



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to Accredite Mary Ogilvy Home**

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

The Agency has decided that the period of accreditation of Mary Ogilvy Home is 3 years until 11 April 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 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 Ogilvy Home

RACS ID: 8765

Number of beds: 35      Number of high care residents: 33

Special needs group catered for: 

- Nil

Street: 51 Pirie Street

City: New Town      State: Tasmania      Postcode: 7008

Phone: 0362281037      Facsimile: 03 6228 7826

Email address: johardy@iinet.net.au

### Approved provider

Approved provider: The Mary Ogilvy Homes Society

### Assessment team

Team leader: Saz Newbery

Team member: Gayle Heckenberg

Dates of audit: 12 January 2009 to 14 January 2009

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

## **Accreditation decision**

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

### **Accreditation decision**

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of Home	Mary Ogilvy Home
RACS ID	8765

### **Executive summary**

This is the report of a site audit of Mary Ogilvy Home 8765, 51 Pirie Street, New Town, Tasmania 7008 from 12 January 2009 to 14 January 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 28 January 2009.

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

The assessment team considers the information obtained through the audit of the home indicates 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 Ogilvy Home (formerly Mary Ogilvy Home – High Care).

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

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

The assessment team recommends there should be 3 support contacts 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 believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 12 January 2009 to 14 January 2009.

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

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

## Assessment team

Team Leader:	Saz Newbery
Team Member:	Gayle Heckenberg

## Approved provider details

Approved provider:	The Mary Ogilvy Homes Society
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## Details of home

Name of home:	Mary Ogilvy Home
RACS ID:	8765

Total number of allocated places:	35
Number of residents during site audit:	35
Number of high care residents during site audit:	33
Special needs catered for:	Nil

Street:	51 Pirie Street	State:	Tasmania
City:	New Town	Postcode:	7008

Phone number:	03 62281037	Facsimile:	03 62287826
E-mail address:	johardy@iinet.net.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Mary Ogilvy Home 8765.

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

### Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 3 support contacts during the period of accreditation and the first should be within 6 months.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

### Audit trail

The assessment team spent 2.5 days on-site and gathered information from the following:

#### Interviews

List types of people	Number		Number
Chief executive officer	1	Residents	5
Director of nursing	1	Representatives	4
Registered nurses	2	Leisure and lifestyle coordinator	1
Enrolled nurses	2	Laundry staff	1
Care staff	5	Cleaning staff	2
Continuous improvement coordinator	1	Catering staff	3
Chair of the Board	1	Executive assistant	1
Clinical nurse coordinator	1	Physiotherapist	1

#### Sampled documents

List documents	Number		Number
Residents' files	5	Medication charts	5
Summary/quick reference care plans	4	Personnel files	8
Plan for continuous improvement	1	Residential service agreements	4
Care plans	5	Incident report forms	5



## Other documents reviewed

The team also reviewed:

- Action in the event of contact with a suspect or probable severe acute respiratory syndrome (SARS) resident or employee guideline
- Active passive exercises assessment
- Advocacy Tasmania brochures
- Annual maintenance certificate
- Appliance temperature worksheet
- Appropriate medical care guideline
- Asset register
- Audits
- Autumn care electronic program
- Behaviour assessment summary
- Behaviour recording charts
- Blood glucose monitoring chart
- Blood glucose monitoring guideline
- Bowel charts
- Care philosophy
- Charter of residents rights and responsibilities
- Chemical safety guideline
- Clinical care policy
- Comments and complaints forms
- Comments and complaints monthly follow-up
- Communication guidelines
- Compliments, suggestions and concerns form
- Compulsory reporting register
- Consultation with residents and relatives guideline
- Continence assessment
- Continence management guideline
- Continuous improvement minutes
- Continuous improvement newsletter
- Contractors acknowledgement form
- Dealing with challenging resident behaviour guideline
- Dietitian report
- Differing religious, personal and cultural customs guideline
- Dying with dignity guideline
- Email correspondence re police checks
- Emergency procedures
- Employment application
- Employment kit
- Enduring guardianship agreements
- Falls minimisation policy
- Falls risk assessment
- Family and friend survey 2008
- Family and friends support charting
- Fire safety audit report
- Fire safety declaration
- Fire safety training manual
- Fridge temperature monitoring form
- Geriatrician report
- Handover sheet

- Hearing assessment
- Incoming goods log
- Infection control guideline
- Infection control information for new staff
- Informed choice and care plan guideline
- Issues and concerns spreadsheet
- Linen delivery guideline
- Maintenance of resident personal hygiene guideline
- Management of choking resident guideline
- Mary Ogilvy home proposed calendar January 2009
- Medication assessment
- Medication management guideline
- Medication telephone order guideline
- Missing resident policy
- Monthly infection monitoring worksheet
- Monthly record of resident participation in lifestyle program
- Moving on Audit clinical indicator records
- Newsletter December 2008
- Nursing documentation guideline
- Nutrition and hydration guideline
- Oral and dental assessment
- Oral and dental hygiene guideline
- Pain flow and management form
- Pain management assessment
- Pain management guideline
- Performance review timetable 2009
- Personal hygiene assessment
- Personal hygiene of staff involved in food preparation guideline
- Pest control records
- Podiatry assessment
- Position descriptions
- Power of attorney agreements
- Preventative maintenance schedule
- Preventing and responding to elder abuse guideline
- Privacy and dignity guideline
- Psychogeriatric assessment scale
- Rehabilitation co-ordination guideline
- Resident admission guideline
- Resident at risk of wandering guideline
- Resident case conference, review and record folder
- Resident diversional therapy feedback form
- Resident grooming and dressing guideline
- Resident leisure and lifestyle guideline
- Resident menu choices and dietary preferences
- Resident mobility and dexterity guideline
- Resident restraint guideline
- Resident self medication guideline
- Resident sleep guideline
- Residents' information package and surveys
- Review of a resident care plan guideline
- Risk taking by a resident guideline
- Room servicing checklist

- Schedule eight analgesic patch checking charts
- Self medication assessment
- Self medication review
- Senior team meeting minutes
- Sharps injury guideline
- Shop floor safety inspection sheet
- Skin assessment
- Skin integrity guideline
- Social, cultural and religious assessment
- Spectacles and hearing aids guideline
- Speech and comprehension assessment
- Speech pathologist report
- Staff Handbook
- Staff roster
- Strategic objectives 2009/2009
- Technical and complex nursing assessment
- Therapeutic needs assessment
- Toileting assessment
- Transfer and mobility assessment
- Transfer of a resident guideline
- Twenty four hour settling, sleep and rising assessment
- Vision assessment
- Vital observation charts
- Waterlow pressure sore prevention
- Weight charts
- Wound assessment

### **Observations**

The team observed the following:

- Activities in progress
- Administration area
- Barbeque area
- Bathroom
- Cleaners cupboard
- Contenance aid storage area
- Dining areas
- Dressing trolley and dressing materials
- Dumb waiter
- Equipment and supply storage areas
- External courtyards
- Extra services area
- Fire fighting equipment
- Gardens
- Hair dressing salon
- High care meal assist area
- Infection control stations
- Interactions between staff and residents
- Kitchen
- Linen chute
- Living environment
- Lounge areas

- Main dining room
- Medical supplies storage area
- Medication emergency stock
- Medication fridge
- Mission statement
- Nurse's station
- Pan room
- Raised garden beds
- Registered nurse administering medications
- Resident smoking area
- Security cameras
- Security monitoring
- Spills kits
- Staff smoking area
- Storage of medications
- Supervised dining area
- Wanderers alarm on doors

## **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 has a quality continuous improvement program and processes in place for the active pursuit of continuous improvement. The home has an electronic continuous improvement database and a suite of externally developed tools, which have been purchased to assist in the systematic identification and actioning of continuous improvement initiatives. The continuous improvement framework has multiple mechanisms for identifying areas of improvement including issues and concerns forms, audits, minutes from meetings and hazard reports. Planned actions are allocated to individual staff members and the expected outcome is documented. Initiatives are discussed at the continuous improvement committee meeting held every two months which is representative across all service areas of the home. Progress of activities is monitored through the minutes of meetings.

The home reported the following improvements against standard one:

- The introduction of a monthly morning tea for staff to increase moral and to encourage a collegiate environment.
- The introduction of a new nursing model with medication endorsed enrolled nurses as part of the human resource spectrum.
- The application of an electronic nursing documentation system.
- The external sub-contracting of archiving and the investigation of legislation associated with the storage.
- The sourcing of an alternative provider for pre-employment medicals of staff and for immunisation services.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The chief executive officer takes responsibility for sourcing regulatory compliance. Several internet links are used for this purpose, and these are supplemented by subscription to a number of professional associations. Signage required by regulation is in place and current, including complaints information, building compliance records and notification of the accreditation site audit. Application of Standard One regulatory compliance includes the police checking of all staff prior to appointment including volunteers, Board members, auxiliary and external contractors. Memos have been posted to

inform staff of updates to elder abuse guidelines and the home complies with financial accounting standards with the updating of service agreements for residents. The home complies with their legislative requirements relating to compulsory reporting.

### **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

Management has processes and systems in place to ensure staff have the necessary knowledge and skills to perform their roles. This commences at recruitment, supported with orientation and is monitored annually with performance appraisals and through the provision of regular educational opportunities. A training plan is formulated at the beginning of the year for six months and is based on requests from staff, performance reviews, audit results and staff surveys. Attendance sheets are maintained for education sessions and staff are given the opportunity to provide session evaluations. Training attendance is maintained on a database and a number of sessions are mandatory including fire training, manual handling, choking management and hazard analysis and critical control points training (depending on staff work area). Educational opportunities attended by staff under standard one include sessions on the electronic nursing documentation system, the aged care funding instrument, attendance to an information technology conference and training for new enrolled nurses on the transition to their new role.

### **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

The home has recently introduced an electronic comments and complaints system for staff to access and residents, representatives and other stakeholders have access to the maintained paper based system. Forms are readily available throughout the home and external complaints mechanisms are advertised. Residents state they have very little to complain about but would have no hesitation in doing so if they needed to and would use an informal approach rather than completing a form. Comments received from residents commenting on the lack of time available to staff to spend time talking was the catalyst for the implementation of an electronic documentation system and hand held computers.

## 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 is managed by a Board of Governance who meets monthly. The Board delegates operation of the home to the chief executive officer, and monitors the performance of the home at monthly meetings. With input from the chief executive officer, the Board is responsible for setting the strategic objectives of the home and ensuring they are achieved. A strategic planning meeting is held each year and decisions are published and made available to existing and potential residents. Management has documented the homes philosophy and objectives which are made available to stakeholders in the information hand book and to staff in the staff handbook and includes the charter of residents' rights.

## 1.6 Human resource management

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

### **Team's recommendation**

Does comply

The home has a formal recruitment process for all categories of staff and a formal appointment process which includes an orientation session and supported 'buddy' shifts. All staff undergo a pre-employment medical check and a national police check is required. The home uses statutory declarations for staff who have worked overseas. Registration with the nursing regulatory authority is required for registered and enrolled nurses, and enrolled nurses must also demonstrate medication endorsement. These aspects were evident in personnel files. All carers have as a minimum Certificate III in aged care. Staff skills and knowledge are maintained with the ongoing provision of educational opportunities and are monitored formally with annual performance appraisals. A registered nurse is always on duty and/or available. A large pool of call-in staff is available to cover sick and annual leave and on occasions agency staff are utilised.

## 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 are adequate stocks of goods for resident care and services available to the home and staff across all areas confirm they are always able to access what is needed for their work. New equipment is trailed prior to purchase and education and training is provided to ensure safe and appropriate use of new items. New items are placed on the home's electronic asset register to enable the planning of preventative and scheduled maintenance. The home has

allocated areas for stock supplies including supplies for the kitchen and laundry through entrances that ensure quality service delivery.

### **1.8 Information systems**

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

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

Does comply

The home has effective information management systems in place. The home has a confidentiality policy and a privacy policy in accordance with the privacy act; a communication policy guides staff practices for information management. The home has recently implemented an electronic documentation system utilising many available components of the system including wireless hand held devices which has resulted in an increase in efficiency of documentation. The system has levels of secure password entries enabling multi-disciplinary use. Residents, representatives and stakeholders are kept aware of information relating to them via newsletters, meetings and direct mail outs. Staff receive information via handover, diary entries and direct e-mailing through the new electronic system. The home routinely collects and records data relating to the satisfaction and needs of residents and representatives. Staff files and resident agreements are securely stored; archived items are managed off-site. Staff confirm information systems within the home are very good.

### **1.9 External services**

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

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

Does comply

External services are provided at a standard that meets the home's need. The home has an approved suppliers list for food, chemicals, equipment, cleaning, clinical and other external services. All contractors sign a contractor's control kit which includes protocols and documents that must be agreed to, including the provision of national police checks and contracts are renewed annually. Other nominated providers sign to acknowledge the home's occupational health and safety requirements and provide police checks.



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

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

### **2.1 Continuous improvement**

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

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

Does comply

The home has processes and procedures to identify opportunities for continuous improvement as they relate to Standard Two. Clinical indicators are reported and tracked in order to assess the need for change. Audits of clinical practice are carried out, and meetings with residents and relatives contribute to improvements in this standard. Staff are made aware of continuous improvement related matters through attendance at the home's various meetings, as well as reading the distributed continuous improvement newsletter.

The home reported the following improvements:

- The installation of a telephone in the home's respite room.
- The purchase of a new style lifter and walking harness.
- The increase to the physiotherapy assistant hours in response to resident's comments and feedback.
- The purchase of an electronic link which interfaces with the electronic nursing documentation system providing instant access to best practice information and guidance.
- The purchase of sensor alarms for residents at risk of wandering.
- The purchase of four tilt bed/chairs to increase resident comfort.

### **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

Management takes responsibility for ensuring that regulatory change affecting clinical practice is noted, disseminated and implemented as required. The Nursing Board of Tasmania and staff membership of other professional bodies are established sources for this information, for example changes to the medication management standard were disseminated to all trained staff. Registered nurses and enrolled nurses with medication endorsement are aware of their responsibilities in relation to medication management. Annual nursing regulatory board registration records for nursing staff are kept on file and are current.

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

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

#### **Team’s recommendation**

Does comply

The home actively provides training and education opportunities for nursing and care staff. Recruitment strategies ensure that staff are appropriately qualified for their role. Performance appraisals are used to identify areas of education. All care staff are required to have a minimum of Certificate III in aged care and four carers are currently studying Bachelor of Nursing. The team reviewed the homes education attendance records and noted educational opportunities within standard two have included trainee opportunities for formal certification, resident behaviours, palliative care, choking, wound care, dementia, medication management and continence.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

There are systems in place to assess, plan and evaluate residents care needs on entry to the home and on a regular basis and a computerised program has been implemented to assist with the documentation process. An interim care plan is developed on entering the home and after one week assessments are commenced to provide detailed information regarding the residents’ health status and care needs. Care plans are then developed and reviewed six monthly by registered/enrolled nurses during which time consultation takes place with residents and relatives and as care needs change. Medical practitioners visit residents at regular intervals particularly if changes occur in a residents’ health status. Residents and representatives commented that they are very happy with the level of care provided and that clinical care needs are responded to in a timely manner.

### **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 specialised nursing care needs of residents are assessed by qualified staff on entry to the home and as care needs change. Progress notes and charts reflect that regular observations occur in order to monitor and evaluate prescribed treatments. Staff are supported in their clinical practice by policies and guidelines that reflect evidence based best practice and appropriate training and specialised equipment is available to ensure contemporary care is delivered. Additional clinical expertise is obtained from external providers in areas such as wound management, pain management and palliative care services. Residents and representatives report complex care needs are met to their satisfaction.

## **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 variety of health professionals providing services to residents and includes a physiotherapist, podiatrist, speech pathologist, dietitian, music therapist and massage therapist. Residents are encouraged to nominate their preferred medical practitioner prior to admission. Other practitioners such as a dentist, optometrist, continence nurse advisor and audiologist are available for consultation if required. In consultation with residents where appropriate, representatives and the medical practitioner residents are also referred to external services such as a geriatrician, psycho-geriatrician and the dementia behavioural management support team. Records indicate that such services are accessed and that any recommendations or new treatments are communicated to the medical practitioner and resident representatives.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that medication management is administered safely and correctly and complies with regulatory requirements. Residents who are assessed as competent are able to self administer their medications and other residents have their medications administered by qualified staff. Residents’ medications are stored safely and securely. Medication reviews are conducted by an accredited pharmacist with recommendations discussed with the medical practitioner. Medication audits are conducted and analysed at regular intervals. Medication charts indicate resident allergies. Trained staff are assessed for medication management skills using a medication management audit and a knowledge based questionnaire

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents are assessed for pain on entry to the home, every six months and as new pain is experienced by residents. Verbal and non verbal pain assessment tools are used by staff to monitor residents’ pain including residents with a cognitive deficit. Residents experiencing pain and receiving regular treatment are reviewed each day to ensure current treatment is maintaining their comfort. Progress notes, therapy plans and care plans indicate a range of strategies implemented for the treatment of pain including massage, music therapy, hot packs, passive movement exercise, aromatherapy, ultrasound, transcutaneous electrical nerve stimulator and analgesia. Residents and their representatives commented that they are satisfied with staff responses to episodes of chronic and acute pain.

## 2.9 Palliative care

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

### **Team’s recommendation**

Does comply

Residents’ preferences regarding palliative care and terminal wishes are discussed with residents and their representatives in a gentle manner on entry to the home and at regular intervals. Staff are aware and respect the decisions made by residents and family members. An external palliative care team provide services to the home and assist with formulating a plan for residents complex care needs. The residents’ cultural, emotional and spiritual wishes are respected and a pastoral carer is available on site to provide support to residents and their representatives. Grief counselling is available to staff members and families if required. Specialised equipment is available to assist with promoting comfort and dignity for residents.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

On entry to the home residents are assessed and a care plan is developed identifying any special dietary requirements and the need for assistive devices such as cutlery or plate guards. Resident’s weight is monitored monthly, any significant increases or decreases in weight are noted and supplements are introduced as necessary. Fluids are available for residents throughout the day and intake is monitored through observation by staff. Residents identified with swallowing difficulties are referred to the speech pathologist and are provided with the recommended food consistencies. There are systems in place to monitor and respond to residents’ satisfaction with meals and beverages and residents commented favourably on the variety and presentation of food.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

Resident’s skin integrity is assessed on entry to the home and at regular intervals using a skin assessment and pressure sore risk rating tool. All interventions are documented on the care plan. Registered nurses commented that they monitor care staff practices in relation to dependent resident’s movement. Equipment and contemporary wound management products are used to promote residents’ skin integrity and the team observed that appropriate resources are available. Digital photographs of wounds are taken and kept on file. Incident reports are completed for skin tears and statistics are gathered on wound infections which are analysed and reported on monthly. Residents’ representatives expressed satisfaction with the skin care provided.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

Contenance management plans are developed for residents following charting and assessment. Individual continence plans and toileting programs are reviewed and altered according to each resident’s needs. The home has a ‘no limit’ philosophy on the use of continence aids for residents and there is a good supply of aids securely stored on site. Urinary tract infections are monitored and treated, and preventative measures such as increased fluid intake is encouraged. Bowel management programs in place promote measures for the prevention of constipation. Staff and residents’ representatives advise that continence management within the home is well managed.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Residents with identified challenging behaviours of concern are integrated into the general population of the home. Plans of care are developed and implemented according to a range of strategies and outcomes from completed assessments and consultation with resident representatives and staff. Referrals are made to specialist services as required and the leisure and lifestyle program engages residents in a wide range of meaningful activities including an evening program seven days per week. The home has a restraint minimisation policy in place and alternative restraint measures are considered. Restraint is monitored and reviewed regularly and always occurs in consultation. The majority of staff have attended training on elder abuse and reportable assaults and the home has guidelines in place for mandatory reporting. The team observed residents to be calm and settled and residents’ representatives state management and staff manage residents with behaviours of concern with compassion and care.

## **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

Records reflect that an assessment of resident’s mobility and dexterity is conducted by the physiotherapist on entry to the home. Plans of care which include any identified rehabilitation needs are implemented by the physiotherapy assistant five days per week. Documentation indicates that risk assessments occur and that falls are monitored and discussed at meetings. The home provides a wide range of equipment and lifting devices to promote resident’s safe mobility and the home is proactive in the rehabilitation of residents. Records show that staff attend annual manual handling training and staff confirm that they have confidence in using relevant equipment.

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

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

#### **Team’s recommendation**

Does comply

On entry to the home an oral and dental assessment is completed and then reviewed regularly. The level of assistance required to attend to oral hygiene is documented in plans of care. Toothettes are provided to assist with the oral hygiene of resident with cognitive impairment. Any identified signs of ill fitting dentures or poor oral hygiene are referred to a dental mechanic or dentist and residents are supported for internal or external appointments. Registered nurses supervise staff practices regarding oral hygiene and resident’s representatives stated that they are happy with the assistance given to maintain 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

The home has a system in place to identify the majority of residents’ sensory losses on entry to the home and for regular review. Care plan information details the care of reading and other glasses, the management of hearing aids and strategies regarding communication. There is access to an audiologist and optometrist as required and residents are encouraged to access services externally. Residents have access to large print books and talking books. The leisure and lifestyle program includes a sensory program for smell, taste and touch. Residents confirm that they are assisted with fitting and maintenance of aids as required.

### **2.17 Sleep**

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

#### **Team’s recommendation**

Does comply

Resident’s sleep patterns are assessed on entry to the home and reviewed at regular intervals to identify any disturbances to their normal sleep pattern. Information is gathered and included on the care plan. Residents settling and rising routines are observed and respected and alternatives to sedation are offered to induce sleep such as herbal teas, warm milk drinks, massage therapy and aromatherapy. Toileting programs promote minimal disturbances at night and resident’s pain levels are assessed and treated to assist with comfort. Residents commented that they felt secure and comfortable at night and generally slept well.

## **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 processes and procedures to identify opportunities for continuous improvement as they relate to Standard Three. Continuous improvement initiatives are derived from resident and representative compliments, suggestions and concerns forms and monthly resident and representative meetings. Information for residents and their representatives is communicated through attendance at meetings, noticeboards and in the resident newsletter.

The home reporting the following improvements:

- The installation of additional purchased television channels to increase the options of viewing for residents.
- The review of diversional therapy forms.
- The monthly hiring of a big bus for outings.
- The introduction of a resident communal morning tea, rather than residents all having morning tea singularly in their rooms.
- The introduction of raised garden beds.

### **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

Education sessions have been provided on compulsory reporting requirements. Resident information includes the charter of residents’ rights and responsibilities. This information is also included in the resident agreement together with information on complaints resolution, enduring power of attorney and the schedule of care and services. Volunteers are police checked prior to commencing service with the home. The license and accreditation of the bus driver meets legislative 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 recommendation**

Does comply

The homes approach to education and staff development is outlined in expected outcome 1.3 of this report. Staff are encouraged and supported to participate in training relevant to their roles and other educational opportunities are available including access to the on-site sessions. One care staff member is currently pursuing Certificate IV in leisure and lifestyle. The team reviewed the homes education attendance records and noted educational opportunities within standard three have included elder abuse, compulsory reporting, resident behaviours and sexuality and ageing.

### **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

A comprehensive information handbook is available for all new residents and their relatives/representatives that include information pertaining to the home. The home has a system in place to ensure residents receive support in adjusting to life in the home and on an ongoing basis by focusing on 'interaction' and having 'time for a chat' between staff and residents. The assessment process identifies resident's social history and care and lifestyle preferences. Residents are orientated to their new living environment on entry to the home and are encouraged to take part in the 'This is my life' program to enhance their transition into the home and families and friends are welcome to visit at any time to interact or share a meal together. Residents are encouraged to attend resident meetings and to participate in social events and activities and the leisure and lifestyle program incorporates individual time for residents to discuss any settling in problems and provide encouragement along the way. Residents stated that they are made to feel very welcome on entry to the home and continue to feel emotionally supported.

### **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

Residents reported that they are satisfied in the manner they are supported in areas of activities of daily living, individual interests and the way they are supported into maintaining links with the community. Residents are encouraged and supported to maintain their autonomy as much as possible and their physical independence is supported by regular physiotherapy treatments. A range of equipment is available to facilitate independence including the use of mobility aids and adaptive crockery and cutlery. A system is in place to enable residents to access their finances as required. Resident feedback indicates



satisfaction with access to individual community affiliations and family involvement in the home.

### **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 are consulted on entry to the home and are informed of the privacy policy and an explanation of the requirements. Relevant documentation is signed in relation to privacy. The team's observation of staff and resident interaction showed that staff respects the privacy and dignity of residents. Staff in general were observed knocking and waiting for permission to enter resident's rooms and addressing them in a dignified manner. Resident's personal information is stored securely, with access by authorised staff only. Residents interviewed were satisfied with the manner in which staff respect their privacy and maintain their dignity and confidentiality.

### **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' leisure and lifestyle preferences are assessed following entry to the home in consultation with residents and their representatives. The activities program includes a broad range of interests and events involving families, volunteers and the wider community and is responsive to feedback through resident and relative meetings, surveys, individual discussions and review of participation records. Weekly meetings are held to discuss residents who do not participate through choice in programs in order for individual time to be allocated to prevent their social isolation. Residents, through choice, are responsible for managing some of the program including a poetry group and a classical evening program. Residents are responsible for the development of the homes newsletter and large groups of residents attend regular bus outings. Residents and representatives confirm that they are happy with the range of activities offered to them.

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

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

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

Does comply

The home has processes for identifying and recording the individual cultural and spiritual needs of residents. The lifestyle program includes the celebration of birthdays and incorporates cultural celebrations such as ANZAC Day, Australia Day, the Melbourne Cup and any special commemoration for residents with ethnic backgrounds. Church services are held regularly in the home and residents are supported to worship either individually or in a group. The migrant resource centre is utilised as required, the interpreter service is

contacted when needed and the home is a member of the multicultural association. The home has resource materials available for staff reference in relation to specific cultural needs including terminal and end of life wishes. Residents confirm their cultural and spiritual beliefs are respected.

### **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

Resident choice and preferences are identified on entry to the home and care plans formulated with individual choices. Residents participate in decisions about the services provided and are able to exercise choice and control in relation to their lifestyle. Residents' views and opinions are actively sought through regular audits, compliments and complaints systems and at residents' meetings. Residents and their representatives are informed about the internal complaints mechanism and external advocacy services. Residents said the home respects their choices and they are supported in their decision-making.

### **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

Residential care service agreements are in place for residents and include rules of occupancy, a charter of residents' rights and responsibilities, complaints resolution and termination of agreement. Where necessary, the home has accessed the services of a professional interpreter to facilitate the formalities associated with the service agreement. The team observed brochures displayed regarding residents right to advocacy services. Any changes to residents' needs are documented and discussed with the resident and their representative, including instances where the home is no longer able to accommodate the resident due to their increased challenging behaviours or care needs. Residents state they feel secure in their tenure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has processes and procedures to identify opportunities for continuous improvement as they relate to Standard Four. The environment of the home is a source of great pride to staff, residents and families alike. The home promotes a philosophy of ‘hospitality not hospital’ and this infiltrates the culture and practices of the home.

The home reported the following improvements:

- The upgrade of the reception area.
- The installation of external security cameras which connect to staff’s digitally enhanced communication technology telephones.
- The introduction of professional external security patrols.
- The installation of a key pad entry system to the lower entry door.
- The installation of natural gas.
- The purchase and installation of fans in the bathrooms.
- The upgrade to the call bell system.
- The upgrade of the digitally enhanced communication technology telephone system.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home is working toward the introduction of the legislation on food safety standards. A number of processes are in place in preparation for finalisation of the process including the planned appointment of a hospitality services manager to oversee the implementation. The home has systems in place to ensure compliance with legislation and guidelines for fire safety, occupational health and safety and infection control. Clinical staff say they are aware of the requirements for reporting infectious outbreaks and service staff are familiar with, and are able to access, material safety data sheets.

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

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

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

Does comply

The home's system for ensuring that staff has appropriate knowledge and skills to perform their roles effectively is identified in expected outcome 1.3 of this report. Staff were noted to be carrying out their duties using occupational health and safety and infection control principles. Education sessions that staff and management have attended in related to accreditation standard four include fire safety, fire warden training, competency based manual handling session and assessment, back care, meal management and food safety for service staff.

#### **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

The home's environment reflects the safety and comfort needs of residents with one area of the home heritage listed. Residents have access to clutter-free, well-maintained communal, dining and outdoor areas with well appointed soft furnishings. The home is structured across three levels, with elevator access provided between floors. Residents are given the opportunity to furnish their own rooms within occupational health and safety guidelines and have access to call bells to alert staff to their needs. The home carries out preventable and routine building and equipment maintenance. Maintenance requests are logged electronically by staff and include the identification of the risk level of the hazard. A number of environmental strategies have been implemented to avoid the use of bedrails and other restraints including the introduction of a laser motion detection system and wandering alerts for doors. Residents and their representatives were generous in their praise about the living environment.

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

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

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

Does comply

Management demonstrates it is working to provide a safe working environment. New staff are required to undergo a pre-employment health check and an induction program includes a body strain prevention kit. An orientation is provided to staff on commencement of employment which includes information on manual handling, fire and other safety aspects all of which are mandatory annual educational requirements. An occupational health and safety committee meets every two months and is representative of staff across all service areas. A safety inspection of the home is performed annually. The home has an electronic hazard reporting system available to all staff. Staff submitting the hazard report are required to identify the hazard's risk rating and

the registered nurse on duty is always informed. A dedicated rehabilitation health consultant is available for the rehabilitation of staff and the home provides access to an external independent counselling service.

#### **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 established procedures for detecting and acting on fire, security and other emergency risks. An external fire and emergency consultant reviews all the related procedures and holds regular emergency practice sessions for staff. The building is fitted with smoke doors, exit signs, emergency lights, sensors and extinguishers which are checked by an external contractor. Emergency exits are clearly marked and free of obstruction. A resident evacuation list is available at the fire panel and indicates resident's mobilisation ability. External security cameras have been installed which connect to staff's digitally enhanced communication technology telephones and professional external security patrols have been implemented. Staff and residents were able to describe the procedure to follow in the event of a fire.

#### **4.7 Infection control**

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

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

Does comply

The home has guidelines and processes to ensure an effective infection control program is in place. The effectiveness of the program is measured through collection of information related to residents' infections and regular review and reporting of identified trends. There is adequate stock of personal protective equipment available and procedures for outbreak management are in place. Preventative measures include orientation and education for all staff disciplines, an effective cleaning program and a staff and resident vaccination program. The home has effective staff practices and workflows to minimise the risk of cross infection. A food safety program has been commenced, pest control services are provided, sharps are contained and there is a program for containing waste and blood spills. All staff demonstrated an awareness of infection control pertaining to their work area.

#### **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

Resident preferences and clinical needs in regards to dietary requirements are on display in the kitchen. A five week rotational seasonal menu is reviewed by the dietitian and is responsive to resident requests and information gathered from food surveys. Menus are completed by residents a day in advance and

alternatives are offered. All food is prepared on site and served throughout the home using Bain Mariés. Food is also provided to a transitional care unit for which the home has a contractual arrangement. An external auditor has been identified in preparation for Hazard Analysis and Critical Control Points auditing. Staff explained the processes for handling laundry of which resident's personal laundry is managed onsite and all other linen is outsourced. Chemicals are automated into machines and staff use personal protective equipment for one chemical used for soaking clothes. Residents' rooms are cleaned as scheduled weekly and staff are able to identify the use of cleaning materials provided including colour coded mops, chemicals and the colour coding of waste bags. Hospitality service staff work across a number of areas including combined roles of cleaning, laundry and assisting with catering.