



Aged Care  
Standards and Accreditation Agency Ltd

## **Medea Park Hostel**

RACS ID 8020

17 Circassian Street

ST HELENS TAS 7216

**Approved provider: Medea Park Association Incorporated**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 August 2015.

We made our decision on 27 June 2012.

The audit was conducted on 29 May 2012 to 30 May 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



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# Audit Report

**Medea Park Hostel 8020**

**Approved provider: Medea Park Association Incorporated**

## Introduction

This is the report of a re-accreditation audit from 29 May 2012 to 30 May 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 29 May 2012 to 30 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two assessors registered aged care quality assessors.

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

## Assessment team

Team leader:	Gayle Heckenberg
Team member:	Ruth Richter

## Approved provider details

Approved provider:	Medea Park Association Incorporated
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## Details of home

Name of home:	Medea Park Hostel
RACS ID:	8020

Total number of allocated places:	20
Number of residents during audit:	17
Number of high care residents during audit:	4
Special needs catered for:	Nil

Street:	17 Circassian Street	State:	Tasmania
City:	St Helens	Postcode:	7216
Phone number:	0363761355	Facsimile:	0363762006
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	4
Director of Nursing	1	Activity and volunteer coordinator	1
Manager of operational services	1	Catering supervisor	1
Assistant manager of business systems	1	Catering staff	2
Clinical nurse consultant	1	Laundry staff	1
Registered nurses	3	Cleaning staff	2
Care staff	2	Maintenance staff	1

### Sampled documents

	Number		Number
Residents' files	3	Medication charts	3
Summary/quick reference care plans	3	Personnel files	7
Clinical care plans	3	Residential agreements	6
Lifestyle care plan	3	Contractor service agreements	6

### Other documents reviewed

The team also reviewed:

- Absent/absconding residents information
- Admission documentation
- Advocacy brochures
- Allied health and medical practitioner notes and communication forms
- Archive and documentation destruction database
- Care planning, management and review documentation
- Charter of residents rights and responsibilities
- Clinical assessments and charting
- Complaints information posters and information sheets
- Compulsory reporting guidelines
- Confidentiality forms
- Continuous improvement forms/register/framework
- Continuous improvement plan
- Dangerous drugs storage and registers

- Emergency exit lighting checklist
- Emergency procedures
- Employment handbook acknowledgement
- Environmental audits and checklists
- Equipment cleaning schedules
- Feed back for trial of equipment
- Flowchart for the process of orientating a new staff member
- Food safety program
- Hazard alert forms
- Incident analysis and reports
- Induction questionnaire
- Infection control guidelines
- Infection report forms/reports
- Investigation of suspected/actual elder abuse and flow chart information
- Key personnel changes form
- Kitchen communication book
- Letters of engagement
- Letters to staff/volunteers/contractors for renewal of police check
- Lifestyle program documentation
- Maintenance requests
- Material safety data sheets
- Media education planner/internal training calendar
- Medication advisory committee minutes
- Medication fridge temperature monitoring form
- Meeting minutes
- Memoranda
- Menu
- Newsletter
- Notification of orientation
- Nurse initiated and phone order medication documentation
- Nurses registration database and registrations
- Nutrition/dietary advice for catering and changes forms
- Ongoing stores list
- Orientation survey following mentoring
- Palliative care kit
- Pathology reports
- Performance and development reviews

- Pest control reports
- Police check database staff/volunteers/contractors
- Policies and procedures
- Position descriptions /duty descriptions
- Preventive maintenance program database
- Prudential reporting processes
- Recruitment policies and procedures
- Register of comments and complaints/suggestion logs
- Reports on staff evaluations of education sessions
- Resident evacuation list
- Resident food requirements lists
- Residents' information/package/handbook
- Restraint procedures, authorisation and review forms
- Risk assessments
- Rosters
- Safety manual
- Schedule of audits/audits and summary reports
- Self-assessment report
- Specialist reports
- Staff and resident surveys
- Staff development/in-service program evaluation sheets
- Staff task lists and monitoring documentation
- Staff vaccination program
- Staff, volunteer and resident handbooks
- Strategic plan/organisational chart
- Summary hazard reports
- Vision/mission/values statement.

### **Observations**

The team observed the following:

- Activities in progress
- Archive store rooms
- Chemical storage area
- Cleaners' storage and preparation room
- Emergency documentation, equipment and evacuation kit
- Equipment and supply storage areas
- Fire safety equipment
- Food storage



- Hand sanitiser units throughout home/hand washing stations
- Handover meetings
- Infectious waste management system/sharps containers
- Interactions between staff and residents
- Internal and external living environment
- Laundry and cleaning in progress
- Meal service in progress
- Medical and continence aids stores
- Medication and wound trolleys
- Medication round in progress
- Medication storage
- Outbreak management and spills kits
- Security equipment
- Shredders/paper waste container
- Treatment room
- Volunteers assisting residents.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home's management team actively pursues continuous improvement against the Accreditation Standards. A philosophy of continuous improvement encourages staff participation in the quality program and improvement and suggestion forms record opportunities for continuous improvement. The home's continuous improvement plan reflects a broad range of current, closed and projected initiatives allowing for tracking of improvements and capturing milestones. Comments, complaints and compliments, audits, clinical indicators and survey results contribute to the home's self assessment process and continuous improvement plan. Monthly continuous improvement committee meetings involve staff from all areas of the home to discuss, monitor and evaluate activities of improvement. Staff provided examples regarding continuous improvement and residents advised the home continues to explore opportunities to improve and move forward.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- The chief executive officer identified the board of directors did not have a strategic plan. The board together with senior management involvement set aside a strategic planning day, resulting in the development of a strategic plan. Management reported the home now has a formalised document to provide direction in to the future.
- Staff and residents observed the call bell located outside in the designated smoking area for residents was not within reach to call staff if required. As a result, relocation of the call bell to a lower height occurred. Residents and staff now have access to the call bell to gain staff attention.
- A Government funded project became available to provide new computers for resident use. The activities and volunteer coordinator submitted an application and was successful in obtaining the funds to progress the project. The purchase of two new computers with broadband capability occurred. Residents now participate in communicating via the internet with friends and family.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The organisation subscribes to a legislative agency and peak industry bodies in order to receive notification and advice regarding compliance with all relevant legislations. The chief executive officer and director of nursing forward appropriate information to relevant senior members of staff. Senior management review and reflect changes in policies, procedures and guidelines. An effective electronic system exists to ensure currency of all staff, volunteers and contractors for police record checks and statutory declarations. Monitoring of compliance occurs through discussion at the home’s management and continuous improvement committee meetings. Stakeholders access information of changes through meeting attendance, memoranda, notices, letters, shift handover and verbal communication. Residents and/or representatives receive notification regarding Accreditation audits via newsletters, meetings and written matter.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

The home provides support to management and staff regarding opportunities for learning and development to ensure they can perform their roles effectively. A projected plan for education reflects information received through interviews conducted with new employees, the staff appraisal system, legislative requirements, audit and incident results, and from an external media education program. Staff meetings, current resident needs and annual compulsory training sessions assist with the inclusion of relevant topics in the education program. Management maintain records on staff attendance and evaluation of education sessions. Externally funded training programs support staff to complement their career advancement. Staff expressed satisfaction with access to internal and external opportunities for education. Residents acknowledged staff for their knowledge and skills in the delivery of care and services.

Recent education relating to Standard 1 includes:

- Aged care funding instrument training
- better practice conference attendance
- information technology in aged care
- test and tagging course (maintenance).

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

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

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

The home meets this expected outcome

Stakeholders receive information related to internal and external complaints procedures via the residential agreement and resident handbook. Opportunities for comments are available to residents and/or their representatives at resident meetings, through completion of 'comments, complaints, compliments forms', individual consultation and annual surveys. Management have an 'open door' policy and senior personnel initiate response and tracking of comments and complaints within appropriate timeframes. Reporting of all complaints occurs through the continuous improvement committee for discussion and further monitoring. Brochures developed by Government departments and a suggestion box are accessible to residents. Staff raise suggestions or concerns via an 'improvement form', through discussions with management, and by attending meetings and performance reviews. Staff and residents expressed satisfaction with response timeframes to matters raised and that they felt comfortable in approaching management to raise concerns.

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

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

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

The home meets this expected outcome

The home's board assumes overall governance responsibility. A strategic plan provides direction and guidance for current and future planning. A documented mission, vision and values statement reflects the home's philosophy of care. Board members receive support and information through governance training and regarding Accreditation audits. The home's systems reflect a commitment to quality across all services.

#### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has an effective recruitment and selection process to ensure skilled and qualified staff deliver appropriate services across all areas. Management demonstrated and records reflected that the numbers and roles of staff meet residents' needs and respond to changes in residents' health and well being. A comprehensive orientation and induction process supports new employees and current staff including flexible 'buddy shifts'. A mandatory police record checking process occurs. The home ensures availability of position descriptions, duty lists, handbooks, policies, procedures and guidelines to assist in role performance. Management conduct three monthly probationary and annual performance reviews to identify further skills and professional development needs and to enable consultative feedback. Staff confirmed rostering provides sufficient numbers of staff and time to perform their duties. Residents were complimentary regarding their observation of staff skills and knowledge and expressed genuine satisfaction with the care and services they received.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

Management demonstrated availability of stocks, appropriate goods and equipment to ensure quality delivery of services. An annual budget allocation enables input for requests regarding equipment, and a replacement program for particular items occurs. Designated staff facilitate inspection and checking of goods and equipment upon delivery and the home trials and evaluates new equipment. External companies provide education and instructions to staff on correct use of new equipment and newly introduced products. Clean, safe and secure areas provide appropriate environments for stock, goods and equipment. Checklists and reports from external contractors indicate responsive actions to ensure good working order of equipment. A detailed preventive maintenance program and environmental audits facilitate ongoing review, checking and cleaning of equipment. Staff reported goods and equipment are routinely available and maintained and residents advised of their satisfaction with the quality of goods and equipment provided.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The home provides sustainable systems to enable stakeholders to receive sufficient information. This enables effective performance in roles and delivery of quality care and safe services. Paper based documentation systems provide information regarding residents' health, care and well being and an integrated communication system allows for contact between residents and staff. Stakeholders receive information via meetings and minutes, handover, reports, newsletters, memoranda, handbooks, letters and notices. Electronic information systems have regular back up and safe storage off site. Policies and procedures guide mandatory reporting regarding resident assaults and absconding residents. We observed secure storage of confidential information and suitable archiving. Staff and residents stated they receive information and feedback on a variety of topics on a regular basis.

### **1.9 External services**

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

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

The home meets this expected outcome

Management select and utilise preferred suppliers to ensure delivery of appropriate and quality services from all externally sourced providers. This assists in meeting the home's expectations and needs and in achieving their goals. A written agreement indicates the home's requirements regarding services, licensing and insurance. Comprehensive processes ensure legislative compliance regarding currency of police record checks. A review of any concerns raised by stakeholders regarding service provision occurs through management.

Management advised they are generally satisfied with externally sourced services. Staff, residents and representatives reported they are satisfied with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

The home's processes and procedures support continuous improvement relevant to Standard 2. Clinical audits and specific indicators allow for routine collection and analysis of resident incident data. Senior management meet regularly to discuss and review audit results and clinical incident data. Feedback received from residents and/or representatives and staff also contributes to the home's continuous improvement plan.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months are:

- Staff observed their nurse's station was too small, difficult to work in and not in a central location. As a result, relocation to a larger office area next to the high care dining room took place. Staff feedback to management indicates there is closer supervision of residents, easier access to staff by residents and an improved working environment.
- The director of nursing and physiotherapist identified the need to obtain a 'standing transfer lifter'. A trial and evaluation took place resulting in acquisition of the lifter and training on its use for staff. Management reported the enhanced choice of equipment addresses specific needs of residents for safe transfers.
- Residents weight monitoring occurred via the use of a wheelchair access ramp style weigh scale. The director of nursing observed staff wheeling residents long distances to one central point on one side of the building. A decision to purchase a mobile chair scale resulted in a flexible and responsive way of monitoring residents' weight and an improvement in accuracy of weight recordings. Staff feedback noted improvements regarding occupational health and safety.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

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

The director of nursing initiates notification to staff regarding clinical practice regulatory requirements related to health and personal care. Clinical staff receive support in their roles via a range of professional policies, procedures, guidelines and evidence based clinical resource information. All registered nursing staff have current practicing certificates. The

home's guidelines instruct staff regarding reporting of unexplained absences of residents. Registered nursing staff demonstrated and expressed knowledge regarding working within their scope of practice including medication management.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home offers a range of educational topics to staff related to residents' health and personal care. There are systems and processes that monitor the knowledge and skills of staff in order for them to perform their roles effectively.

Recent education relating to Standard 2 includes:

- continence management
- medications in aged care
- pain management – use of analgesics
- work place first aid training.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

The home's systems ensure residents receive appropriate clinical care relevant to their care needs. Clinical assessments, conducted on entry to the home, provide the basis for an interim care plan to guide staff practices. Over time staff complete comprehensive assessments which detail residents' needs and preferences. Residents and/or their representatives contribute to care plan development and ongoing reviews. During the regular review process qualified staff review care plans and confirm ongoing evaluations conducted by staff. Staff advised they have access to residents' clinical care information via handover meetings, a communication book, charts, assessments, progress notes, specialist reports and care plans. Clinical leaders monitor the standard of care provision using observation, competencies, a staff appraisal program and incident report outcomes. Residents expressed 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 findings**

The home meets this expected outcome

Registered nurses identify and assess residents for specialised care needs on entry to the home. Staff review resident's individual care needs regularly, consult with relatives/and or



representatives and document and communicate changes. Care plans include reports and strategies from specialists. The home currently provides palliative care, wound management, complex pain management, catheter care, diabetes management and speech pathology. Staff and documentation confirm qualified staff provide specialised nursing care to residents. Residents and representatives confirmed referrals to specialists occur as required.

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

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrated referrals occur to health specialists according to residents’ needs and preferences. Initial assessments, consultations with residents and/or their representatives and regular reviews identify services required. Health professionals providing services to the home and advice to staff and medical practitioners include a physiotherapist, podiatrist, mental health consultant and a dementia advisory service. Staff assist residents to attend appointments to a dentist and dental mechanic and other services as required. Staff reported they are satisfied with services provided by visiting health professionals. Residents and representatives confirmed residents’ are referred to appropriate specialists as needed and preferred.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrated safe and correct management of residents’ medication in accordance with regulatory requirements. Staff assess residents’ medication needs on entry to the home and review them regularly. Qualified staff administer medications from a blister pack system and complete annual medication competencies Paper based charts with photographs record allergies, instructions for administration, medical practitioners’ orders and evidence of medication administration. Residents who self-administer medication have a drawer to store their medications safely and qualified staff review their practices. Senior staff and management monitor the system using an annual medication review and medication incident analysis and reporting. We observed safe and secure storage of medications and staff administering medications using safe practices. Residents expressed satisfaction with the pharmacy services and advised they receive their medications on time.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home ensures residents are as free from pain as possible. Staff assess resident’s pain management needs and preferences in consultation with the resident and medical practitioner. Registered nurses develop care plans to guide staff practices and pain management is reassessed regularly or reviewed if not effective. Care plans include strategies such as analgesia, massage, gentle exercise, heat therapy, diversional therapy and emotional support. Registered nurses and medical practitioners monitor the

effectiveness of the home's program. Staff confirmed they have training to respond to verbal and non-verbal cues, are aware of individual preferences and report to the registered nurse if pain management strategies are not effective. Residents confirmed they are satisfied with how staff provided assistance to manage their pain.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The home ensures the comfort and dignity of terminally ill residents is maintained. Residents and their representatives are encouraged to discuss end of life wishes with their doctor and staff. Care plans record residents' wishes. When caring for residents in the palliative phase staff assess residents for pain relief, hygiene needs, oral care, skin care, nutrition and hydration and have access to specialist equipment. Registered nurses and management monitor the effectiveness of the program. Staff have received education in palliative care and have access to palliative care resources for advice and consultation. Representatives reported that the home meets the physical and emotional needs of terminally ill residents and their families.

## **2.10 Nutrition and hydration**

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

### **Team's findings**

The home meets this expected outcome

The home demonstrates that residents' receive adequate nutrition and hydration. Registered nurses assess residents' nutrition and hydration on entry to the home and develop detailed care plans which they review regularly. Staff monitor resident's weights regularly and more frequently if there are nutritional and hydration concerns. The medical practitioner is informed and referrals made to dentist, dietician and speech pathologist as needed. The home provides textured food in accordance with practitioner's recommendations. Assistive devices are available to maintain residents' nutrition and drinks are available at all times. Staff stated they are aware of individual's specific care needs such as nutritional supplements, swallowing difficulties, thickened fluids, vitamised meals and special diets. Residents and representatives confirmed they are happy with the home's approach in meeting residents' nutrition and hydration.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

Residents' skin integrity is consistent with their general health. When residents enter the home staff, in consultation with the resident, assess residents' skin integrity to identify any pre existing condition or disease and care plans are developed documenting specific strategies. Registered nurses conduct skin assessments regularly and care plan reviews take place regularly and as required. Medical practitioners, in consultation with wound

specialists, provide advice and wound management support. Registered nurses and medical practitioners monitor skin care through collection, analysis and reporting of information about skin tears, wounds and infections. Photographs have been introduced to help monitor wound care progress. Staff reported satisfaction with the resources and equipment to provide skin care and wound management. Residents stated staff provided ongoing support with their skin care and treatments.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

The home effectively manages residents’ continence needs. Registered nurses assess residents’ requirements after charting their needs when they enter the home. Care plans indicate the assistance required, and regular review ensures care is responsive to changes. Registered nurses monitor the care provided taking into account mobility, cognitive status and medications, and consultation with medical practitioners occurs if required. There are toilets available throughout the facility and staff monitor residents’ skin integrity. Staff confirmed and we observed adequate stock levels of continence aids appropriately stored. Staff have had recent training in continence care. Residents reported the home meets their continence needs and maintains their privacy and dignity.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home manages residents with behaviours of concern effectively. Registered nurses develop an interim care plan to guide staff practices after consultation with representatives, medical practitioners, treating specialists and a review of diagnosis and documentation. Clinical and lifestyle staff chart behaviours of concern and registered nurses develop ongoing care plans. Care plans include information on individual resident’s triggers for behaviour and a range of strategies to guide staff responses and there has been recent training for staff. Registered nurses and management monitor the effectiveness of care using reviews of behaviour incidents. Medical practitioners refer residents to specialists and dementia advisory services as required. The home has secure monitoring systems to alert staff when residents attempt to leave the home. Residents stated they felt safe and that staff show respect and protect the dignity of residents.

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

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

### **Team’s findings**

The home meets this expected outcome

The home achieves optimum levels of mobility and dexterity for all residents. A visiting physiotherapist provides initial and ongoing assessment of residents’ functional ability with a focus on falls prevention and pain management. Registered nurses develop care plans which include a falls risk assessment and details strategies to maximise resident’s independence

and safe mobility. A physiotherapy assistant and leisure and lifestyle staff implement individualised plans and programs to maintain and improve residents' mobility and dexterity. A variety of walking aids, transfer and lifting equipment is available to promote and maintain residents' mobility. Registered nurses and management monitor residents' mobility and dexterity through incident reporting and analysis of falls. Staff confirmed annual, mandatory manual handling training. Residents expressed satisfaction with the support provided to maintain or improve their mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

The home demonstrated there are systems to maintain residents' oral and dental health. On entry to the home, staff consult with residents and/or representatives and staff conduct an initial oral and dental assessment. Registered nurses develop care plans which include strategies for oral hygiene and maintenance of dentures. A review of care needs takes place monthly and toothbrush replacement occurs regularly. The home supports appointments with dentists and dental mechanics. Staff explained strategies used to assist residents with their oral care and we observed oral care products available to residents and a system for replacing used equipment. Residents confirmed staff support and assist them with their oral and dental care and they have access to dental services.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

The home has a system to identify and support residents with sensory losses. Staff develop care plans based on assessments of all senses which include individualised communication strategies and details care required for glasses and hearing aids. The home assists residents to access external allied health practitioners such as optometrists as required. The home's lifestyle program supports the inclusion of residents with sensory deficits and lifestyle staff offer residents a sensory program including hand massages and music. The kitchen has a range of condiments and assistive devices available at meal times. The environment is uncluttered with handrails to assist residents moving through the home. Residents and representatives confirmed they are satisfied with the home's support of residents with sensory losses.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

The home ensures residents are able to achieve natural sleep patterns. Registered nurses develop care plans based on consultation with residents and/or their representatives and assessment of residents' needs. Care plans document strategies such as sleep and settling times, appropriate room temperature, quiet environment, warm drinks and emotional support. Residents are encouraged to participate in activities during the day and provided with a

range of hot packs, massage, hot drinks and reassurance. Staff consider pain, behaviour and continence management to decrease wakeful moments and encourage settling. Staff consult medical practitioners if strategies are not effective. Staff regularly review care plans and registered nurses monitor staff practices. Residents reported they felt safe and secure at night and generally have a restful sleep.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

The home actively pursues continuous improvement related to Standard 3. Information from resident meetings, lifestyle program audits and surveys results provide further opportunities to contribute to the continuous improvement plan. The home initiates feedback via circulation of notices, newsletters, meeting attendance or direct communication.

Examples of recent improvements undertaken in relation to Standard 3, Resident lifestyle includes:

- Residents requested an expansion of the activity program. Staff accessed a volunteer to assist with implementing an art class. Residents now attend classes every two weeks and activity staff advised residents provide very positive comments about the art program. A display of art works is evident throughout the home.
- A suggestion from a dementia advisory service to capture residents’ life histories resulted in the introduction of Alzheimer’s Australia books for recording relevant information. Staff advised that in particular, the information assists in guiding the activity program for residents with a diagnosis of dementia.
- In order to assist the physiotherapy program for residents to move forward the director of nursing and the physiotherapist identified a need to employ a physiotherapist assistant. An activity staff member completed formal training and is to commence in the role in the near future. An allocation of five hours per fortnight has occurred. Management stated they envisage positive outcome for residents regarding exercise programs and promoting independence.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

The home’s systems enable distribution of any legislative changes regarding resident lifestyle to ensure compliance. Policies and flow charts on elder abuse provide staff with information on mandatory reporting procedures. Volunteers have current police record checks. The resident handbook and residential agreement provides documentation in relation to residents’ privacy, rights and responsibilities and security of tenure. Residents

and/or their representatives receive notification of important changes through attending resident meetings, notices, letters and newsletters.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home offers a variety of educational topics related to resident's lifestyle to assist staff to perform their roles effectively. Opportunities available to staff occur by attending external conferences and seminars and the home's internal training program.

Recent education relating to Standard 3 includes:

- dementia
- dignity in care – not an optional extra
- protecting older people from elder abuse
- respond effectively with difficult and challenging behaviour.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Lifestyle staff and volunteers support residents to adjust to life in the home. Initial assessments identify individual circumstances and needs and a care plan is developed. The lifestyle and clinical staff, inclusion of families and the routines of the home provide support on an ongoing basis. Residents provide feedback on their adjustment to life in the home after one month through a survey and staff interview residents after two months to ensure the home has identified all issues. Review of the care provided occurs at need and every two months. The home accesses specialised support services on identification of requirements. We observed staff interacting with residents in a friendly, supportive and caring manner. Residents said they felt welcome on entering the home and expressed satisfaction with the ongoing support they received.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home provides assistance for residents to maintain their independence and to participate in the community. There is a system for residents to express their ideas,

suggestions, comments and complaints. Able residents are involved in planning and reviewing their care on a regular basis, they are able to access their civic rights such as voting and some contribute by completing tasks in the home. Activities are organised according to resident needs and representatives and friends are actively encouraged to visit. Community links are encouraged and enabled by volunteers so residents can visit local shops and community resources. Residents and representatives said staff supported residents to be as independent as possible.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home recognises and respects residents' privacy, dignity and confidentiality in accordance with residents' individual needs and preferences. On entry to the home staff record preferred names and seek permission to display residents' photographs. Confidential resident information is securely stored and managed. The home assists with advanced care wishes and provides a palliative care program. Double rooms have privacy screens and there are various indoor and outdoor meeting spaces for families to meet privately. Staff sign confidentiality agreements on commencement with the home and there are privacy statements in resident and staff handbooks. Staff work practices respect residents' privacy and dignity. Residents stated staff are respectful of their privacy and dignity when caring for them.

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

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

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

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities. Staff identify residents' social, cultural and religious needs on entry to the home, and develop care plans which are reviewed two monthly. The home displays the activities calendar in prominent places and staff provide reminders about individual sessions to residents. The lifestyle program includes group activities such as exercises, music, singing and gardening and the program ensures residents have individual time with carers. Residents attend a variety of community activity and education programs. Volunteers assist with activities. Activities staff review the program through meetings, surveys and care plan reviews. We observed activities in progress, viewed photos of a wide range of activities and residents stated they have things to do to keep busy and interested.

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

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

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

The home meets this expected outcome

The home has processes to identify, recognise and foster individual interests, customs and beliefs. Lifestyle staff conduct an assessment of individual needs on residents' entry to the



home and care plans provide information on individual needs. The home celebrates relevant community events such as Anzac Day. The home regularly offers church services and assists residents with religious programs. Residents complete an annual survey and discuss cultural and spiritual activities at resident meetings to monitor the program. Residents said the home supports and respects their interests and spiritual needs.

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

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

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

The home meets this expected outcome

Each resident has the opportunity to participate in decisions about services they receive and regular resident meetings provide the forum for participation in decision making. There is accessible information on internal and external avenues for making suggestions and complaints and accessing advocacy services. Staff and residents are aware of residents' rights to refuse treatment, to participate in activities as they desire and to exercise their preferences. The home records residents' terminal wishes. An external practitioner is available to advocate for and support residents and representatives during difficult times. Staff reported they understand and respect residents' preferences and give them priority. Residents advised they are comfortable with their ability to decide about their care and exercise control over their lifestyle.

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

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

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

The home meets this expected outcome

The provision of resident security of tenure information is available either on entry to the home or during the initial inquiry stage. The resident's agreement also provides information on security of tenure provisions, fee structure, specified services and leave entitlements. Consultation regarding transfers to other rooms in the home occurs in conjunction with the resident and/or their representative. We noted resident files contain information regarding residents' rights and responsibilities and the complaints processes. Residents advised they are satisfied with the information provided to them regarding security of tenure and they feel safe and secure in 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”.*

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

The home’s systems, procedures and guidelines support continuous improvement relevant to Standard 4. Staff incident and hazard alert information, environmental audits and occupational health and safety committee members contribute towards the home’s continuous improvement plan.

An example of improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 includes:

- Construction of a gazebo at the rear of the building occurred to facilitate an undercover area for staff access. Staff welcome residents’ use of the area and management reported the gazebo has enhanced the external living environment.
- Although the home had placed hand sanitiser units in certain areas of the home, the physiotherapist suggested increasing the number of units in order to enhance infection control practices. Installation of a further five units occurred and management reported staff and visitors have improved access.
- Management sought to reduce the use of physical restraint within the home. A review of residents with physical restraint in place occurred resulting in a reduction in the use of bed rails and bed poles. Management advised that in to the future the bed replacement program will further enhance the opportunity to minimise the use of physical restraints.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

The home ensures compliance with legislation and guidelines relevant to the physical environment and safe systems and includes infection control and occupational health and safety. The home has demonstrated compliance with building certification, fire and emergency procedures and food safety requirements. Staff demonstrated and expressed knowledge and understanding of processes to follow in the event of a fire and/or emergency, and management of an infectious outbreak.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

An effective education program for staff across all areas in relation to health and safety is available. The induction/orientation process and annual mandatory training program provides topics including manual handling, fire safety, elder abuse and food safety. Staff expressed their knowledge in the areas of occupational health and safety, fire and evacuation systems and infection control.

Recent education relating to Standard 4 includes:

- food safety
- work cover – health and well being
- complying with infection control
- fire refresher training.

### **4.4 Living environment**

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

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

The home meets this expected outcome

The home provides accommodation consisting of a combination of single rooms with ensuite and shared rooms with communal bathrooms. Management actively work towards providing a living environment that is clean, safe and has comfortable furniture. The home is spacious and has sitting areas throughout the home. The external environment provides opportunities for enjoying the outdoors and grounds reflect regular attendance. Staff report hazards and complete maintenance requests. Residents' rooms reflect individual preferences and clear uncluttered areas. Access to call bells, a routine 'lock down' procedure and random security patrols of the external grounds ensure a safe home environment. Residents expressed appreciation of their internal and external living areas.

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

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

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

The home meets this expected outcome

Management actively pursues occupational health and safety with the aim of ensuring a safe working environment in order to meet regulatory requirements. The system consists of policies and procedures, incident and hazard reports and an occupational health and safety committee with representation from all work areas. The home provides a range of equipment to minimise the risk of injury to residents and staff. Monitoring of occupational health and

safety occurs through environmental audits, analysis of incidents and hazards, from observation of practices and feedback from staff. Material safety data sheets exist for the safe use of chemicals. Staff demonstrated knowledge regarding hazard and incident reporting and confirmed their attendance at annual manual handling training.

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

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

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

The home meets this expected outcome

The home has systems to manage fire, security and emergencies and fire equipment, floor plans and fire procedure instructions are located throughout the home. An evacuation pack contains a current resident evacuation list and resident wrist bands. Emergency exits are clearly marked and provide clear access and egress. Specialist contractors regularly test and maintain fire detection and fire fighting equipment. The home has a process for the tagging and testing of electrical appliances. The home provides staff with education on fire and emergencies during orientation and via a bi-annual mandatory fire and emergency training program. Staff expressed knowledge and provided examples of what to do in the case of fire or other emergencies occurring.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home demonstrated there is an effective infection control program overseen by the infection control committee. Comprehensive infection control policies and procedures guide staff practices in the control and minimisation of infectious incidents and outbreaks. Completion of Infection reports occur and monthly analysis of clinical infection data is completed and discussed at meetings. Pest control reports confirm regular attendance at the home. The home offers a staff vaccination program and promotes residents vaccination in consultation with medical practitioners. We observed the use of appropriate personal protective equipment, an effective clinical waste system, spills and outbreak management kits. Staff demonstrated and expressed sound knowledge regarding infection control procedures.

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

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

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

The home meets this expected outcome

The home provides hospitality services in a way which enhances residents' quality of life and all staff in their working environment. Staff identify, record and review residents' individual dietary needs and preferences and make them available to kitchen staff. Staff provide meals in a communal dining room or residents' rooms as they prefer. The kitchen provides food with covers to keep the food hot. Cleaning staff maintain a clean environment following cleaning schedules and infection control guidelines. Task lists guide routine work and managers use them to monitor performance. Resident clothing and linen is laundered onsite

in accordance with infection control guidelines and labelling services are available to residents. Supplies and equipment are available and chemicals are stored in a safe manner. Scheduled audits monitor the home's hospitality services and, if required, education and maintenance services are available. Residents and representatives expressed satisfaction with the hospitality services at the home.