External services**

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

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

The home meets this expected outcome

The home has systems to ensure external services are provided to an agreed standard and quality. Preferred suppliers are utilised and their services monitored and contracts renewed as appropriate. There is a system for management and staff to identify opportunities for improvement relating to the food, cleaning and laundry external services. Management meets regularly with the external contractor who provides this service to discuss and address any identified deficiencies. This is done in consultation with relevant staff. Other services contracted externally include some allied health, and some maintenance services. Staff, residents and representatives are satisfied with the external services provided.

## **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.

Lerwin Nursing Home has a continuous improvement framework which supports identification of opportunities for improvement related to health and personal care. Improvements are identified through resident and staff suggestions, complaints processes, meetings and surveys and education sessions. The home's clinical monitoring systems such as, 'resident of the day' processes, care review and evaluations, audits and incident reporting contribute to improvement initiatives, which are logged on the improvement register. Clinical care meetings regularly monitor clinical indicators and progress on planned improvements. Improvements implemented in clinical care include:

- To improve the efficiency of medication management processes and prompt access to required medications, the home has implemented a medication imprest system for a limited range of medications, which might need to be used at short notice. A framework for managing the system was developed by the Medication Management Committee to work in conjunction with another Aged Care Facility which uses the same contracted pharmacy service. Guidelines for using the supplied medications have been added to existing medication management guidelines and the home obtained the required licence to hold the medications. Staff were advised of the new system and guidelines through relevant meetings and memos. Feedback from staff advises that the medication supply provides prompt access to medications required for resident care in urgent situations, or when treatment requirements change and a regular supply is yet to be obtained.
- To improve processes for advanced care planning, the home implemented a 'Respecting Patient Choices' project. A registered nurse attended relevant training and coordinated the project. Base-line audits were conducted to assess staff knowledge levels, resident and representative participation and consultation, and documentation and review processes. Staff training was provided in best practice approaches to advanced care planning, and the resident entry pack revised to include relevant documentation and information to assist decision making and consultation processes. Post implementation audits indicate improved staff knowledge and practice, increased resident and family participation in advanced care planning and improved documentation. A further outcome of the project was the conduct of the home's first memorial service in October 2011 for past residents, which is now being planned as an annual event.

### **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

There are processes for identifying and implementing required legislation, regulations and guidelines. Links to legislative update services, best practice organisations, Department of Health and registering authorities, assist the home to identify regulatory requirements relevant to Standard Two. A regulatory compliance file records all relevant acts and

guidelines in addition to the home's on-line information library. Clinical Care and Medication Management Committee meetings monitor implementation processes such as staff training, revised documentation and policies and procedures. There are procedures and related documentation for managing unexplained resident absences, and the home has current licences for holding medications.

### **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

There are processes to identify required staff skills and knowledge and to recruit, train and maintain staff competency relevant to their roles and responsibilities for clinical care. Initial and ongoing training needs are identified through legislative requirements, continuous improvement projects, performance appraisals, and training surveys. Trends in incidents or required skills to provide care relevant to residents needs, advises specific training sessions or required competency assessments. In addition to scheduled and required training, staff can access the DVD library and are supported to update their qualifications. Training provided relevant to Standard Two includes medication management, wound care, palliative care, continence management and dysphagia management. Staff interviewed indicated that they have access to training to meet their needs.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

Residents and their representatives interviewed are satisfied with the way in which resident care needs are being met by staff. The home has systems and processes to ensure residents receive appropriate care and this occurs in consultation with the resident and/or their representative. This occurs informally and on a formal basis during case conferencing at least annually, with a variety of staff members and the resident and/or their representative present. Representatives are invited to participate in the case conference to discuss care plans. There is a process for obtaining information when residents enter the home which includes assessments, development of care plans, implementation and review. A care review schedule is available and these are undertaken by the clinical nurse. These occur every three months and more frequently as required. Staff confirmed they have qualifications and ongoing training to provide the care needs of the residents.

### **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

Residents and their representatives indicated that they are happy with the manner in which staff deliver specialised nursing care. The home has systems and processes that identify residents' specialised nursing care needs. Appropriately qualified nursing staff assess and implement care for residents with specialised needs. The clinical nurse, registered nurses and the clinical nurse consultant are available to guide care in the home. Residents'

specialised nursing care needs are identified through a process of observation, assessment, and reporting of issues to registered or enrolled nurses by care staff, residents or their representative. Specialised nursing care is planned, implemented and evaluated at the scheduled review time and more often as required. Monitoring occurs via audits, monitoring staff practice, incidents and resident and/or representative feedback. Staff said they receive education and have adequate resources such as policies and procedures to guide their practice.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents and their representatives are satisfied with the referral arrangements to allied health and medical practitioners. Residents’ preferred health specialists are identified otherwise they are assisted to source these as required. A physiotherapist is on site for five days per week and a podiatrist visits every six weeks. An occupational therapist now also visits at least once a week. Further allied health and related services utilised by the home are; speech pathologists, dietitian, dentists, palliative care services, mental health services and audiometry or optical services are accessed as needed. Transport and appointments are arranged by staff as required. Staff confirm they receive education to enable them to identify residents’ needs through assessment and understand the referral process.

## **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 and their representatives are satisfied with the manner in which staff manage residents’ medications. The home has systems and processes to ensure that all residents’ medications are managed safely and correctly. Assessments occur to determine the level of assistance required as well as for residents who wish to self medicate. A contract with a pharmacist assists the home in their medication management. Medications are individually packed in a blister system. These are administered by enrolled nurses. Review of residents’ medications occurs frequently and amended as required by authorised prescribers. Medications are stored and administered according to guidelines and legislation. Monitoring occurs via audits, monitoring staff practice and incident reporting. Medical practitioners monitor residents’ medications frequently. A Medication Management Committee meets where incidents, and information related to medication management are discussed.

## **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

Residents and their representatives interviewed are satisfied with the way staff identify and manage residents’ pain. Residents are assessed for pain on admission and a plan implemented in consultation with the medical practitioner and physiotherapist. The pain management plan is evaluated and reviewed regularly and as required medication is monitored for effectiveness. Interventions include medication, and alternative therapies such

as exercises, deep massage, and heat packs. Staff state they receive education enabling them to recognise symptoms of pain in all residents, including residents with cognitive deficits.

## **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

Residents and their representatives are complimentary of the palliative care provided at the home. The home has systems and processes to maintain the comfort and dignity of terminally ill residents. On admission, residents and their representatives are asked to provide information regarding their end-of-life wishes. Palliative care plans are developed at the end-of-life phase. The palliative care plan focuses on the specific needs and preferences at this time. These include aspects such as physical, psychological and religious/spiritual aspects with participation by all stakeholders. Specialist care is sought when appropriate. The home has facilities which allow representatives to remain with their family member throughout the end-of-life phase. Staff and volunteers support the resident and families during this time. Staff indicated they have the knowledge to support residents and their families during the end-of-life phase.

## **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

Residents and their representatives interviewed are satisfied that residents receive adequate nourishment and hydration. Residents are assessed on admission and regularly reviewed with plans implemented and evaluated in consultation with residents and/or their representatives. Nursing and care staff assist residents with cognitive deficits or swallowing problems, with their meals and drinks. Supplements and fortified food and drinks are commenced as required and resident weights are monitored and discussed at a weight variance committee. Residents’ have input through the residents’ meetings and can make comments and suggestions about food and drinks at the home. A dietary specific compliments and complaints form is available as well as one-to-one discussion provide other avenues for residents and/or their representatives to discuss their concerns and preferences. Staff have information to inform them about residents’ needs in relation to thickened fluids. Staff indicate they know when and how to report nutritional concerns and are able to assist residents as needed. Monitoring to ensure residents receive adequate nourishment and hydration occurs via audits, surveys, various meetings, scheduled care reviews, weights and feedback.

### **2.11 Skin care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents and their representatives are satisfied with the way staff support them to maintain their skin integrity and/or manage wounds. Skin assessments which include a risk assessment are undertaken on admission and repeated as required. Care plans reflect assessed needs and strategies include special equipment, position changes, nutritional supplements, emollients and topical medication as prescribed by the medical practitioner or the physiotherapist. Wounds are assessed, and monitored according to recommended guidelines. Complex wounds are managed by registered nurses. Referrals are made to specialists to assist in the management of complex wounds as required. Staff indicated that they are confident in wound management and have access to a variety of equipment as well as resources to guide them.

### **2.12 Continence management**

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

#### **Team’s findings**

The home meets this expected outcome

Residents and their representatives indicate that residents receive support from staff and are satisfied that their continence is managed effectively. There are systems and processes to assist staff in the management of residents’ assessed continence needs and preferences. Residents are assessed on admission and reviewed regularly with plans implemented to maintain their comfort and dignity. Continence issues are reported and residents re-assessed and changes made. Residents’ care plans include toileting regimes, aids, adequate fluids and diet, behavioural issues and level of assistance required to assist staff to provide care. Staff state they follow care plans to manage continence issues, and have access to guidance when needed.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

Residents and their representatives state that they are satisfied that other residents’ behaviours of concern are managed effectively and that these do not impact on them. Staff interaction, group and one-to-one activity and specific therapy programs encourage independence. Behaviours of concern are identified and assessed on admission. Plans are implemented in consultation with residents and/or their representatives and monitored for effectiveness. Staff have training and access to guidelines and outside agencies for advice in managing complex behaviour. Referrals occur to medical practitioners and/or specialist services as needed. Restraint is considered in consultation with the residents’ and/or their representatives and their general practitioner. Monitoring occurs via incidents, care reviews, participation in lifestyles activities, surveys and audits.



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

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

### **Team's findings**

The home meets this expected outcome

Residents and their representatives are satisfied with the way the home assists residents to achieve optimum mobility and dexterity. The home has systems and processes that support the maintenance of mobility and dexterity. All residents are assessed on admission and regularly reviewed with individual plans to achieve as much independence as possible. A physiotherapist assists with the assessment and care planning as well as implementing specialised strategies to manage pain and dexterity. Residents' needs and falls risk are assessed using a multidisciplinary approach. Exercise plans for staff to follow are developed by the physiotherapist and frequent group exercise programs occur which assists in the rehabilitation and pain management for residents. Exercise sessions are tailored to the group's abilities, aids are provided and residents are encouraged to walk and develop a safe level of independence. Staff follow care plans and feel they have support and knowledge to provide appropriate care.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

Residents and their representatives interviewed are satisfied with the oral and dental care given. The home has systems and processes in place with all residents assessed on admission and regularly reviewed. Staff are educated to monitor and provide assistance as needed and have clear guidelines in the residents' care plans. Various dental services provide care to residents at the home and in the community, according to residents' wishes. Assistance is given to make these appointments and arrange transport in consultation with residents and their representatives.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Team's findings**

The home meets this expected outcome

Residents and their representatives are satisfied with the way in which their sensory needs are identified and managed. They feel supported and their independence is encouraged. There are systems and processes for the home to identify and manage residents' sensory losses effectively. Residents are assessed on admission and regularly to plan, evaluate and review programs to manage sensory loss. Referral of residents to specialists occurs as required and residents are assisted to attend allied health services outside the home. Staff assist residents with maintaining and fitting aids which assist their sensory function. Further enhancement of senses occurs through participation in a variety of appropriate lifestyle activities.

## **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 and their representatives say they are satisfied with residents’ sleeping arrangements and are satisfied with the assistance provided by staff if residents have a problem. All residents are assessed on admission to determine what their individual sleep patterns are and a plan implemented to achieve and maintain these patterns. Care plans reflect individualised and alternative strategies which assist residents to achieve natural sleep patterns. Staff are instructed to keep noise at a low level and corridors are carpeted to ensure a quiet environment. Measures such as pain management and settling routines are also implemented to assist residents to settle.

## 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

Lerwin Nursing Home has a continuous improvement framework which supports identification of opportunities for improvement in resident lifestyle. Improvements are identified through a range of sources such as resident and staff suggestions, complaints processes, meetings and surveys and education sessions. The home’s lifestyle monitoring systems such as ‘resident of the day’, care and lifestyle reviews, case studies, activity summary reports and resident response records, contribute to improvement initiatives and revised programs. Progress on planned actions and evaluation processes are regularly monitored through lifestyle support and resident meetings in addition to the home’s quality meeting.

Improvements implemented in resident lifestyle include:

- Following resident and staff requests for increased access to pets, staff and residents discussed the opportunity to introduce a bird aviary. Birds were of interest to a number of residents in their past life. In collaboration with a range of community organisations and a local bird club, an aviary was built in the secure courtyard adjacent to the home’s secure unit. A range of birds and the required equipment for their care were donated. A review of resident behaviour patterns since the bird aviary was implemented indicates residents are less agitated, and enjoy daily interaction with and feeding the birds. Residents were observed in the external courtyard with happy expressions, engaging with the birds and conversing with staff about the birds’ antics.
- Following a critical incident, the home has developed guidelines and implemented new management processes for resident outings. Staff, volunteer and family responsibilities for supporting resident outings, have been defined, and venues used for outings have been risk assessed and approved for use. Staff supervising outings are required to have resuscitation training and a first aid kit is taken on all outings. Staff report being more confident about supervising resident outings.

### 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

There are processes for identifying and implementing required legislation, regulations and guidelines. Links to legislative update services, Local Government Regulations, Department of Health and legal advice identify regulatory requirements relevant to Standard Three. A regulatory compliance file records all relevant acts and guidelines in addition to the home’s on-line information library. Management meetings monitor implementation processes such as staff training, revised documentation and policies and procedures. There are procedures and relevant documentation for reporting and managing alleged elder abuse, security of tenure processes and relevant access for residents to external advice and advocacy services. While

there are procedures to support compliance with privacy legislation, staff do not currently sign a confidentiality 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

There are processes to identify required staff skills and knowledge and to recruit, train and maintain staff competency relevant to their roles and responsibilities to provide for residents' lifestyle. Initial and ongoing training needs are identified through legislative requirements, continuous improvement projects, performance appraisals and training surveys. Volunteers supporting lifestyle programs also receive training relevant to their role. In addition to scheduled and mandatory training, specific topics relevant to meeting residents' current lifestyle and care needs are discussed during lifestyle support team meetings. Training provided relevant to Standard Three includes doll therapy, behaviour management, elder abuse, and advanced care planning.

### **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

Residents and their representatives are complimentary about the emotional support provided by the home. Entry and pre-entry processes are provided by an admissions coordinator who orientates the resident to the home and provides a point of contact for the family. A personal welcome by lifestyle staff, buddying with other residents and regular daily visits assist residents to settle in and meet their identified emotional support needs. An emotional support plan and an individual one-to-one program are developed for each resident from a social and leisure profile and emotional needs assessments. These plans are regularly reviewed in consultation with clinical staff and the resident. Resident observation, responses to activities and interaction with staff and other residents is recorded, to monitor residents' emotional support needs. Emotional support processes are evaluated through audits, resident surveys, progress note reviews and 'resident of the day' reviews.

### **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 and their representatives said they are satisfied with the assistance the home provides to maintain their independence and links to the community. Social and leisure assessments together with mobility and sensory assessments identify residents' capacity to maintain their independence. Care and lifestyle plans include resident preferences for independent activity, community links, and any aids required. Individual and group activities are offered and may include daily newspapers, vegetable gardening, trips to the local shops, outings for meals or to attend community group meetings or church services. Processes to

support residents' independence are monitored through incident reporting and risk assessments, care, lifestyle and physiotherapy reviews, and resident surveys.

### **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

Residents and their representatives advised they are satisfied with the respect shown for residents' privacy and dignity. A social profile provides staff with cues to residents' specific cultural and personal needs in relation to privacy and dignity. Specific needs are documented in the care and lifestyle plan. These are supported by staff privacy and dignity practices such as, knocking on residents' doors, using privacy screens during daily hygiene and providing support to residents to attend to grooming needs. Resident choice for male or female staff is recorded. Residents consent to be photographed and for the use of their personal information. Private areas are available for family meetings and 'private time' is respected. Staff and volunteer induction processes include responsibility for privacy and dignity and practices are monitored through audits, resident feedback processes and care and lifestyle reviews.

### **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 and their representatives are complimentary about the support provided for participation in a range of activities both within and outside the home. A social and leisure profile and leisure and recreation assessment identifies residents' past interests and those individual past times and social activities they would like to continue. An activities plan, music therapy, and individual complementary therapy plan are documented and supported by care, lifestyle staff and volunteers. A folder in each wing of the home provides staff with information about what activities each resident likes to attend, in addition to the individual activity plans which are available in each resident's room. Varied programs are available for both male and female residents such as, beer brewing and a knitting group. Additionally there are activities which encourage socialisation with the local community such as the 'Royal Lerwin Show'. Individual resident responses, activity summary reports, resident meetings and surveys and lifestyle reviews, assist the home to monitor the effectiveness of the home's lifestyle program.

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

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

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

The home meets this expected outcome

Residents and their representatives advise they are satisfied with the home's respect and support for their cultural and spiritual preferences. A spiritual and cultural needs assessment assists the home to identify and plan for each resident's needs. Spiritual and cultural plans advise staff of residents' wishes in relation to attending church services either within the

home or community. A range of denominations attend the home to conduct services or private visits. Cultural specific requests for specific celebrations, food preferences and religious observances are planned for and communicated to relevant staff. Alternative language information is available. Cultural and spiritual support processes are monitored through resident and representative consultation, resident surveys, care and lifestyle reviews and auditing processes.

### **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

Residents and their representatives said they are supported to make decisions about care and services and are able to exercise their choice. Assessment processes identify residents' capacity to make choices and decisions about their care and lifestyle. Care and lifestyle plans include strategies to support, supervise and monitor resident safety during chosen activities and relevant to documented risk assessments. Residents and their nominated representatives are provided with information about external advocacy services and feedback processes. Residents are consulted about their preferred daily routine and daily requests are respected. Opportunity for resident input to decisions within the home is provided through 'closed' resident meetings prior to management attendance, to encourage open discussion about any issues. Choice and decision making is monitored through care and lifestyle planning and review processes, resident surveys, audits and incident reporting.

### **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

Residents advise they feel secure in their tenure. Entry processes include information on residents' rights and responsibilities which are included in the resident agreement. This agreement is reviewed regularly with legal advice. The residents' Charter is displayed in the home, together with other information on alternative sources of advice. Staff and volunteers are informed of residents' rights during induction processes. Changes to residents' care needs and the requirement for re-location within the home are made in consultation with the resident and their advocates and decisions documented.

## **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

Lerwin Nursing Home has a continuous improvement framework which supports identification of opportunities for improvement in physical environment and safe systems. Improvements are identified through a range of sources including strategic planning, resident and staff suggestions, complaints processes, meetings and surveys and education sessions. The home’s monitoring systems such as, audits, incident, hazard and accident reporting and infection surveillance contribute to improvement initiatives. Occupational Health and Safety Committee meetings, Quality and Clinical Services meetings monitor progress on planned actions and evaluation processes.

Improvements implemented in physical environment and safe systems include:

- In response to a request from a resident representative, the home has installed window tinting on windows in one wing of the home to improve resident comfort. A sitting area used by a resident and their family included a large window which faced the sun. The resident enjoyed the outlook, but the area became too hot during sunny days, which required the curtains to be drawn. The window tinting has reduced the glare and heat and the resident and their family can now use the area in comfort and are happy with the outcome.
- To improve resident safety the home has purchased new cleaning trolleys which have secure storage for chemicals. An internal audit identified the potential risk of residents accessing chemicals. A trolley with a lockable cupboard and a lid to cover the rubbish container was trialled in the home’s secure unit. Staff feedback was positive and a second trolley purchased so that all cleaning services now use the safer trolley.

### **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

There are processes for identifying and implementing required legislation, regulations and guidelines. Links to legislative update services, industrial relations organisations and registering authorities, assist the home to identify regulatory requirements relevant to Standard Four. The home is managed by the local Council who also advise on requirements relevant to occupational health and safety legislation. A regulatory compliance file records all relevant acts and guidelines in addition to the home’s on-line information library. Occupational Health and Safety Committee meetings and management meetings monitor implementation processes such as staff training, revised documentation and policies and procedures. The home has an audited food safety program and fire safety certification.

#### **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

There are processes to identify required staff skills and knowledge and to recruit, train and maintain staff competency relevant to their roles and responsibilities to provide for the physical environment and safe systems. Initial and ongoing training needs are identified through legislative requirements, continuous improvement projects, performance appraisals and training surveys. The home contracts hospitality services for catering, cleaning and laundry and the contracted company provides for and monitors their own staff training. This is done in consultation with the home and contracted staff have access to attend the home's training sessions which are of interest or a mandatory requirement. Training provided relevant to Standard Four includes infection control, fire and emergency management, and occupational health and safety.

#### **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

Residents and representatives interviewed are satisfied management and staff are actively working to provide a safe and comfortable environment consistent with their care needs. Processes include internal and external environmental audits, incident and hazard reporting, and preventative and corrective maintenance systems. Residents' rooms reflect their personal taste with personal belongings. Each resident's room is air conditioned as well as communal areas, to maintain resident comfort. The home uses some restraint and there are processes for consultation, implementation and the monitoring of residents who require this. Areas containing chemicals are secured. The safety and comfort of the environment is monitored through resident feedback, incident reporting, audits and surveys. Internal and contracted staff understand their responsibilities to maintain a safe and secure environment.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Incident and hazard reporting and workplace inspections are used to identify occupational health and safety issues. An Occupational Health and Safety Committee as well as a No Lift No Injury Committee monitor the safety of the environment. Staff attend mandatory training on correct manual handling techniques. Staff practices are monitored through incident and hazard reporting, audits and observation. Staff understand their occupational health and safety responsibilities and feel that management are actively working to provide 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

Management systems provide for an environment, which minimises fire, security and emergency risks. Fire equipment and detection systems are regularly tested and maintained by external service providers and exits are labelled and accessible. Emergency procedures and evacuation plans are available throughout the home and are re-enforced through compulsory staff training. Residents and their representatives are provided with information on their actions in the event of a fire and a resident transfer list is available. Relevant material safety data sheets are located where chemicals are stored. External doors are locked after hours and during the day exit is via security key pads. Compliance is monitored through internal and external audits, incident reporting and staff and resident feedback. Staff and residents understand their roles and responsibilities in the event of an emergency

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Residents and their representatives are satisfied with the way the home manages infections. The clinical nurse consultant is responsible for the infection control program. Catering, cleaning and laundry staff, however, is managed by an external contractor. Data related to infections are collated and trends identified with appropriate action taken. The Occupational Health and Safety and Clinical Services Committee monitor and evaluate the program. Contracted staff adopt appropriate strategies to minimise infection transmission in their work areas. Infection control training is mandatory for staff and they have access to personal protective equipment. Immunisations are available for staff, and residents' vaccination is provided in consultation with the residents' medical officer. Residents are assessed on entry to the home to determine any infections or potential of contracting infections. The home has information to assist during an outbreak and appropriate personal protective equipment is available. Staff were able to demonstrate their understanding of responsibilities related to standard and additional precautions. Audits including observations are conducted to monitor staff practice and the home's infection control 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 are satisfied with the catering, cleaning and laundry services provided in the home. The catering, cleaning and laundry services are outsourced to an external provider. Food is cooked fresh on-site seven days a week. There are processes for communicating and recording resident dietary requirements and likes and dislikes. A food safety plan is in place and the cleaning of equipment used for the preparation and storage of food is recorded as per the food safety plan. The laundry service manages all laundry and can provide labelling for resident clothing. There is a process to facilitate the return of lost clothing. Cleaning services are provided seven days a week. There are policies, procedures and work instructions provided in relation to catering, cleaning and laundry. Any suggestions from the

residents or staff are recorded on an action request form. The external contractor has processes for communicating with the management team.