



Aged Care  
Standards and Accreditation Agency Ltd

## **Marycrest Hostel**

### **Approved provider: St Vincent's Health & Aged Care Limited**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 17 November 2014. We made the decision on 20 September 2011.

The audit was conducted on 22 August 2011 to 24 August 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

Home's name:	Marycrest Hostel				
RACS ID:	5078				
Number of beds:	157	Number of high care residents:	80		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• N/A</li> </ul>				
Street/PO Box:	411 Main Street				
City:	KANGAROO POINT	State:	QLD	Postcode:	4169
Phone:	07 3240 1202		Facsimile:	07 3391 3449	
Email address:	john.bennett@caritascaare.org.au				

### Approved provider

Approved provider:	St Vincent's Health & Aged Care Limited
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### Assessment team

Team leader:	Jordan Toomey
Team member/s:	Mary Tattam
	Lynne Hill
Date/s of audit:	22 August 2011 to 24 August 2011

**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

**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

**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

**Principle:**

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Site Audit Report

Marycrest Hostel 5078

411 Main Street

KANGAROO POINT QLD

Approved provider: St Vincent's Health & Aged Care Limited

## Executive summary

This is the report of a site audit of Marycrest Hostel 5078 from 22 August 2011 to 24 August 2011 submitted to the Accreditation Agency.

## 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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 22 August 2011 to 24 August 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 3 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:	Jordan Toomey
Team member/s:	Mary Tattam
	Lynne Hill

## Approved provider details

Approved provider:	St Vincent's Health & Aged Care Limited
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## Details of home

Name of home:	Marycrest Hostel
RACS ID:	5078

Total number of allocated places:	157
Number of residents during site audit:	150
Number of high care residents during site audit:	80
Special needs catered for:	N/A

Street/PO Box:	411 Main Street	State:	QLD
City/Town:	KANGAROO POINT	Postcode:	4169
Phone number:	07 3240 1202	Facsimile:	07 3391 3449
E-mail address:	john.bennett@caritascaare.org.au		

## Audit trail

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

### Interviews

	Number		Number
Care centre manager	1	Residents	24
Aged care supervisor	1	Care staff	7
Registered nurses	4	Physiotherapist	1
Enrolled nurses	1	Physiotherapy aide	1
Clinical supervisors	2	Cleaning staff	2
Work place health and safety officer	1	House keeping supervisor	1
Fire safety officer	1	Facility managers	2
Lifestyle staff	4	Administration officer	1
Pastoral support officer	1	Volunteer	1
Medical officer	1		

### Sampled documents

	Number		Number
Residents' clinical files	19	Medication charts	26
Personnel files	5		

### Other documents reviewed

The team also reviewed:

- Action plans
- Assessment schedules and assessments
- Audit schedule
- Behaviour records
- Cleaning records
- Cleaning schedule
- Comments / complaints / suggestions forms
- Comments and complaints register
- Communication diaries
- Competency assessments
- Completed audits and surveys
- Confidentiality agreements
- Controlled drug register
- Diabetic urine and glucometer testing records
- Documented food preferences
- Duty lists
- Education attendance records
- Education calendar
- Electronic communications
- Emergency contact numbers
- Emergency procedures

- Evacuation plans
- Food charts
- Handover sheets
- Hazard reports
- Hazardous chemical register
- Imprest lists
- Incident data collations / summaries
- Infections register
- Job specifications
- Lifestyle assessments
- Lifestyle profiles
- Lifestyle/activities program
- Maintenance records (preventative maintenance and maintenance request)
- Maintenance service reports
- Mandatory education register
- Mandatory reporting documents
- Material safety data sheets
- Measured fluids “intake and output” records
- Medication change communication record
- Memoranda
- Menus
- Minutes staff and resident meetings
- Mission, vision and values statement
- Monthly infection reports
- Monthly occupational health and safety reports
- Nurse initiated medication list
- Observation charts
- Orientation program
- Outbreak management information
- Outbreak tracking forms
- Performance appraisals
- Police check register (staff, volunteers and external providers)
- Policy and procedures manuals applicable to all standards
- Preferred supplier list
- Privacy statement
- Procedure flowcharts
- Procedure for medication changes
- Purchase orders
- Record of fire drill
- Records of skin tears and pressure areas
- Resident agreements
- Resident bowel records
- Resident evacuation list
- Resident turning charts
- Resident weight records
- Resident welcome packs
- Restraint monitoring records
- Risk assessment – hazardous substances
- Risk assessments
- Rosters
- Staff handbook
- Staff registrations
- Subcutaneous infusion checks list



- Task timetable – cleaning operator
- Temperature monitoring records
- Treatment charts
- Weight records
- Works/repair request register
- Wound management documentation

## **Observations**

The team observed the following:

- Activities in progress
- Anti-bacterial gel displayed
- Charter of residents' rights on display
- Chemical storage area
- Cleaning in progress
- Clinical supplies and storage areas
- Colour coded equipment
- Emergency exits and assembly areas
- Equipment and supply storage areas
- Evacuation plans
- Facility bus
- Fire fighting equipment, signed, tested and tagged
- Hairdresser facilities
- Hand washing facilities
- Information storage areas
- Interactions between staff and residents
- Internal and external living environment
- Linen supplies
- Meal service
- Medication administration
- Medication storage
- Mobility/dexterity aids
- Morning and afternoon refreshment
- Notice boards and information displayed
- Outbreak management kits
- Palliative care trolley and equipment
- Personal protective equipment in use
- Resident laundry
- Resident lifting equipment
- Residents assisted with meals
- Residents' mail delivery processes
- Sharps containers
- Shift handover
- Spill kits
- Staff practices

## **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

Marycrest Hostel (the co-located home) identifies opportunities for continuous improvement, in particular in management systems, staffing and organisational development using improvement forms, surveys, audits, resident and staff meetings, incident /hazard reports, staff appraisals, comments/complaints mechanisms and one on one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes in a timely manner.

Examples of recent improvements relating to Standard One include:

- The home has introduced an electronic learning programme designed for staff to undertake self learning packages. Management stated this initiative is very new and has not been evaluated for its effectiveness; several staff have already begun to use the program and have given positive feed back.
- As a result of a corporate initiative new uniforms have been designed and are currently being rolled out at the home. Sixty percent of uniforms have been rolled out and management hope to complete the program by September 2011. Staff reported they are satisfied with the new uniforms. Residents reported they are able to distinguish between the staff by their uniform colours.
- Management identified the need to improve data accessibility at the home and has had new data cabling installed through out the home. Management reports that as a result they have been able to set up a resident internet café in the library and residents are able to have foxtel installed in their rooms if they choose to. Residents stated they are satisfied with the new computers and are participating in the computer classes offered to them by students from the local high school. The team observed residents to be using the computers through out the three day audit.

### **1.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard One, through the organisation’s intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings;

requirements are implemented via new or revised work schedules, protocols and guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices. Processes are in place to monitor staff awareness and compliance with relevant legislation and these include: performance appraisals, competency audits, training questionnaires and education. Key personnel and head office monitor relevant staff and volunteers' police checks and registrations. There is a system in place to ensure residents and their representatives are informed of accreditation audits.

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

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

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

The home meets this expected outcome

The home provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance appraisals. Rostering strategies are used to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time or staff are remunerated for attendance outside working hours. Key personnel maintain records and use a program to monitor staff attendance at these sessions; measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents/representatives and other stakeholders have access to the organisation's internal complaint processes. Information relating to internal and external complaint mechanisms is provided through the welcome pack, discussions at resident's meetings and in brochures displayed in the home. Management has an "open door" policy for residents wishing to use a less formal approach and comments forms are readily available and completed by staff on behalf of residents if necessary. Residents/representatives have the opportunity to raise issues of concern through satisfaction surveys and at case conferencing meetings. The Care Centre Manager is responsible for all complaints, logging and monitoring these through to completion ensuring feedback is provided with further review conducted as required. Staff indicated they are aware of the process in dealing with residents/representatives who approach them with a complaint. Residents/representatives indicate through surveys and resident meetings that they are satisfied with their access to complaints mechanisms and that issues raised are dealt with appropriately.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has documented its commitment to quality throughout the service and the organisation's vision, values, philosophy and objectives; these are outlined in organisational documents including the resident handbook and displayed throughout the home. Residents and representatives are aware of the home's vision, values, philosophy and objectives.

### **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

There are processes for the recruitment and selection of appropriately qualified and skilled staff. Staff roles are outlined in position descriptions which are reflected in work schedules; orientation processes ensure a shared understanding of the home's philosophy and vision, residents' rights and responsibilities and other relevant policies and procedures. Staffing levels and skills mix are monitored using, but not restricted to, an organisational matrix, information from residents, staff and key personnel feedback and the monitoring of residents' care needs. A base roster is maintained with flexibility to increase hours as required. Planned and unplanned leave is covered by internal staff and external agency staff. Staff performance is monitored and there are annual performance appraisals and agency staff are orientated and monitored for performance. Performance management and mandatory training requirements ensure consistency in the quality of service provision and these are undertaken as per the home's procedures. Residents/representatives are satisfied with the ability of staff to provide appropriate care and services in a timely manner.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has processes to identify, maintain and purchase appropriate goods and equipment for the delivery of services. Service agreements include provision for feedback and replacement when goods or services are unsuitable. Management, maintenance and workplace health and safety personnel ensure that equipment is suitable for its intended use. Minimum stock levels are maintained across all areas of the home in consideration of variations in staff and residents' requirements. A preventive maintenance program ensures equipment is serviced and maintained according to manufacturer's recommendations. Staff and key personnel have procedures/authority to repair equipment and goods as necessary and have access to emergency contacts for urgent and after hours repairs. Residents and staff are satisfied that they have access to a consistent supply of stock and suitable equipment to meet their needs.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

There are systems in place to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files which are password protected and backed up regularly, or in locked cabinets and offices and can be accessed by those staff with the authority and need to do so. Staff files and residents' financial files are stored in locked cabinets in the administration offices, and residents' clinical files are securely stored in the nurses' stations. Staff report they have access to and timely communication of relevant information through policies and procedures, duty statements, handover processes, email, communication books, memos, meetings and verbal communication. Organisational policies and procedures direct staff in the process to follow for archiving residents' information.

## **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 a list of selected external providers with service agreements to ensure their compliance with the home's quality, workplace health and safety and legislated requirements. Arrangements are in place to ensure alternative and after hour's availability as needed. Key personnel monitor the activities of external providers; a register of scheduled servicing is used to track and ensure requirements are being met as planned. Service agreements are reviewed as required with input from relevant stakeholders. A list of external providers is accessible to staff who can obtain authority to contact these providers when issues occur. Resident and staff feedback identified external services are maintained to ensure a standard that meets their needs.

## **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 co-located home identifies opportunities for continuous improvement in health and personal care using improvement forms, surveys, audits, resident and staff meetings, incident /hazard reports, staff appraisals, comments/complaints mechanisms and one on one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes.

Examples of recent improvements relating to Standard Two include:

- Management identified that the crushing of medications was not always consistent and made noise that disturbed residents during resting periods. This was addressed by the purchase of a dedicated medication crusher. Management report this initiative has resulted in the uniformity of crushed medications and residents are no longer disturbed. Residents stated they are satisfied with their medication management.
- As part of a general practitioner group initiative the home was selected to participate in a falls prevention program. Management reports this three month program was so successful it has been adopted by the home and is being continued under the direction of the home's full time physiotherapist. Trending and analysis indicates a noticed improvement in resident's dexterity and a twenty seven percent reduction in falls.
- As part of a general practitioner group initiative the home was selected to participate in a visiting dental program. Management reported all residents who wished to participate in the program have been reviewed. A review of documentation indicates residents have been assessed by the visiting dentist and treatment for individual resident needs is occurring. Residents report satisfaction with their oral and dental care.

### **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

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Two, through the organisation's intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised work schedules, protocols and guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices. Processes are in place to monitor staff awareness and compliance with relevant legislation

and these include: performance appraisals, competency audits, training questionnaires and education. There is a system in place to meet reporting requirements for residents who abscond. Staff feedback demonstrated knowledge of their legislative responsibilities.

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

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

#### **Team’s findings**

The home meets this expected outcome

The home provides an education program for staff based on identified clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance appraisals. Rostering strategies are used, to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including health and personal care, can be attended in work time or staff are remunerated for attendance outside working hours. Key personnel maintain records and use a program to monitor staff attendance at these sessions and measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents are satisfied with the support of registered and care staff and indicated that their individual clinical care needs are known by staff and attended to in a timely manner. The clinical care system is overseen by the Aged Care Supervisor who is supported by registered and care staff. The home receives additional clinical support by the facilities and staff of a co-located hospital. Assessment and re-assessment processes identify the initial and ongoing care needs of residents and inform care planning interventions. Care plan reviews occur on a three and six monthly basis or in response to a change in a resident’s health status. Consultation and referral processes ensure residents, their medical officer and other health professionals have input into the development of care interventions that meet the individual needs of residents. Communication processes are in place to ensure that staff providing care are informed of the current needs of the residents. Monitoring mechanisms include the conducting of audits, monitoring of staff practices and the collection and analysis of clinical incident data.

### **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 with specialised nursing care needs indicated satisfaction that their individual care needs are identified and undertaken by appropriately qualified staff. The specialised nursing care needs of residents are identified on entry to the home and as indicated for existing

residents as their health status changes. Individual care plans and treatment regimes are developed and completed following the provision of care. Registered nurses oversee and undertake the delivery of specialised nursing care under the direction of the resident's medical officer, other health professionals and with the support of care staff. Specialised nursing care provided at the home meets the needs of those residents who require diabetes, catheter and chronic wound management. Other health professionals and specialised equipment are accessed when a need is identified and relevant education provided to staff.

## **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 are satisfied that they are referred to other health professionals when this is requested or indicated by a change in their health status. The home has processes in place to ensure that residents receive appropriate health specialist referral in accordance with their needs and preferences. Allied health professionals that attend the home include the physiotherapist, speech pathologist, podiatrist and dietician. Residents required to attend external appointments are assisted by the home to their consultation if family are unable to assist. Visiting health professionals document in the residents' progress notes, care plans are updated by registered staff and care staff informed of any changes in care interventions.

## **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 are satisfied with the management of their medications, as well as with the assistance and support provided. Medication orders are prescribed by medical staff and dispensed by pharmacy services. Registered staff are responsible for the administration of residents' medications. Medication charts reflect identification, allergies and specific administration instructions where indicated. Medications are stored safely and staff are able to access urgent prescribed medications after-hours through the pharmacy and medication stock stored on site. Both medical and pharmaceutical reviews are conducted to review residents' medications. Residents who wish to self medicate are assessed on entry to the home and monitored for competency. The safety of the medication management system is monitored through routine medication audits, the analysis of medication related incidents and observation of staff practices.

## **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 who require pain management indicated satisfaction with pain relief interventions and the assistance of staff. The home has processes in place to identify the pain management needs of residents and implement interventions to maintain their comfort. The home has a multi disciplinary pain management approach that includes interventions attended by the physiotherapist and physiotherapy aide. Pharmacological and non-



pharmacological interventions are used, and this includes massage, repositioning and the application of heat packs. The effectiveness of PRN pain relief medications is monitored and documented and frequent administration reviewed. Staff are aware of the signs and symptoms that residents may display that might indicate they are experiencing pain or discomfort and their reporting responsibilities.

## **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 reported that staff are attentive and supportive during periods of being unwell. The home has processes in place to maintain the comfort and dignity of terminally ill residents. Residents’ end of life wishes are identified on entry to the home or at a time that is suited to the resident and/or their representative/s. The home has access to external palliative care services for support and resources if required. Specialised equipment to maintain residents’ comfort at this time is available and processes are in place to ensure staff are competent in its use. Residents’ cultural and spiritual preferences are respected and spiritual support is provided if this is the resident’s request.

## **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 indicated they are satisfied that they receive adequate food and fluids. The home has processes in place to identify residents’ individual dietary needs and preferences on entry to the home and an ongoing basis. Communication processes between nursing and catering staff are effective in the transference of residents’ nutrition and hydration information and the provision of appropriate textures and diets. Residents are regularly weighed and residents with significant weight discrepancies are reviewed, care plans are modified and interventions (including supplements, textured or modified diets and more frequent weighs) for weight loss or gain are implemented. Residents are referred to their medical officer, speech pathologist and/or dietician for assessment when the need is identified. Staff are trained in the provision of texture modified meals and thickened fluids and staff practices are monitored by key clinical personnel. The effectiveness of nutrition and hydration is reviewed during care plan review, resident feedback, through audits and surveys.

## **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 are satisfied with the assistance provided to maintain their skin integrity. Residents’ skin integrity and risk factors are assessed on an ongoing basis and care interventions direct staff practice. Preventive measures implemented include the application of moisturisers, limb protectors, specialised equipment (mattresses and chairs) repositioning,

high protein diets where risk indicates, and staff training in safe and correct manual handling procedures. Moisturising products are available for residents and applied by care staff for those residents requiring assistance. Registered and enrolled nurses are responsible for monitoring staff practices and care staff are aware of interventions to protect and maintain the skin integrity of residents.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

Residents indicated satisfaction with the management of their hygiene requirements and that staff maintain their privacy when attending to their continence needs. The continence needs and preferences of residents are identified through the use of focused assessment which considers the residents’ normal toileting patterns. Care plans are developed that reflect individual management strategies to guide staff practice. Strategies include scheduled toileting, implementation of continence aids, maintaining hydration and bowel management regimes including, if required, dietary intervention and, following medical officer’s referral, pharmacological aperients or bulking agents. Documentation supported bowel management regimes are followed and appropriate interventions implemented. Processes are in place to ensure residents are provided with an adequate supply of appropriate aids to meet their individual needs. Staff demonstrated an awareness of residents’ individual continence requirements.

## **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 indicated that their privacy and rights are not compromised by other residents residing at the home. The home has processes in place to identify and meet the needs of residents with challenging behaviours. Monitoring processes assist with the identification of triggers for behaviours and effective interventions. Individual care planning is undertaken by registered staff and consideration is given to factors that may contribute to a resident exhibiting a challenging behaviour. The daily social and activity program at the home supports behavioural management interventions. External regional mental health services are involved in the management of residents with complex behaviours and provide support for staff when this is required. Staff demonstrated an awareness of individual resident’s behaviours and the interventions required.

## **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 with identified mobility and dexterity issues are satisfied with the exercise programs and the assistance provided to optimise their mobility and dexterity. The home has processes in place to optimise residents’ mobility and dexterity. All residents are assessed by

a registered nurse and physiotherapist on entry to the home and on a regular basis through three monthly and six monthly review processes or as needs change. The physiotherapist is assisted by a physiotherapy aide who attends to residents on an individual basis to implement their individual passive/active exercise program. Mobility and dietary assistive aids are provided for residents as required. Monitoring mechanisms include the analysis and trending of residents' falls data, audits and monitoring of staff practices.

### **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 are satisfied with the assistance provided by staff in relation to the maintenance of their oral health and dental needs, and access to oral care supplies. Residents' dental history, preferences relating to management of their teeth and dentures and other oral/dental care needs are identified on entry to the home through interview and assessment of their oral health status. Care staff monitor residents' ability to self manage their oral care and provide assistance when required. Registered staff co-ordinate residents' referral to dental services when the need is identified and transport is arranged to enable residents to attend external appointments. Equipment to meet residents' oral hygiene needs is provided to residents.

### **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 with identified sensory loss are satisfied with the individualised management strategies and the assistance provided by staff. Resident's care needs and preferences in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs, and are linked where indicated with other relevant care plans such as hygiene and leisure activities. Residents are referred to specialists including audiologists, optometrists and speech pathologist as needs indicate and in consultation with the resident and/or their representative/s. Processes are in place for the cleaning, storage, repair and replacement of sensory 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

Residents indicated that they sleep well and are satisfied with the assistance staff provide during the night when this is required. Residents' normal sleep patterns and assistance required to achieve natural sleep are identified and assessed in consultation with the resident and/or their representative/s. Care strategies are developed, communicated to staff and implemented in response to residents' needs and preferences. Staff provide assistance when residents have difficulty sleeping which includes refreshment, the attendance to hygiene cares and re-positioning if required. The home provides an environment that assists residents to settle such as appropriate lighting and temperatures.

## **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 co-located home identifies opportunities for continuous improvement in resident lifestyle using improvement forms, surveys, audits, resident and staff meetings, incident /hazard reports, staff appraisals, comments/complaints mechanisms and one on one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes.

Examples of recent improvements relating to Standard Three include:

- Staff identified the need for a private men’s area for male residents to meet. In consultation with male residents an area was chosen and management are in the process of procuring an eight ball table and dart board. Management report approximately 20 men participate in the co-located monthly men’s group.
- Activity sessions titled “Music to massage your soul” as well as “afternoon classics” have been added to the monthly program as a result of feedback gathered from resident surveys in 2011. Residents report they enjoy the music and staff have observed that attendance continues to increase.
- To enhance interaction between the residents of Lillian Cooper and Marycrest, the lifestyle department has purchased appropriate drinking cups for thickened fluids as well as implemented processes to ensure accurate and current dietary information is available to staff in the activities room. This has enabled more residents with special needs to join the wider activities program in Marycrest; the team observed that many frail residents from Lillian Cooper were actively engaged in celebrations of seniors activities, held in Marycrest.

### **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

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Three, through the organisation’s intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised work schedules, protocols and guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices. Processes are in place to monitor staff’s awareness and compliance with relevant legislation

and these include: performance appraisals, competency audits, training questionnaires and education. There is a system in place to manage the reporting of assaults in accordance with regulatory requirements.

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

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

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

The home meets this expected outcome

The home provides an education program for staff based on identified lifestyle issues, legislative and advisory requirements, organisational needs, and performance appraisals. Rostering strategies are used, to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time or staff are remunerated for attendance outside working hours. Key personnel maintain records and use a program to monitor staff attendance at these sessions and measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

### **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

Processes are in place to identify residents' emotional support and socialisation needs on entry to the home and on an ongoing basis. Residents are provided with a welcome pack on admission and are oriented to the environment, services, staff and other residents. Regular review processes identify changes or concerns experienced by residents and current strategies used to support residents are documented in progress notes, communication books and in care plans. Nursing, lifestyle and pastoral care staff, other residents, volunteers and management provide initial and ongoing social and emotional support to residents. Residents are assisted by school student volunteers as well as staff to maintain relationships with distant friends and family via electronic mediums. Residents/representatives confirm satisfaction with the emotional support provided on entry and on an ongoing basis to enable them to adjust to their altered lifestyle within the home.

### **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 has systems in place to support and assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents' needs and preferences for independence are

assessed on entry to the home and care plans are developed to guide staff practice. Residents requiring alternative decision makers have relevant information documented and those with special needs are provided with appropriate equipment and support by nursing, allied health, lifestyle and pastoral care staff and volunteers to promote maximum independence. Staff assist residents to pursue activities of preference, encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community and are aware of individual resident's preferences and limitations. Care staff are aware of their responsibility to promote resident independence and to assist residents to achieve a maximum level of independence. Residents/representatives are satisfied with the level of independence and autonomy they can exercise at the home, residents reported they are supported to maintain friendships and access the local community.

### **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/representatives receive information regarding the home's obligation to maintain their privacy and confidentiality and how any personal information held by the home may be used and/or accessed on entry, residents are provided with brochures on how their privacy is protected and information regarding privacy and confidentiality is contained in the resident agreement and resident handbook. Resident records and personal information is stored securely and only accessible to appropriate staff at the home. Staff and management demonstrate awareness of the privacy and confidentiality considerations when handling resident files, providing shift handover and attending to resident care needs. Residents have single rooms with their own ensuite; the assessment team observed staff knock before entering residents' rooms and addressing the resident by their preferred name. Residents/representatives are satisfied that staff respect and support their privacy and dignity and report that staff are sensitive to their needs.

### **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 has systems in place that encourage and support residents' participation in a wide range of activities of interest to them. Resident's past and current interests, capabilities, significant relationships and wishes are identified through interview and completion of leisure interest assessments. Individualised lifestyle care plans are developed in consultation with the resident/representatives, and reflect the resident's physical, sensory and cognitive abilities and identified interests. The activity program includes general group exercise programs, outings in the community bus, concerts, music, crafts groups, computer games and one-to-one time spent with residents. Activity calendars are placed in each resident's room as well as in communal areas and residents are reminded each morning of the day's planned activities. Programs are evaluated through the review of survey results, participation records, observations by activity staff and through discussion at the monthly resident meetings with subsequent programs developed based on this information. Residents/representatives indicate that they are satisfied with the leisure and activity programs offered by the home.

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

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

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

The home meets this expected outcome

Residents' specific interests, preferences, cultural and spiritual needs are identified on entry to the home and individualised care plans are developed in consultation with residents/representatives. Provision is made for the celebration of significant cultural and religious days and catering services are available for residents with specific cultural dietary requirements. The home has a chapel with spiritual support provided from a number of religious denominations and staff provide additional counsel to residents and their families when required. Processes are in place to assist residents from cultural and linguistically diverse backgrounds; with access to interpreters, community support groups, palliative and spiritual care services and cultural resources if required. Staff demonstrated an awareness and respect for resident's needs and preferences. Residents/representatives are satisfied with the home's approach in fostering and valuing their individual interests, beliefs and backgrounds.

### **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

There are established processes to identify and assess choice and decision-making needs on admission and when changes to care needs occur. Information in relation to residents' nominated decision-makers is identified and documented. Residents are encouraged to make choices in their day to day life and residents with cognitive impairment are involved in their care planning and decision making as appropriate. Information about residents' rights and responsibilities as well as access to advocacy services is contained in the resident agreement offered to all residents on admission. This information is regularly discussed at resident meetings. Staff demonstrated knowledge of individual resident choices identified in individualised care plans. Feedback from residents/representatives indicated satisfaction with their ability to make choices about their care and lifestyle.

### **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/representatives are supplied with written and verbal information regarding service provision prior to entering the home. The documents provided contain information about security of tenure, internal and external complaints mechanisms, fees, orientation processes as well as information regarding each resident's rights and corresponding responsibilities. Management ensures that all parties understand the terms of the agreement and prospective residents/representatives are encouraged to seek independent advice on these terms prior to accepting the contract. Residents/representatives are consulted should any changes in the resident's care needs require a room or hospital transfer. Ongoing information is provided

through letters, newsletters, emails and discussions at resident/representative meetings. Residents/representatives feel secure in their tenure and understand their rights and responsibilities.



## **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 co-located home identifies opportunities for continuous improvement in relation to the physical environment and safe systems using improvement forms, surveys, audits, resident and staff meetings, incident /hazard reports, staff appraisals, comments/complaints mechanisms and one on one with management/key personnel. Monitoring of improvements is achieved through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Staff and resident meetings or individual consultations are used to provide progress reports and feedback. Staff and residents verify they are able to make suggestions for improvement, management is responsive and feedback is provided regarding progress and outcomes.

Examples of recent improvements relating to Standard Four include:

- Staff commented that common area walls were bare and suggested pictures would add to the homes aesthetics. Management purchased paintings and stated that resident/representative and staff feed back has been positive. Staff stated it has given the home a more homely appearance.
- Management has initiated a program that ensures all residents rooms are refurbished when they have been vacated. The refurbishment ensures flooring, painting and curtains are replaced or cleaned and all maintenance issues are addressed before new residents take up occupancy. Residents stated they are satisfied with their rooms.

### **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

The home has systems and processes to identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Four, through the organisation’s intranet, membership with advisory groups and industry bodies. Staff are kept informed of these changes with policy updates and reviews, memoranda and meetings; requirements are implemented via new or revised work schedules, protocols and guidelines. Residents/representatives are kept informed of legislative changes via meetings and notices. Processes are in place to monitor staff awareness and compliance with relevant legislation and these include: performance appraisals, competency audits, training questionnaires and education. There is a system to ensure certification and other environmental requirements are met including a food safety plan that is in place. Staff feedback demonstrated knowledge of their legislative responsibilities

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

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

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

The home meets this expected outcome

The home provides an education program for staff based on identified physical environment and safe systems, clinical care and lifestyle issues, legislative and advisory requirements, organisational needs, and performance appraisals. Rostering strategies are used, to improve access to education and training opportunities and staff have obligations to attend education. The home ensures that mandatory topics, including fire and manual handling, can be attended in work time or staff are remunerated for attendance outside working hours. Key personnel maintain records and use a program to monitor staff attendance at these sessions and measures are taken to follow up and action non-attendance. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicated they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

### **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 have single rooms with ensuite and shared rooms with shared bathrooms and are able to personalise their space. The home provides a variety of meeting areas available to residents and their families, with seating and amenities that are maintained via preventive/reactive maintenance and cleaning routines. Environmental audits, hazard and risk assessment processes are in place to identify potential risks and support decisions concerning the living environment. Staff store mobility aids and furnishings safely when not in use. Security procedures including a key card access system, staff lock up procedures, an electronic alarm system, individual night staff personal duress alarms and nightly security patrols promote resident and staff safety. Residents and staff are satisfied with the level of comfort and safety 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 systems in place to orientate and train staff in workplace health and safety at induction and re-assess this on an ongoing basis. There are processes to assess the workplace using environmental and process audits. Hazard reporting and risk assessment processes guide appropriate actions, including management and evaluation of residents' and staff incidents/risks. Signage and information posters alert residents, visitors and staff to safety issues and appointed safety representatives monitor work practices and provide support as required; staff are updated through staff meetings and mandatory training. Staff

demonstrate knowledge and understanding of workplace health and safety obligations and use of incident reporting processes as required.

#### **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 processes in place to ensure management and staff are actively working to provide an environment and safe systems that minimise fire, security and other emergency risks. There are fire fighting and evacuation procedures in place; records of maintenance of fire equipment, fire safety inspections, certification inspection reports and education and fire drills are available and current. There is a system to monitor staff attendance at training for fire and other emergencies, and equipment and procedures are in place to guide staff response in the event of an emergency such as power failure, personal threat, chemical spills, floods and other natural disasters. Staff are aware of security and other emergencies procedures as they relate to their position and have practiced the specific fire fighting procedures required to be implemented until support from emergency services arrives.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an infection control program in place that is overseen by management and the Infection Control Officer at the co-located hospital. Infections are identified, collected and analysed for trends and when indicated, follow up actions implemented. Outbreak management and related infection control information is accessible to staff. Staff have training in relation to infection control measures at orientation and their practices are monitored. Immunisation processes are in place for residents and staff if this is their preference. The home provides adequate hand washing facilities, sharps containers, spill kits and personal protective equipment for staff. The home has a food safety program in place and provides kitchen staff training to meet legislative requirements. Processes are in place to effectively manage waste, pest control and food hygiene. Temperature checks on equipment are documented to ensure that equipment is operating within parameters outlined in the relevant guidelines. Monitoring mechanisms include regular audits across all areas of the home and observation of staff practices. Staff generally demonstrated awareness of practices relevant to their role such as the use of personal protective equipment and the principles used to prevent cross infection.

#### **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

Catering services are provided to meet residents' dietary needs and preferences. The four weekly cycle menu reflects changes made in response to resident feedback; a dietician ensures that the menu meets residents' nutritional requirements. Meal alternatives are

available at residents' request or if changes to their health status require it; staff follow safe food handling practices throughout preparation and meal service. Routines and schedules are in place to guide cleaning of residents' rooms, common areas, high surfaces, windows and external areas. All flat linen and residents' personal clothing are serviced on site and returned in a timely manner. Support services staff demonstrate an understanding of the infection control principles related to cleaning processes. Management monitor the effectiveness of services, and skills and knowledge of staff, using audits, competency assessments and observation of practice and provide support as required. Residents are satisfied with the support services at the home.