



Aged Care  
Standards and Accreditation Agency Ltd

## **Margery Cole Residential Care Service**

RACS ID 3005

Matthews Crescent

TRARALGON VIC 3844

Approved provider: "Yallambee" Traralgon Village for the Aged Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 29 August 2015.

We made our decision on 11 July 2012.

The audit was conducted on 5 June 2012 to 6 June 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
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# Audit Report

## Margery Cole Residential Care Service 3005

Approved provider: "Yallambee" Traralgon Village for the Aged Inc

### Introduction

This is the report of a re-accreditation audit from 5 June 2012 to 6 June 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 June 2012 to 6 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Heather Inglis
Team members:	Mary Norman
	Gwenda Peters

## Approved provider details

Approved provider:	"Yallambee" Traralgon Village for the Aged Inc
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## Details of home

Name of home:	Margery Cole Residential Care Service
RACS ID:	3005

Total number of allocated places:	96
Number of residents during audit:	93
Number of high care residents during audit:	80
Special needs catered for:	Dementia support

Street:	Matthews Crescent	State:	Victoria
City:	Traralgon	Postcode:	3844
Phone number:	03 5132 3500	Facsimile:	03 5132 3545
E-mail address:	roslyn.hunter@yallambee.com.au		

## Audit trail

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

### Interviews

	Number		Number
Chairperson	1	Residents	9
CEO	1	Representatives	7
Operational services manager	1	Physiotherapist	1
Administration	3	Lifestyle staff	2
Team leaders and coordinators	4	Catering staff	5
Clinical supervisor	1	Laundry staff	1
Registered nurses	1	Cleaning staff	2
Enrolled nurses	1	Maintenance staff	1
Care staff	11		

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	9
Summary/quick reference care plans	6	Self administration of medication assessments	9
External contractor service agreements	6	Behaviour management care plans	9
Rosters	2 months	Diabetes management plans	10
Personnel files	9	Wound care charts	4
Resident agreements	8		

### Other documents reviewed

The team also reviewed:

- Activity calendar and participation records
- Annual report 2011 to 2012
- Appraisals register
- Audits, schedules and reports
- Cleaning schedules
- Clinical observation and management records
- Communication books and diaries
- Continuous improvement plan
- Duty statements
- Education calendar and attendance records

- Electronic care system documentation
- Essential safety measures manual
- Evacuation maps and resident lists
- Fire and emergency plan and procedures
- Fire and essential services maintenance and testing records
- Food safety external audit report
- Food safety program
- Handover sheet
- Human resource documentation
- Incident reports, trending and analysis
- Infection surveillance statistics
- Leisure and lifestyle information
- Mandatory reporting register
- Material safety data sheets
- Meeting minutes
- Menus
- Newsletters
- Nursing registration currency list
- Occupancy permit
- Opportunity to improve forms and register
- Orientation documentation
- Palliative care folder
- Policies and procedures
- Preventative and corrective maintenance program
- Resident and staff surveys
- Resident handbook
- Residents' dietary requirement information
- Residents' information package
- Risk assessments
- Self assessment report
- Service agreements and preferred supplier lists
- Short notice leave reports
- Staff and volunteer police check registers
- Staff handbook
- Staff list and designation
- Student/volunteer handbook
- Tradesmen list

- Vision mission and values statements
- Weight summary charts
- Work practice guides
- Wound folder.

## **Observations**

The team observed the following:

- Activities in progress
- Certificate of council registration for catering
- Charter of residents' rights and responsibilities on display
- Chemical storage and dispensing system
- Cleaning in progress
- Cleaning trolleys and equipment
- Clothes labelling equipment
- Cytotoxic disposal bin
- Equipment and supply storage areas
- Facility map showing evacuation points
- Fire fighting equipment, egress routes, evacuation kit and fire panel
- Hand washing sinks and signs
- Infection control outbreak kits
- Interactions between staff and residents
- Internal and external complaints information displayed
- Internal and external living environment
- Key pad entry and exit
- Laundry activities in progress
- Lifting equipment and mobility aids
- Lunch meal service
- Maintenance and equipment storage sheds
- Medication administration
- Mobility aids and equipment
- Noticeboards
- Notification to stakeholders of reaccreditation audit
- Nurses station
- Opportunity for improvement forms and post box
- Personal protective equipment available
- Pressure relief aids in use
- Sharps containers
- Storage of medications



- Wound care trolleys and supplies.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Management at Margery Cole Residential Care Service has a continuous improvement system showing improvements in management, staffing and organisational development. The system includes opportunity to improve forms, audit tools and schedules, risk assessments and feedback mechanisms to all stakeholders. Management monitor the effectiveness of improvement processes through mechanisms such as satisfaction surveys, meetings and evaluations. Management review and analyse collected information for trends, discuss with staff and action. Staff said they are involved with auditing processes and receive communication regarding the outcomes of audits and improvements required and actioned. Residents and representatives are satisfied with the home's improvement processes.

Examples of improvement in Standard 1 include:

- To ensure all continuous improvement actions are completed, evaluated and ongoing, the home has transferred all activities to an electronic system. Various evaluations have taken place and the process adjusted accordingly. The home is yet to fully complete and evaluate this improvement.
- Following a resident survey it was identified stakeholders require more information about the feedback mechanisms in the home. The home's policy and procedures, staff information booklet and new posters have been created to advise all stakeholders on how to feedback concerns and recommendations to the home. Evaluation of this improvement will occur in July 2012.
- Resulting from gaps identified in a resident survey and to ensure publication of quality activities, the home has re-instated the newsletter. The distribution of the first revised newsletter occurred in 18 May 2012 and received positive feedback.
- To provide a relevant resource for suppliers and contractors about policies and procedures in the home, management updated the supplier/contractor handbook. Feedback about the revised handbook has been positive.

#### 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

Management has systems in place for identifying and updating legislation and regulatory compliance requirements. Peak body memberships, sector network forums and external

advisers provide information on changes in legislation and regulatory compliance. Staff are informed about compliance requirements through mechanisms including meetings, memoranda, electronic mail and revised policies and procedures. Management demonstrates monitoring of compliance mechanisms such as audits, competency testing, incident reporting and observation. Staff confirmed they receive information about regulatory compliance and residents were satisfied with information given by the home about the re-accreditation visit.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 include:

- The home has a system for ensuring police checks for staff occur and remain current.
- Volunteers and external services personnel have police checks.
- The home maintains statutory declarations for staff who were citizens or permanent residents of a country other than Australia since turning 16 years of age.
- Management and staff discuss the re-accreditation visit at stakeholder meetings and displayed notices of the impending visit prominently throughout the home.

### **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

Management provide access to an education program for staff to ensure they have the required knowledge and skills to perform their roles effectively. The home identifies educational opportunities through performance appraisals, incident reports, audits, stakeholder feedback, new equipment, observation of practice, staff meetings, staff requests and in response to changing resident needs. The home has an annual education plan and additional training is included as required. Information on upcoming education sessions is available to all staff through an education calendar, memoranda, flyers, direct correspondence and newsletters. The home provides education through a variety of methods and the education program includes mandatory sessions for relevant staff. The home maintains records of attendance and session evaluations. Staff are encouraged and supported to undertake further qualifications and staff confirmed their satisfaction with educational opportunities.

Recent examples of education and training relating to Standard 1 include:

- aged care Accreditation Standards
- diploma of management
- electronic care system user training.

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

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

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

The home meets this expected outcome

Management has established a comment and complaints mechanism as part of the continuous improvement system. It is accessible to residents, representatives, staff, volunteers and visitors. Opportunity to improve forms have a section for comments and complaints and a suggestion box is located in the home to deposit these forms. Information about internal and external complaint services is accessible via information brochures including resident handbooks and resident agreements. Opportunities to improve are registered and actioned and management strives to resolve any complaints. Staff, volunteers, residents and representatives said they are encouraged to voice any feedback that may arise and feel comfortable doing so.

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

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

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

The home meets this expected outcome

The home has documented vision, mission, philosophy and values statements reflecting the organisation's commitment to quality outcomes for residents. Values are inherent in the home's documented mission. There are documented leadership statements in the resident and staff information handbooks and on display throughout the home. Line management holds a discussion about the home's vision with staff and volunteers upon commencement.

#### **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 at Margery Cole Residential Care Service expressed their satisfaction with the capabilities and staff numbers working within the home. The home has systems and processes to recruit, manage and support appropriately skilled and qualified staff. Organisational policies and procedures guide staff recruitment, orientation, rostering and staff replacement. In consultation with the home's CEO/DON, a designated staff member sets and manages rosters, reviews resident mix regularly and increases staffing levels on a short-term basis as the need arises. Staff said they have access to information about their roles and responsibilities including position descriptions and generally confirm the staffing levels are flexible and appropriate. Documentation review confirmed staff comments.

### **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

Management ensure stocks of appropriate goods and equipment for quality service delivery are available. Equipment maintenance occurs with preventative and corrective maintenance programs in place. Appropriate personnel evaluate new equipment prior to purchase. Ordering of clinical and non-clinical supplies, continence products and chemicals occurs through preferred suppliers and stock monitoring and re-stocking systems are in place. Clinical and non-clinical goods and chemicals are stored safely in secure areas. Staff, residents and their representatives indicated satisfaction with the availability of equipment and supplies and with the home's preventative and corrective maintenance 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

There are systems to support information management. Electronic information is password protected and automatically backed-up each night. Confidential information is securely stored with access restricted to authorised personnel. The home collects and analyses key information and records to inform management, staff, residents and other stakeholders and to meet legislative requirements. Management and staff provide information to residents and representatives to assist them in making informed decisions about their care and lifestyle. Management communicates information through email, telephone contact, meetings, memoranda, newsletters, noticeboards and written correspondence. Staff consult with residents and representatives about care and services as part of scheduled care reviews or more frequently as required. Residents, representatives and staff are satisfied they have access to relevant information as required.

### **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 provides externally sourced services in a way that meets the home's needs and quality goals. Management maintains a list of approved suppliers and service agreements with suppliers, external trades people and contracted service providers are in place. External services comply with legislative requirements with documentation in place to evidence this. Management address any issues relating to service provision through a regular review and evaluation process and contractors not fulfilling their obligations do not continue to provide services. Staff, residents and representatives 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 findings**

The home meets this expected outcome

The home has an established continuous improvement system showing ongoing improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of continuous improvement in Standard 2 include:

- Following a high number of medication incidents with missed signatures, the home has introduced a single dose medication system to replace the multi dose packs. Maintenance staff renovated treatment rooms to accommodate the additional stocks and the pharmacy is providing education to relevant staff. Grevillia wing implemented the system in March 2012 and management advise there has been a reduction in medication incidents with missing signatures. The home is rolling out this system into the other wings.
- Feedback from key personnel to monitor the effectiveness of non-pharmacological interventions has resulted in the physiotherapist conducting a pain clinic with selected residents. The home is reviewing non-pharmacological interventions such as heat packs and positional changes. Feedback from the medication advisory committee is the pain clinic is effective with those residents.
- Following feedback from staff, the home has initiated a schedule for labelling and battery changes for residents' hearing aids. Management have added this to the resident of the day form for staff implementation. Evaluation will occur in June 2012.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- The home has a registered nurse on day and evening shifts and rostered on or on call overnights, ensuring guidance and support for staff is always available.
- The home ensures and monitors all personnel professional registrations are current.
- The home demonstrates knowledge of its' legislative obligations in relation to medication management and storage and shows evidence relevant protocols are followed.

- An appropriately qualified person carries out specific care planning activities and care tasks. For example, a registered nurse oversees care plans of residents with high care needs.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure staff have the skills and knowledge to meet residents’ health and personal care needs. The home provides education and training through a structured education program developed according to identified needs, and covering topics relevant to this Standard. Staff said they are satisfied with the health and personal care education offered by the home. For further information refer to expected outcome 1.3 Education and staff development.

Examples of recent education and training relating to Standard 2 include:

- advanced care planning
- bowel management
- cardio pulmonary resuscitation for nurses
- catheter care
- certificate III and IV in aged care
- continence management
- diabetes management
- first aid level two
- medication administration
- pain management
- palliative care
- restraint management
- wound management.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents receive clinical care appropriate to their needs and preferences. Registered nurses, enrolled nurses and care staff complete initial assessments on each resident on entry to the home according to documented schedules. Registered nurses review care needs of residents and review care plans regularly. Nursing staff initiate reassessment of residents in response to changes in their health status and refer residents to medical officers, specialists and appropriate allied health specialists as needed. Nursing and care staff provide clinical care to residents according to their assessed needs and preferences. Nursing staff document care consultations after consulting with individual residents or their

representatives. Residents/representatives confirmed residents receive care appropriate to their needs and preferences.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

The home employs appropriately qualified staff who identify and meet residents’ specialised nursing care needs. Registered nurses assess all residents for their specialised nursing needs on entry to the home. Nursing staff consult with the resident’s medical officer and the residents and/or their representatives to ensure the timely development of the relevant care plan. Registered nurses regularly evaluate and review specialised nursing care delivered to ensure its effectiveness in meeting residents’ needs. The home has access when necessary to health specialists for assessment and management of complex care requirements. Nursing and care staff share clinical information through documentation and at handovers and staff indicated familiarity with residents’ care requirements. Resident/representatives confirmed the home is able to cater for residents’ specialised nursing care needs.

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

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

### **Team’s findings**

The home meets this expected outcome

Nursing and medical staff assess residents on entry to the home and regularly thereafter and refer residents to allied health and other health specialists based on the resident’s individual needs and preferences. Referral options include wound consultants, dieticians, speech pathologists and podiatrists. Nursing staff complete care plans that include recommendations from medical and other health specialists. Nursing staff complete regular care reviews and ensure reassessment of residents by specialists occur as necessary. Residents/representatives confirmed staff assist residents to access health specialists based on the individual resident’s needs and preferences.

## **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

The home’s systems and processes ensure staff manage residents’ medication safely and correctly. Registered nurses, enrolled nurses and medication competent personal care staff administer medications to residents from multi and single dose blister packs according to their scope of practice, legislation, regulations and documented procedures. Nursing and medical staff assess residents who wish to administer their own medication to ensure they are safe to do so and review this regularly. Residents’ medication needs are assessed by registered nurses and medical officers on entry to the home and regularly thereafter and all required information is available on medication charts to provide guidance to staff administering medication. Registered nurses, medical officers and pharmacists regularly review residents’ use of medications including the use of pain relief and sedation type



medicines. The home stores medication according to legislation including additional security for controlled drugs. There are systems to ensure a consistent supply of medications. Management monitor the administration and storage of medications through audits and the incident reporting system and the medication advisory committee reviews medication practices. Resident/representatives confirmed they are satisfied with staff management of residents' medication.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

Registered nurses and medical staff regularly review residents to ensure appropriate management of resident pain occurs. Nursing and care staff confirmed their observations of non-verbal and behavioural signs of pain are part of their ongoing individual resident assessment. A physiotherapist provides an on-site pain clinic, assesses referred residents' pain and applies pain management strategies including transcutaneous electrical nerve stimulation (TENS) and massage. Nursing and care staff provide pain relief interventions to residents based on documented assessments and recommendations that include pain relief medications, hot packs and repositioning. Registered nurses and medical staff monitor pain relief use and interventions on a regular basis. Residents/representatives reported they are satisfied with staffs' management of residents' pain.

## **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/or their representative are encouraged to discuss the resident's individual preferences regarding end of life on entry to the home and as the residents' health status alters. Registered nurses and medical staff document these preferences to ensure staff meet these needs and residents receive appropriate interventions relating to comfort and dignity. The home has a documented process to guide staff in identifying residents' end of life needs and the consultation and support process. Medical officers and registered nurses regularly assess and review the needs of palliative care residents. Appropriate equipment is available for residents receiving palliative care if required. The home encourages staff to undertake education on palliative care and has access to resources on palliative care. Staff confirmed their approach to care is maintaining comfort, dignity and respect for the choices of residents and representatives during palliative care. Two representatives interviewed confirmed staff maintain the comfort and dignity of terminally ill residents.

## **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

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Nursing staff assess nutrition and hydration needs in consultation with the

resident and/or their representatives on entry to the home. Assessment includes likes, dislikes, cultural needs and allergies relating to food and fluids. Care plans and information provided to catering staff ensure the delivery of residents' nutrition and hydration needs. Nursing staff refer residents to the dietician and speech pathologist when indicated. Nursing staff monitor residents for weight loss or gain and where appropriate provide dietary supplements and initiate referrals. Staff assist residents with meals and fluids if needed and provide texture modified diets and fluids if required. Residents confirmed staff respect their preferences and appropriate meals and fluids are available.

### **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

The home has systems and processes to ensure residents' skin integrity is consistent with their general health. Nursing staff regularly assess residents for risks relating to skin integrity and care plans are available to nursing and care staff to guide them in providing care. Management ensure staff are able to access appropriate pressure relief equipment, protective garments, wound products and diet supplements based on residents' assessed needs. Registered nurses regularly assess residents' wounds and monitor wound care provided by enrolled nurses and care staff. Dieticians and wound consultants review residents as needed. Staff confirmed access to pressure relief equipment, wound products and wound care consultants. Residents confirmed they are satisfied with the skin care provided.

### **2.12 Continence management**

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

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

The home meets this expected outcome

The home's continence management practices are effective in meeting residents' needs. Nursing and care staff assess each resident for their continence needs and preferences on entry to the home and on a regular basis. The home provides appropriate continence aids based on the resident's individual needs. Equipment such as raised toilet seats and handrails assist residents in maintaining their independence where possible. Staff confirmed they had access to equipment and knowledge of each resident's individual needs relating to continence management and they assist residents to maintain their dignity. Residents confirmed staff assisted them to manage their continence needs.

### **2.13 Behavioural management**

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

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

The home meets this expected outcome

The home effectively manages the needs of residents with challenging behaviours. Medical and nursing staff assess each resident's behavioural needs on entry to the home in consultation with the resident and/or their representative and mental health specialists when appropriate. Assessments include medication review and observations of verbal, physical

and wandering behaviours over a designated period and these inform the development of the resident's care plan. Behaviours are reviewed and strategies evaluated through the care plan evaluation process and as needs change. Nursing and care staff monitor residents for ongoing and new behaviours and communicate effective interventions to members of the care and lifestyle team. Lifestyle and care staff provide activities suited to each resident to assist in minimising challenging behaviours. The home is secure and has a dementia specific unit with access to a secure garden area with walking paths and outdoor activity area. Residents and representatives reported they are satisfied with staffs' management of the needs of residents with challenging behaviours.

#### **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

The home's staff practices achieve optimal levels of mobility and dexterity for all residents. Nursing staff and a physiotherapist assess residents on entry to the home and ongoing for their individual needs and risks relating to mobility, dexterity and rehabilitation. Nursing staff regularly review individual resident falls risk assessments and falls prevention strategies. A physiotherapist assesses residents for their individual needs relating to exercise activities, level of assistance and need for assistive devices such as walking aids. Nursing staff refer residents to the physiotherapist when a resident's mobility needs alter or following a fall; care plans reflect individual interventions. Regular exercise programs are available to residents to assist with maintaining mobility and dexterity. Residents confirmed they are satisfied with the home's physiotherapy services and assistance provided by staff to mobilise.

#### **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

Staff practices support the maintenance of residents' oral and dental health. Nursing staff assess residents' oral and dental health on entry to the home and ongoing and identify their needs in the care plan. Nursing and care staff assist residents to maintain their oral and dental health based on the resident's individually assessed needs and preferences. This includes assistance with brushing teeth and denture care if needed. Nursing and medical staff assess residents if any oral and dental health concerns arise and refer to a dental service or the resident's own dentist. Residents and representatives confirmed staff assist residents with oral hygiene care and to access dental services.

#### **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

The home's systems and processes ensure effective management of residents' sensory losses. Nursing staff assess residents' taste, touch, sight, smell and hearing following entry to the home and the assessments inform the development of care plans. Residents' care

plans include special needs for ongoing maintenance of sight and hearing aids. Staff schedule regular eyesight and hearing checks for residents with visiting services or the individual resident's provider of choice and assist residents to attend appointments if needed. The home is well lit with clear signage and secured outdoor garden areas including water features. The activity program includes group and individual sensory stimulating activities. Staff are aware of residents' individual needs and assist residents who require help with sensory aids. Residents/representatives confirmed they are satisfied with the support residents receive to manage their sensory loss and aids.

## **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

Nursing staff assess residents for their individual needs and preferences relating to sleep to assist them to maintain or achieve natural sleep patterns. Staff confirmed they provide snacks and supper as per resident requests and needs and maintain individual resident settling routines. Nursing and medical staff assess residents to determine appropriate use and effectiveness of medications and other strategies for sleep promotion. Medical staff regularly review residents requiring medications for sleep promotion. Residents confirmed the home is quiet at night and they are generally able to sleep well. They said staff provide assistance when needed such as toileting, pain relief and warm drinks.

## **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

The home actively pursues improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 3 include:

- Following an audit on restraint which identified a lack of documentation, the home has developed a ‘use of restraint’ policy and communicated this to all staff. Evaluation is yet to occur.
- Feedback from residents and stakeholder about the resident handbook being out of date has resulted in the home developing a separate resident information booklet and resident handbook. Residents are positive about the new handbook.
- To cater for the range of cultures in the home, staff are in the process of developing a cultural kitchen. Currently it contains a coffee machine and lifestyle staff provide brewed coffee each morning for the Italian and Greek residents. Residents are very happy with this initiative.
- Feedback from residents about the orientation process has resulted in initiation of a more formalised process. Lifestyle staff now have a more active role in welcoming and greeting new residents. Informal feedback from residents is positive.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- The home has processes to manage compulsory reporting obligations and to educate staff in recognising and responding to circumstances that may require mandatory reporting.
- On entry to the home, management provides each resident with a resident service agreement that specifies provision of care and services, residents’ rights and responsibilities and fees and charges.
- The home provides residents with goods and services in line with requirements of The Aged Care Act 1997 Specified Care and Services.

### **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

Staff have the knowledge and skills to support and enhance the individual lifestyle and needs of residents. Staff report satisfaction with the education offered by the home in relation to resident lifestyle. We observed staff applying appropriate skills and techniques in engaging residents in a range of activities. For further information refer to expected outcome 1.3 Education and staff development

Examples of recent education and training relating to Standard 3 include:

- certificate IV in leisure and health
- choice and decision making
- cultural and spiritual needs
- dementia and recreational conference
- elder abuse
- guardianship and administration
- privacy and dignity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home supports residents to adjust to life in their new environment and provides emotional support on an ongoing basis. Prior to coming to the home the resident and their representatives are informed about the home, services available, their rights and responsibilities and information about relevant fees and charges. On entry the resident is orientated to their room, the environment and amenities and introduced to other residents. Lifestyle staff ensure new residents are aware of the activities program and commence assessments capturing social, cultural and spiritual histories. Pastoral care workers and community visitors are available to support residents and the home refers residents and their representatives to advocacy and counselling services as required. Residents said staff are supportive and caring.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home supports residents to remain as independent as possible and to maintain friendships, family connections and community links. Staff assess residents on entry

regarding individual requirements to support independence and care plans are developed and reviewed regularly. The home promotes residents' independence with mobility and sensory aids and equipment and the provision of an appropriate living environment. The home has an integrated approach to clinical and lifestyle support ensuring strategies to support independence are personalised and goal directed. Visitors are welcomed and staff assist residents to engage in community activities. A bus is available to facilitate community visits. Staff monitor residents' involvement in the activities program and in undertaking activities of daily living and identify if additional assistance is required. Residents said the home supports their independence and they are satisfied with the support and assistance provided.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home ensures staff support and respect each resident's right to privacy and dignity. Staff receive information about privacy, dignity and confidentiality during orientation and as part of the home's ongoing education. We observed staff interacting with residents in a respectful manner. Residents are encouraged to personalise their rooms with their own belongings. The home manages documentation securely and staff hold confidential conversations in private. Residents said staff knock and request permission before entering bedrooms and residents are satisfied staff treat them with respect.

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

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

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

The home meets this expected outcome

The home encourages and supports residents to participate in a range of interests and activities relevant to their individual preferences. Lifestyle staff assess residents' past and present leisure interests in consultation with residents and their representatives. The home maintains personalised lifestyle needs and preferences in each resident's care plan and review occur on a scheduled basis. Activities cater for the needs of residents with physical, sensory and cognitive deficits with additional support provided for residents with dementia. Lifestyle staff maintain attendance and participation records and evaluate activities and special events on an ongoing basis. Residents and representatives have input into the program through meetings, surveys and direct feedback. The home reviews the lifestyle program in response to resident and representative feedback. The activities program incorporates all departments of the home with involvement from clinical, care staff and hospitality staff. Residents confirmed a variety of activities of individual interest is available to them.

### **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

The home provides services in a manner that values and fosters residents' cultural and spiritual lives and supports individual interests. The home identifies residents' cultural and spiritual needs on entry and documents these in each resident's care plan. Residents are encouraged to celebrate days of significance and local churches conduct regular religious services in the home. The home also supports residents to attend external community services of their choice. Cultural training and resources are available to staff and interpreter services are available if required. The home's hospitality services provide culturally specific meal choices upon request. Staff are sensitive to residents' cultural and spiritual needs and demonstrate knowledge of individual residents' requirements in this regard. Residents are satisfied with the way staff acknowledge and respect their cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home supports residents to exercise choice and control over their lifestyle. Upon entry to the home staff support residents to identify their care and lifestyle preferences. Staff document in care plans and regularly review resident choices regarding care and support. Residents are encouraged to express their wishes through residents' meetings, individual consultation, surveys, the 'opportunity for improvement' process and an 'open door' policy. The home documents powers of attorney and alternative decision makers for relevant residents. Information about advocacy services is available to residents and representatives. Information on residents' rights and responsibilities is contained in the resident handbook and residential agreements. The Charter of residents' rights and responsibilities is on display in the home. Staff confirmed they support residents to make choices and decisions about their daily routine. Residents said they have opportunity to make choices and decisions about their life at the home.

### **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 have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management provide residents and representatives with information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms prior to entry. The home documents this information in the resident handbook and residential agreement. The Charter of residents' rights and responsibilities is on display in the home. The home informs staff about residents' rights and responsibilities, security of tenure and elder abuse through policy, orientation, the staff handbook and ongoing education. Management consult individually with



residents and their representatives if there is a need or request for a resident to move from one room to another. Residents said they feel secure in their 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 findings**

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 4 include:

- Following staff feedback, the home has engaged external contractors to update internal and external emergency signage. Evaluation is yet to occur.
- A resident survey indicated residents were unhappy about the meal service. The home has sent letters to residents and their representatives inviting them to meet with the chef to discuss concerns and resolve issues. Management have documented the issues on opportunity to improve forms with proposed actions recorded on the electronic continuous improvement system. Evaluation will take place in September 2012.
- A recent resident survey indicated residents wanted improvements in the meal service including more meal choices, meals delivered on time and improved presentation of meals. The manager of the external catering company has attended resident meetings and individual meetings with other stakeholders. The company has appointed a new chef/manager who will commence in June 2012 after which evaluation of the changes will occur.
- Residents stated their displeasure with the plastic fruit bowls provided by the home. Staff purchased stainless steel contemporary bowls for the fruit and residents stated they are happy with the new bowls.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- The home has a food safety program.
- Fire equipment is maintained and regularly checked and staff are trained in fire and emergency procedures.
- Management has systems and processes to actively promote occupational health and safety.
- Chemicals are stored safely in secure areas and the home maintains a chemical register.

- Material safety data sheets are on display near stored chemicals.

#### **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

Staff have the knowledge and skills to provide a safe and comfortable environment for the quality of life and welfare of residents, staff and visitors. Staff reported satisfaction with the education offered by the home in relation to the physical environment and safe systems. We observed staff applying appropriate skills and knowledge in their work areas. For further information refer to Expected outcome 1.3 Education and staff development

Examples of recent education and training relating to Standard 4 include:

- certificate III in health services cleaning
- certificate IV in horticulture and gardening
- fire extinguisher training
- fire panel operations
- fire warden training
- lifting machine training
- occupational health and safety
- stress management
- working at heights.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The management of the home is actively working towards providing a safe and comfortable living environment for all residents. Resident accommodation consists of single rooms with ensuites or single rooms with external shower rooms; residents are encouraged to personalise their rooms. The home has systems which are effective in hazard identification, general maintenance and environmental safety issues. The environment is comfortable, relaxed and surrounded by well-maintained gardens. We observed a clean living environment with minimal noise or disruption throughout the home. Residents and their representatives are satisfied with the security and comfort 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 findings**

The home meets this expected outcome

The home has effective systems to provide a safe working environment in a manner that meets regulatory requirements. The home implements risk management procedures overseen by the home's occupational health and safety committee. The home provides staff with education, equipment and supplies to employ safe work practices. Maintenance staff implement a system of routine and preventative maintenance to maintain the safety of equipment and fabric. The home ensures staff are aware of their health and safety responsibilities through meetings, documented procedures, education and the orientation process. Staff provide feedback about workplace health and safety issues using incident reports, maintenance requests, opportunity to improve forms, meetings and through direct feedback to management, health and safety representatives and the occupational health and safety administration officer.

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

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

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

The home meets this expected outcome

The home has emergency management systems and actively works towards ensuring a safe living environment. Emergency and evacuation plans are located throughout the home with clearly signed emergency exits which are free from obstructions. Fire training occurs bi-annually for all staff and it is compulsory staff attend a session; in addition the home runs mock fire drills and completes fire management competencies. The home has contracted with an external service provider to ensure scheduled maintenance and inspection of emergency equipment. The home is equipped with fire-fighting equipment including break glass alarms, fire and smoke doors, fire blankets, smoke alarms, extinguishers, evacuation packs and sprinklers. Residents leaving the home for appointments or social outings are required to sign in and out and staff confirmed the emergency management systems of the home and felt comfortable with the level of education provided.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home implements an effective infection control program consistent with relevant government guidelines. The home has procedures to identify and manage individual infections through clinical assessment, treatment and monitoring. Clinical management maintain an infection control register to enable identification of potential and actual outbreaks. Equipment and procedures are in place to prevent the spread of infection and to respond to any identified outbreaks. The home implements a food safety program that an external provider audits annually. Cleaning and laundry systems are consistent with infection control guidelines. The home provides staff with education about infection control procedures as part of orientation and annual mandatory training. We observed staff demonstrating an awareness and knowledge of appropriate infection control practices relevant to their duties.

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

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

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

The home meets this expected outcome

The home provides hospitality services in a manner that enhances residents' quality of life and the working environment for staff. Effective systems ensure transfer of relevant information from the care planning process to hospitality services. A contracted catering company prepares meals fresh at the home incorporating resident's likes, dislikes, special dietary requirements and food allergies. A rotating seasonal menu is prepared in consultation with qualified dieticians. Documented cleaning procedures are in place and we observed the home to be clean and free of odour. The home provides residents with an on site laundry service for personal items seven days per week and has effective systems to minimise lost property. Linen is regularly laundered offsite and staff confirmed there are adequate supplies of clean linen. Residents are generally satisfied with the home's hospitality services and provide feedback through meetings, surveys and day-to-day communication with hospitality staff.