



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Mary MacKillop Aged Care**

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

The Agency has decided to accredit Mary MacKillop Aged Care until 2 August 2012.

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

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

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

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

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name:	Mary MacKillop Aged Care				
RACS ID:	3610				
Number of beds:	85	Number of high care residents:	39		
Special needs group catered for:	Nil				
Street/PO Box:	4 King St				
City:	HAWTHORN EAST	State:	VIC	Postcode:	3123
Phone:	03 9861 9600		Facsimile:	03 9861 9696	
Email address:	ceo.mmac@sosj.org.au				

### Approved provider

Approved provider:	Sisters of St Joseph Health Care Services
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### Assessment team

Team leader:	Jennifer Thomas
Team member/s:	Carlene Tyler
	Michael Holden
Date/s of audit:	4 May 2009 to 5 May 2009

**Executive summary of assessment team's report**

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

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

**Standard 2: Health and personal care**

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

**Accreditation decision**

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

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
Does comply
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<b>Agency findings</b>
Does comply
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Does comply

### Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Mary MacKillop Aged Care
RACS ID	3610

### **Executive summary**

This is the report of a site audit of Mary MacKillop Aged Care 3610, 4 King Street HAWTHORN EAST VIC 3123 from 4 May 2009 to 5 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 8 May 2009.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Mary MacKillop Aged Care.

The assessment team recommends the period of accreditation be 3 years.

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 4 May 2009 to 5 May 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 3 registered aged care quality assessors.

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

## Assessment team

Team leader:	Jennifer Thomas
Team members:	Carlene Tyler
	Michael Holden

## Approved provider details

Approved provider:	Sisters of St Joseph Health Care Services
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## Details of home

Name of home:	Mary MacKillop Aged Care
RACS ID:	3610

Total number of allocated places:	85
Number of residents during site audit:	83
Number of high care residents during site audit:	39
Special needs catered for:	

Street/PO Box:	4 King St	State:	VIC
City/Town:	HAWTHORN EAST	Postcode:	3123
Phone number:	03 9861 9600	Facsimile:	03 9861 9696
E-mail address:	ceo.mmac@sosj.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Mary MacKillop Aged Care.

The assessment team recommends the period of accreditation be 3 years.

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
Chief executive officer	1	Residents	15
Clinical care coordinator	1	Relatives	5
Registered nurses division two	2	Pastoral care staff	1
Care staff	6	Laundry staff	1
Administration assistant	2	Cleaning staff	3
Catering staff	2	Maintenance staff	1
General manger residential care services	1	Pastoral care coordinator	1
Physiotherapist	1	Registered nurse division one	1
Lifestyle staff	2	Business manager	1
External contractors	2		

#### Sampled documents

	Number		Number
Residents' files	37	Medication charts	31
Summary/quick reference care plans	20	Personnel files	12

## Other documents reviewed

The team also reviewed:

- Action plan process form
- Analysis of system improvement / changes advice forms July to December 2008
- Annual policy and procedure review program
- Audit schedule January to June 2009
- Behaviour management charting and plans
- Blood glucose monitoring documentation
- Building compliance diary
- Certificate of registration of a food premises
- Change in dietary preference form
- Cleaning inspection reports
- Clinical action update forms (acute episode care plans)
- Clinical audits
- Clinical indicators staff information lists
- Clinical resource folder
- Comments, compliments, suggestions and complaints 2009
- Comments, compliments, suggestions and complaints register
- Complex health care folder
- Compliments, comments and complaints (for kitchen services)
- Continuous improvement plan
- Continuous improvement program
- Documentation relating to restraint
- Duty lists
- Education calendars
- End of life wishes forms
- External contractor agreements
- February training calendar
- Fluid balance charts
- Food brought in by visitors form
- Food safety manual
- Hazard substances and dangerous goods risk assessment
- Infection control folder 2009
- Infection control register
- Infection control worksheets
- Job descriptions
- Kitchen suppliers details and delivery standards
- Laundry cleaning schedule and sign off sheets
- Leisure interest survey
- Lifestyle activity survey
- Maintenance repairs book
- Maintenance reports
- Mary McKillop aged care brochure
- Medical appointment forms
- Meeting minutes folder 2009
- Memorandum - medication stickers
- Memorandum – medication storage
- Memorandum - policy and procedure manual
- Memorandum – system updates, legislative update service
- Memorandum folder
- Minutes of meeting – general staff 10 February 2009
- Minutes of meeting – medication advisory committee 22 April 2009
- Minutes of meeting – medication staff 5 February 2009
- Minutes of meeting – quality committee 22 April, 25 March, and 23 February 2009
- Minutes of meeting – registered nurse 15 April 2009
- Monthly infections collated data



- Nationwide cleaning services –client and site folders
- Newsletters
- Nutritional assessments and meal preferences
- Occupational, health and safety folder
- Oral and dental assessments
- Oral hygiene management plans
- Pain charting and management plans
- Palliative care documentation
- Physiotherapy assessments and exercise plans
- Podiatry summaries
- Police check register
- Policies and procedures – Police checks
- Policies and procedures – Reportable assault
- Policies and procedures – Resident security of tenure and responsibilities
- Policy and procedure document review
- Position descriptions
- Quality improvement manual 2008 - 2009
- Quality team meeting minutes folder
- Recruitment policies and procedures
- Referrals folder
- Resident lifestyle program
- Resident of the day review schedule
- Resident self administration medication checklist, assessments and agreements
- Resident clinical work books
- Residents' information handbook
- Residents' information package and surveys
- Scheduled drugs register
- Sensory assessments
- Service provider details
- Spiritual and pastoral care brochure
- Spiritual pastoral support assessments
- Staff Handbook
- Staff satisfaction survey 2009
- Staff training needs analysis
- Survey of food services
- System improvement / changes advice forms 2008
- System improvement / changes advice forms 2009
- System improvement / changes advice forms register
- Temperature recording log and daily cleaning log –kitchen
- Use of email and internet agreement –for staff
- Vital signs observation charts
- Weight assessment charts
- Wound charts and related documentation

## Observations

The team observed the following:

- Activities in progress
- Activities program, April calendar
- Aged care advocacy brochure
- Annual essential safety measures report
- Archive room
- Call bell system in operation
- Certificate of accreditation
- Chapel
- Charter of residents rights and responsibilities poster
- Cleaners rooms
- Cleaning in progress
- Coffee shop
- Comments, complaints and suggestion box
- Comments, complaints and suggestion form
- Complaints resolution scheme brochures
- Continuous improvement flow chart
- Diabetes management protocol posters
- Emergency procedures poster
- Equipment and supply storage areas
- Essential safety measures permit
- Fire fighting equipment within test date
- Food audit certificate
- Food services survey
- Information displayed on noticeboards
- Interactions between staff and residents
- Kitchen
- Laundry
- Living environment
- Manual handling posters
- Meal service in progress
- Medication administration
- Newsletter May 2009
- Occupancy permit
- Pain management process poster
- Public address system in operation
- Public telephone
- Recognising and managing gastroenteritis poster
- Recognising and managing influenza posters
- Resident rooms
- Resolving problems and complaints brochure
- Staff notice boards containing: education, meetings, continuous improvement, and occupational health and safety advice
- Staff practices
- Staff work areas
- Storage of medications
- System improvement / changes advise form
- Utility rooms
- Vision, mission and values poster

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home actively pursues continuous improvement and has a system in place that supports quality practice. The home’s continuous improvement program maintains an annual audit schedule that measures performance against the accreditation standards and the Agency’s assessment modules. System improvement/change advice and the compliments, complaints and suggestion forms, together with meetings, incident reports, surveys and audits, inform the quality committee that meet on a monthly basis. The quality committee monitors the home’s improvement activities and the continuous improvement plan that is used to monitor the home’s larger projects. Management regularly reports at resident and staff meetings and to the board of directors, ensuring all stakeholders are informed of the continuous improvement activities. Residents and staff stated that they are satisfied with the continuous improvement system and that management are responsive to their suggestions.

Examples of recent improvements relating to Standard one include the following:

- A review of the current staff appraisals has been carried out with all staff having now completed a staff appraisal for this year.
- The home has conducted a review of all staff positions descriptions and these are now maintained on the home’s data base.
- The vision, mission and values statement has been reviewed.
- A suitable secure archive room has been established with current resident files clearly identifiable and suitable archive boxes provided for residents who no longer reside at the home.
- A site logo and signage proposal has been adopted with plans prepared for local council approval.
- The aged care channel has been introduced to enhance the education and training initiatives of the home.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Changes to legislation, industry standards and guidelines relevant to the home’s operation are identified and monitored by the chief executive officer. The home subscribes to a legislative update service, and together with peak body associations and Australian government departmental publications, the home receives notification of changes to relevant legislation. Policy and procedures are reviewed by service areas as required and updated as necessary with information regarding changes to policies and procedures conveyed to stakeholders via relevant meetings and memorandum. An appropriate police check register is maintained by the home with staff and external contractors maintaining the necessary checks. Staff confirm they are informed of changes to regulatory compliance requirements and that they have current police checks.

### 1.3 Education and staff development

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

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

Does comply

The home identifies topics for their education program through staff surveys, resident needs, quality system findings and any legislative changes. Staff from all shifts are encouraged to access the resources available. There is an education room where staff can view the 'Age Care Channel', a range of internal and external topics are provided, programs are evaluated and an attendance log is taken. There is a notice board in the staff room displaying the education calendar for the month and topics are discussed at staff meetings. Staff confirm their satisfaction in their opportunities to attend continuing education.

Education opportunities completed by staff that reflect the expected outcomes of Standard one include the following: elder abuse, accreditation, Mission of Mary MacKillop Aged Care, code of conduct, incident reports and teamwork.

### 1.4 Comments and complaints

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

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

Does comply

Residents and relatives have access to both internal and external avenues to resolve complaints or concerns. Information regarding external complaints services is available at the home and published in the resident's hand book. The compliments, complaints and suggestion form and the monthly resident meetings are the formal forums for stakeholders to raise issues with management, who stated that they also maintain an open door policy to receive informal concerns. Comments and complaints are logged onto a register that is monitored at the monthly quality committee meeting. Minor issues are dealt with promptly with larger issues linked to the continuous improvement plan. Residents confirmed an awareness of the home's comments and complaints system stating that they are comfortable in raising issues directly with staff and management

### 1.5 Planning and leadership

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

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

Does comply

The home's vision, mission and philosophy are documented and displayed throughout the home. It is written in resident and staff handbooks and discussed with both staff and residents as part of the education and activity programs. The home's commitment to quality is reflected in the auditing and reporting system and results are communicated to residents and staff. Comments, compliments and complaints are encouraged, actioned and reported to all stakeholders.

### 1.6 Human resource management

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

**Team's recommendation**

Does comply

There are documented systems and practices for ensuring that staff are able to meet residents needs. Management assess resident needs and staffing hours are adjusted to meet their changing requirements. Review of the roster confirmed an increase in hours in one area of the home. New staff are given a handbook, position description, an induction checklist and an orientation program. Clinical staff work with a 'buddy' and their work practices are assessed before working independently. All staff have an annual appraisal and are required to complete competencies and attended education sessions. Staff confirmed they are orientated to the home and receive training in fire and emergency procedures, manual handling and infection control. Residents and representatives were very happy with the level of care provided by staff.

**1.7 Inventory and equipment**

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

**Team's recommendation**

Does comply

There is a system in place to ensure there are adequate supplies of goods and equipment is in good working order. There is a preventative maintenance program and a maintenance log is used for registering day to day needs. Review of the maintenance records indicates there is an appropriate response to staff and resident requests. There are stock rotation processes for perishable items and identified lists of suppliers and external contractors. Staff and residents report there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests.

**1.8 Information systems**

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

**Team's recommendation**

Does comply

There is a system to ensure information is communicated to staff through meetings, memos, notices and attachments to payslips. Computers are pass word protected and are backed up each night by an external provider. Current resident and staff files are securely maintained in the administration office, past files are archived in a secure area. There is a system to ensure that policies and procedures are updated regularly by the clinical managers. Residents and relatives participate in resident meetings and receive minutes and newsletters and stated they were very happy with the communication and feedback mechanisms of the home.

**1.9 External services**

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

**Team's recommendation**

Does comply

The home has processes to ensure that external services meet their quality requirements and residents' needs. External contractor's contracts include information regarding privacy, non disclosure of residents name and detail, expected service delivery and must hold valid police checks. The homes' cleaning is provided by an external contractor who conducts regular audits and communicates the results to management. The home ensures there is current registration for providers such as the podiatrist and dietitian. Contracts are reviewed to ensure performance levels are maintained. The home recently

changed to a new gardening service. The home has approved supplier lists for catering services and maintenance and emergency services contact numbers are available for staff. Residents, relatives and staff expressed satisfaction with the goods and services available to them.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### Team's recommendation

Does comply

An annual audit schedule measures the home's performance against the accreditation standards and provides the home with the tools for conducting clinical and management indicators that are analysed and evaluated by the appropriate staff with the results trended and reported at relevant meetings. Issues arising from audits prompt an action plan process form with progress monitored by the quality committee. Information is reported to stakeholders through informal discussions and at appropriate meetings. Staff confirm that they actively participate in the continuous improvement system with residents and relatives stating they are aware of the home's continuous improvement system.

Examples of recent improvements relating to Standard two include the following:

- A review of the handover process has resulted in each of the four units conducting their own separate hand over, providing information to care staff on only the residents they will be directly caring for, in preference to the review of all residents with all care staff at the home as a whole.
- The home is currently evaluating a suitable system for the electronic documentation of their medication management system.
- Staff identified that the medication stickers used in the progress notes were too large. Management have sourced and adopted a smaller sticker to identify these medications as administered.
- Management has provided an additional dressing trolley for the high care units. Each unit now has its own dressing trolley.
- Following a review of the continence aids used by the home, an evaluation against comparative products was conducted with management deciding the existing supplier provided the most suitable product.
- Two new low-low electric beds have been purchased.

### 2.2 Regulatory compliance

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

#### Team's recommendation

Does comply

The home has a system in place for identifying relevant legislation, regulations and guidelines, and for monitoring compliance in relation to Standard Two. Policies and procedures are reviewed in accordance with regulatory changes to reflect current legislation. Staff are informed at relevant meetings and by memorandum, with amended policies and procedures highlighted and posted in the staff room and receive training sessions related to changes that affect their roles. The home's auditing system includes monitoring of ongoing compliance with regulatory compliance, a standing agenda item at relevant meetings. Personnel files include copies of professional registrations and the staff hand book provides guidelines to the privacy and confidentiality legislation. Staff confirm they are aware of their roles and 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 recommendation**

Does comply

The education program includes topics in clinical care identified through staff surveys, appraisals and resident need. Access to the ‘Aged care channel’ has provided staff from all shifts the opportunity to participate in education and the interactive sessions are used as a discussion point to provide relevance in caring for residents. There is a staff member to oversee the clinical education program and competencies on resident care are being developed. Attendance lists are kept, sessions are evaluated and attendance certificates are kept in staff files. Staff confirm they are encouraged to participate in the education program.

Education opportunities completed by staff and that reflects the expected outcomes of Standard Two include the following: oral health, thalamic stimulator, diabetes, pain, wound and medication management, palliative care and falls prevention.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The general manager residential care services and the clinical care coordinator supervise and oversee clinical care, supported by registered nurses division two and care staff. The home has processes and procedures in place to ensure residents receive appropriate clinical care. This is demonstrated through the ongoing assessment and review of resident clinical information, via audits, surveys and monitoring of staff practice. Residents and relatives expressed appreciation and satisfaction with the clinical care provided.

### **2.5 Specialised nursing care needs**

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

#### **Team’s recommendation**

Does comply

The home identifies residents specialised nursing needs through information gathered on entry and through ongoing monitoring and evaluation processes. Registered staff ensures specialised care is provided according to the residents needs and preferences. Staff stated they always have adequate stock and appropriate equipment to provide current specialised care. Residents confirmed their satisfaction with the specialised nursing care provided.

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

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

#### **Team’s recommendation**

Does comply

The home has a number of other health and related services that are accessed according to residents’ needs and preferences. These services can be arranged internally or externally as required. Progress notes document when referrals occur and the outcomes for residents of these appointments or reviews. Residents and relatives confirm they



receive these services and are consulted before an appointment is made and are kept informed of the outcomes of any reviews by health specialists.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has designated medication nurses; usually division two nurses with medication endorsement, on each floor each shift. They are responsible for all medication management and administration. A registered nurse division one is available onsite for advice and assistance as required. Each unit has a secure medication room. Daily medication chart audits are undertaken, monthly medication advisory committee meetings attended and medication management is discussed at each staff meeting. Education and competency testing is carried out and staff confirmed they attend these sessions. There are fourteen residents who self-administer their medication. Self-medicating assessment and reviews are in place and residents stated they are monitored and assisted as required to continue to manage their own medications safely.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

All residents are assessed for pain on entry to the home. If pain is identified a pain management care plan is developed and implemented. Care plans reviewed included non-medication strategies to help relieve resident pain. Resident progress notes confirm staff attending promptly to resident’s requests for pain relief. The outcome of strategies implemented is also documented in the progress notes. External pain management services are accessed as required. Residents told the team they are assisted to be as pain free as possible.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Staff and documentation reviewed confirm that residents are able to remain at the home and receive palliative care. All residents have a terminal care wishes form completed. An external palliative care team is accessed for management strategies and advice. Staff said this assists them to provide optimal palliative care. When a resident requires palliative care the home offers residents, families and staff extensive pastoral care. A comprehensive review of their care plan is undertaken and printed on purple paper to ensure staff are aware of the additional care required and is updated to reflect the changing care needs. Staff are aware of the special needs of residents and families at this time. Progress note entries highlight the emotional support offered to residents and families. A palliative care kit is available. The family of a recently deceased resident asked to talk to the team. They stated that the care was ‘magnificent’ and could not say enough about the care and support given to their resident and to all visitors during this time.

## **2.10 Nutrition and hydration**

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

**Team's recommendation**

Does comply

On entry, staff meet with the resident and relative and a list of food preferences, allergies, likes and dislikes is documented and a list put into the residents file and into the kitchen information folder. Staff develop a comprehensive care plan and this is used when planning and evaluating residents dietary intake. Residents are referred to the dietitian and or the speech pathologist if issues with eating or swallowing are identified. A comprehensive nutritional assessment is then undertaken, a report is written and available for staff to assist them to ensure each resident has an adequate diet incorporating the food and drinks they prefer. Residents and relatives interviewed all responded positively about the food and drinks served to them at the home, saying they always have enough to eat and drink and can ask for snacks at any time.

**2.11 Skin care**

*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

**Team's recommendation**

Does comply

During the assessment period, staff assess each residents skin using a specific skin assessment tool to determine the residents skin integrity risk levels. A care plan is then formulated outlining the care each resident's skin requires and the protective equipment to be used to reduce/prevent skin damage. Each time a resident sustains a wound, staff complete an incident form and generate an individual wound action update chart and management plan. A wound consultant visits as required to monitor and advise staff on appropriate wound dressings. Staff review wound care regularly and consult with residents and relatives about the progress of wounds. Residents are satisfied with the skin care provided.

**2.12 Contenance management**

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

**Team's recommendation**

Does comply

All residents have comprehensive toileting, continence and bowel assessments and evaluations completed on entry and during their stay at the home. Residents identified with continence/toileting issues have an individual care plan developed, which includes toileting times, the level of staff assistance required and the continence aids to be used. Continence aids are available in each resident's room with staff commenting that there is always stock available to meet resident needs. Staff stated they attend education and said the supplying company supports staff well by providing education. Residents and relatives stated that staff gives dignified continence care.

**2.13 Behavioural management**

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

**Team's recommendation**

Does comply

The home informs residents on admission that the home is not a secure facility and if behaviours deteriorate and are unable to be safely managed a move to a more suitable home may be required. Residents who are identified with behaviour management issues have a comprehensive assessment and a detailed care plan implemented. Residents who require or request restraint have their needs assessed and restraint implemented as necessary to ensure safety, this is reviewed monthly and residents and relatives are

consulted during the period restraint is used. Alternatives to restraint are documented and their use recorded in the residents file.

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

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

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

Does comply

Residents are assessed by the physiotherapist on entry and throughout their stay at the home. The physiotherapist is informed when a resident has a fall and a falls risk assessment is carried out and documented in the resident's progress notes. Individual exercise plans that include recommendations regarding equipment to be used to minimise falls is also documented in the residents work book. Nursing staff encourage and assist residents to exercise daily. Staff attend education sessions and are aware of the importance in encouraging residents to maintain as much mobility and functional movement as possible. Resident and relative feedback indicated the residents enjoy attending exercises.

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

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

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

Does comply

Residents oral and dental needs are assessed on entry and their preferences recorded. An oral and dental care plan is implemented and staff refer to this when assisting residents with hygiene and oral care each day. Following consultation with residents and relatives staff organise referrals to a visiting dental service or dental technician and assist residents to access external dental services. Audits are undertaken and areas identified as requiring improvement logged into the continuous improvement system. Residents have recently participated in a program involving dental checks and treatments in conjunction with the Melbourne University School of Dentistry. This program resulted in positive outcomes for residents. Residents expressed satisfaction with their oral and dental care.

#### **2.16 Sensory loss**

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

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

Does comply

Resident's communication and sensory needs are assessed on entry to the home. Resident preferences in regard to their sensory aids are recorded on their care plans. Following consultation with residents and relatives staff organise referrals to appropriate services for examination and review of sensory loss. Residents are assisted to access external services or can attend when services are onsite. A record is kept of resident appointments and follow up is recorded in their progress notes. Residents stated they are happy with how their sensory loss is managed.

#### **2.17 Sleep**

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

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

Does comply

On entry to the home, residents have a sleep assessment undertaken and then a comprehensive sleep care plan, with strategies to assist residents to have a natural night sleep formulated. This plan includes the resident's preferences in regard to sleep wear, evening routines and retiring preferences and strategies to enhance natural sleep. Staff said they use other therapies including music, gentle massage and offer residents warm drinks and snacks if hungry. Residents and relatives told the team the staff are aware of residents retiring routines and residents sleep well because of the assistance given to them by staff.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The home has systems and processes in place to pursue continuous improvement to residents’ lifestyle. Continuous improvement activities in relation to residents’ lifestyle are sourced from surveys, at residents and relative meetings and through informal suggestions raised with staff and management. Suggestions can be made using the compliments, complaints and suggestion forms which are monitored by the quality committee. Staff confirm that they are encouraged to be involved with continuous improvement at the home with resident and relatives confirming they are informed of changes through meetings, newsletters and informal discussions.

Examples of recent improvements relating to Standard Three include the following:

- Twelve new lockable bedside cabinets have been purchased
- A digital video disc player has been purchased for the Flora unit
- A review of the pastoral care program has been extended to include counselling for staff
- Resident admission packs have been reviewed and now include the home’s financial reports consistent with prudential requirements
- Residents are involved with the landscaping program at the home including the design of a proposed decorative mosaic tiled wall feature
- A resident gardening group is potting plants for a fund raising Mother’s day sale.

### 3.2 Regulatory compliance

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

#### Team’s recommendation

Does comply

The home has systems in place to identify legislative, professional standards and industry guideline changes relating to resident lifestyle. The residents’ hand book provides information relating to security of tenure and residents’ rights and responsibilities and is made available to residents on entry to the home. The home fulfils their requirements regarding privacy legislation and the aged care act in relation to security of tenure and resident rights and responsibilities; and maintains resident files in a secure location. Training is provided by the home ensuring staff have information in relation to mandatory reporting. Residents and staff have access to both advocacy and complaints mechanisms at the home with staff stating that they are aware of their responsibilities regarding mandatory reporting.

### 3.3 Education and staff development

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

#### Team’s recommendation

Does comply

The home's education and training program provides information to increase the skill and knowledge of staff. Staff are encouraged to have input in the program and this is reflected in the range of topics in the education calendar. Sessions detailing the history and philosophy of the home are presented regularly. Staff attendances are recorded and sessions are evaluated. Staff state they are satisfied with the education program.

Education opportunities completed by staff that reflects the expected outcomes of Standard Three include the following: mental health, ageing process, resident rights and code of conduct.

### **3.4 Emotional support**

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

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

Does comply

The emotional needs of residents are assessed on admission and reassessed on an ongoing basis. The entry processes of the home is complimented by the pastoral care team who ensure residents and their relatives receive the necessary support and assistance as they settle into their new home and offer both residents and their families comfort and assistance during palliative care. The home formally welcomes new residents during the daily mass service, and encourages new residents to share meals with other residents in the dining rooms. Regular "one-on-one" sessions with the lifestyle and pastoral care team includes the visiting of residents' in their rooms for private discussions and to deliver the monthly newsletter and activities program. Care plans and progress notes are updated to identify the needs of the residents. A comprehensive information pack is provided to residents detailing the support mechanisms in place. The team observed staff to be supportive and using a caring approach with residents. Residents stated they are satisfied with the emotional support provided.

### **3.5 Independence**

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

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

Does comply

The home encourages residents to achieve maximum independence and maintain friendships within the home and local community. Community links are encouraged with residents attending external church services and visiting local shops. The home actively supports these trips and arranges the appropriate taxi or transport as required. Residents are assisted to maintain their independence by attending physical exercise groups, encouraging residents to maintain or improve their physical condition with appropriate mobility and meal assisting aids readily available throughout the home. The home has access to a holiday home and actively encourages residents through the pastoral care program, the opportunity to have a supervised vacation. Families are invited to participate in resident activities, with residents confirming that their independence is encouraged.

### **3.6 Privacy and dignity**

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

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

Does comply

Residents' privacy, dignity and confidentiality is recognised and respected by the home in accordance with residents' individual needs and preferences. Accommodation consists of

generously sized single rooms, some with their own private ensuites and some with shared bathrooms. Resident information is maintained in secure locations with resident agreements locked within the administration area, and clinical information maintained in the nurses' stations. Residents are advised of information relating to the home's policy regarding privacy, dignity and confidentiality, this information is contained in the resident handbook. Staff practice observed by the team indicates that privacy, dignity and confidentiality of residents is valued, with residents confirming satisfaction with respect they receive by the staff.

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

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

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

Does comply

Residents are assessed on entry to the home with a detailed leisure interest profile prepared outlining past interests, hobbies, cultural and religious observations. Activities are reviewed in conjunction with the pastoral care team at the monthly lifestyle meetings. Individual resident attendance records are maintained noting participation in the activities programs, and together with feed back gathered from an annual resident satisfaction survey and resident meetings, assists with the evaluation of the program. Care plans are reviewed in accordance with residents' needs, with progress notes reflecting attendances to activities. Residents' receive an activities calendar featuring a regular program and is complimented by a monthly publication promoting special events. Activities such as bingo and the gardening group are well patronised. Residents confirm that they are encouraged to participate and are satisfied with the activities available.

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

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

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

Does comply

The home, through its spiritual pastoral support assessment, identifies and documents the individual cultural and spiritual needs of residents. This information is recorded in the individual resident care plans. The pastoral care team conduct these initial assessments and provide an ongoing pastoral support system that is complimented by the daily Catholic Mass and Rosary, accommodating the needs of the predominantly Catholic resident group. Anglican services are arranged as requested for the two residents who maintain that faith. Significant days of interest are celebrated by the home including the spring racing carnival and Anzac Day, where the local Returned Services League assists with the celebration. Staff were observed to embrace the residents cultural and spiritual needs and encourage resident participation, with residents confirming their cultural and spiritual needs are catered for by the home.

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

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

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

Does comply

Residents' preferences including likes/dislikes, cultural and social interests are assessed on entry to the home with information recorded in their care plans. Residents are

encouraged to participate in menu planning using the food services survey, which is used by residents to provide feedback to the kitchen. Residents meetings are the forum for residents to make decisions and choices on how they live in the home. Residents stated that they do not have to participate in activities; that there are always alternatives to the home's activity program and meal services; that they have a choice of general practitioner or specialist they wish to see; confirming choices are offered and provided. Staff stated that residents are encouraged to participate in the decision making process and are offered choices in service delivery.

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

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

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

Does comply

The home has information packages for prospective and new residents and includes their rights and responsibilities; security of tenure, services provided and fee structure. All files reviewed by the team contained signed contracts. The home is not able to cater for wandering residents and assists families in finding suitable accommodation for these residents. There is an active compliments, complaints and suggestions system and residents are encouraged to contribute through resident meetings. Residents and relatives confirmed they were informed of fees and their rights and responsibilities prior to entering the home.



## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

Systems are in place to identify improvement opportunities encompassing the physical, environmental and safe systems at the home. Regular staff, occupational health and safety and quality committee meetings, discuss the results of environmental audits and the identified hazards to maximise the safety and comfort of the residents. The home conducts maintenance and service work that is regularly scheduled to maintain the home’s living environment. Stakeholders stated that their improvement requests are considered with feedback given in a timely manner.

Examples of improvement activities in relation to Standard Four include the following:

- A new gardener has been appointed and has involved residents in the commissioning of a sensory garden.
- Four new lounge chairs with adjustable leg heights have been trailed, providing residents with greater elevation. Positive results for residents have been observed. Management are committed to increasing the number of these chairs.
- Following a resident concern, management are currently reviewing the availability of light weight coffee cups to assist residents who experience difficulties lifting a full cup of coffee.
- Blinds have been purchased for the chapel and the multi purpose room.
- A staff request has seen the introduction of tapered glassware enabling residents to more easily hold a beverage and to avoid spills.
- Management identified that there is no nurse call point in the atrium dining room and has commissioned its installation.

### 4.2 Regulatory compliance

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

#### **Team’s recommendation**

Does comply

Regulatory changes in relation to the physical environment and safety systems are monitored by the home with policies and procedures reviewed when changes are made to laws or guidelines. Staff have access to policies and procedures at the home’s administration area and in the staff room. Audits are conducted monitoring the food service, laundry, fire and safety facilities at the home. A current food safety plan is maintained by the home, with the kitchen having a current registration certificate. The essential safety measures are regularly monitored and an annual report is displayed. Staff confirmed that the home notifies them of changes to policies and procedures, stating that the home advises of changes at relevant meetings and by memorandum.

### 4.3 Education and staff development

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

#### **Team’s recommendation**

Does comply

Mandatory education related to the physical environment and safe systems is provided in fire and evacuation, manual handling and hand washing. Staff in charge are given instructions on the fire panel; other fire safety education includes a walk through the facility, mock evacuation for residents, face-to-face education and questionnaires for staff. A representative from the chemical supplier provides training in the safe use of chemicals, the physiotherapist trains staff in manual handling and catering staff have training in food safety. Staff confirm they receive training and could identify evacuation procedures and safe practices in manual handling and infection control.

Education opportunities completed by staff that reflects the expected outcomes of Standard Three include the following: fire and evacuation, chemical safety, hand washing, slide sheets and infection control.

#### **4.4 Living environment**

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

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

Does comply

There are systems in place to ensure a comfortable and safe environment for residents. Regular environmental audits are undertaken and any issues identified actioned and logged into the homes quality system. There is a comfortable atmosphere in the home with numerous sitting and dining areas available to residents. There is a central chapel, which is utilised daily by many residents. Resident rooms are personalised and communal areas uncluttered. Staff said equipment is stored when not in use and that maintenance requests are actioned promptly. A sensory garden and external sitting areas are available to residents and visitors. Residents said they felt safe and were comfortable in their environment and were free to move around the home as desired.

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

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

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

Does comply

The occupational, health and safety committee meet two monthly and meeting dates and minutes are displayed in the staff room. There is a system of regular audits of the environment, equipment, fire and safety systems. Falls and incident data is collected and analysed. Manual handling is a compulsory competency and the home has a 'no lift' policy using slide-sheets and lifting machines. Safe chemical handling training is provided for staff and staff are encouraged to identify hazards in their work place. Staff interviewed demonstrated an understanding of occupational health and safety.

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

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

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

Does comply

The home has effective systems in place for detecting and acting upon fire or other emergency risk. The emergency manual gives clear instructions for staff to follow. External contractors perform testing of emergency equipment and emergency instructions and site plans are placed strategically throughout the home. There are evacuation packs in each nurse's station and at the front office containing resident lists and these are

updated regularly. Emergency exits are clearly marked and free from obstructions and can be automatically released in the event of an emergency. Staff confirmed they receive fire and emergency training and residents receive training from the fire brigade and mock evacuations.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program that includes education, provision of personal protective equipment, monitoring of infections and ongoing review of practices. Posters are strategically placed in staff work areas to remind them about hand washing and the management protocols for infectious outbreaks. Documentation reviewed confirmed that infection data is discussed at staff meetings and monthly statistics are displayed in the staff room. The team observed staff following infection control practices when providing resident care. Staff are offered immunisations annually. There have been no recent infectious outbreaks.

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

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

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

Does comply

The home has effective systems in place to provide and monitor hospitality services. Catering services are able to meet the likes and dislikes of the residents. Residents are able to discuss their needs with the catering manager and individual requests are able to be accommodated. Residents dine in several areas of the home and can have meals delivered to their rooms. Cleaning of the home is provided by an external contractor and completed according to a schedule and is regularly audited. There is a laundry available for residents to use or they can send their personal clothing to the home's laundry. General linen is sent to an external laundry. Residents commented on the cleanliness of the home, were happy with the laundry service provided and were very happy with the catering services. The team observed the home was clean and free of clutter.