



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Numbala Nunga Nursing Home**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Numbala Nunga Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Numbala Nunga Nursing Home is three years until 18 February 2014.

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

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

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

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

The Agency has taken into account the following:

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

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		Numbala Nunga Nursing Home			
RACS ID:		7426			
Number of beds:		26	Number of high care residents:		26
Special needs group catered for:			Culturally specific service for residents of aboriginal descent		
Street:		Sutherland Street			
City:	DERBY	State:	WA	Postcode:	6728
Phone:		08 9191 1402		Facsimile:	08 9193 1105
<b>Approved provider</b>					
Approved provider:		Uniting Church in Australia Frontier Services			
<b>Assessment team</b>					
Team leader:		Karen Malloch			
Team member:		Anne Rowe			
Dates of audit:		1 December 2010 to 2 December 2010			

<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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Does comply

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Numbala Nunga Nursing Home
RACS ID	7426

### **Executive summary**

This is the report of a site audit of Numbala Nunga Nursing Home 7426 Sutherland Street DERBY WA from 1 December 2010 to 2 December 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44/44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Numbala Nunga Nursing Home.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 1 December 2010 to 2 December 2010

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:	Karen Malloch
Team member:	Anne Rowe

## Approved provider details

Approved provider:	Uniting Church in Australia Frontier Services
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## Details of home

Name of home:	Numbala Nunga Nursing Home
RACS ID:	7426

Total number of allocated places:	26
Number of residents during site audit:	26
Number of high care residents during site audit:	26
Special needs catered for:	Culturally specific service for residents of aboriginal descent

Street:	Sutherland Street	State:	WA
Town:	DERBY	Postcode:	6728
Phone number:	08 9191 1402	Facsimile:	08 9193 1105

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Numbala Nunga Nursing Home.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Director of nursing	1	Residents/representatives	6
Clinical nurse manager	1	Physiotherapist	1
Registered nurses	2	Catering staff	2
Care staff	4	Cleaning staff	1
Activity officer	1	Maintenance staff	1
Administration assistant	1	Disability services coordinator	1
Kimberley individual and family support association staff	2		

#### Sampled documents

	Number		Number
Residents' files	9	Medication charts	8
Daily care plans	8	Personnel files	4
Comprehensive care plans	8	Progress notes (electronic)	8
Resident archived file (palliative care)	1		

#### Other documents reviewed

- Accident incident records
- Appointments diary
- Archive register
- Aromatherapy treatment charts
- Audits/surveys
- Blood sugar level records
- Care staff communication book
- Chemical register
- Clinical work instructions

- Competency records
- Continuous improvement files
- Daily handover sheets
- Dietary notification record
- Doctors book
- Drinks list
- Duty statements
- Enteral feeding guidelines and regime
- Final wishes list
- Fire and emergency manual
- Fire systems maintenance records
- Infection control file
- Job descriptions
- Kitchen food safety records
- Maintenance file
- Material safety data sheets
- Medication incident reports
- Meeting minutes staff
- Memoranda
- Menu
- Policies and procedures
- Referrals and reports file
- Refrigerator monitoring records
- Registered nurse communication book
- Regulatory compliance file
- Residents' information handbook
- Rosters
- Schedule 8 medication records
- Service contracts
- Staff availability forms
- Staff handbook
- Staff newsletter
- Staff police check matrix
- Staff professional registrations
- Toileting regime and pad check documents
- Training calendar and staff training records
- Two hourly turn records
- Wound assessments and care plans.

### **Observations**

- Activities in progress
- Archive room
- Chemical storage
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Laundry
- Lunch, afternoon tea in progress
- Notice boards and displayed information
- Storage and administration of medications.



## **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 that 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 processes in place to actively pursue continuous improvement. Opportunities for improvement are captured through complaints and suggestions, surveys, accidents and incidents, hazard reports, audits, clinical indicators, and meetings. Information from these sources is logged, acted upon, and evaluated, and items that require ongoing action are transferred on to the home’s continuous improvement plan. Staff and representatives gave examples of continuous improvement, and they reported satisfaction with management’s responsiveness to feedback.

Examples of recent or planned continuous improvement activities relevant to Standard One are listed below.

- Staff feedback identified the need for a set master roster, and in response a two week roster has been developed and implemented. Management reported that identifying gaps in shifts is easier, and staff now have a set shift pattern. Staff reported that this is working well.
- To support the English language and literacy program, a two weekly newsletter has been implemented for staff. This is coordinated by administration staff and is attached to staff pay slips. It contains information about events within the home and items of interest. Management reported that a recent staff survey provided positive feedback about the newsletter.
- The home identified that information regarding residents and staff was not easy to locate. To address this, a new filing system has been introduced. All staff now have an individual file that contains work details, training and performance management information. Resident files have been organised to contain appropriate referenced information. A checklist is in place to ensure appropriate documentation for both residents and staff has been completed. Suitable storage has been purchased and installed. Management and staff reported that information is now readily accessible.
- The home identified the need for facilities to store resident information. An archive room has been established, and procedures include an archive index, and processes for appropriate deposit and disposal of documents. The room has appropriate security.

### **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

There are processes in place to ensure the organisation complies with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various industry groups, and policies are updated accordingly. The manager is notified of any changes, and staff are informed as required via memoranda, letters, notices, and meetings. The home has processes for monitoring professional registrations and police checks on new and existing staff, and

contracted professionals. Residents, representatives, and staff have access to brochures regarding the complaints investigation scheme. Residents and representatives were informed of the accreditation audit.

### **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

There are processes in place to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Training needs are identified via observation of staff, accident and incident reporting, clinical indicators, complaints, and training needs analysis. New staff receive an orientation, and there is a 'buddy' system in place to provide additional support. The organisation provides mandatory, elective and competency based training opportunities, and training is evaluated for effectiveness. Staff interviewed reported that they receive education appropriate to their roles. Residents and representatives interviewed reported staff have appropriate knowledge and skills.

Examples of education and training in relation to Standard One are listed below:

- Orientation
- Workplace English language and literacy
- Certificate IV in aged care
- Understanding accreditation
- Complaints and grievance.

### **1.4 Comments and complaints**

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

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

Does comply

Residents and representatives are informed about internal and external complaint mechanisms via the residents' handbook, the residents' agreement, notice boards, and in one-on-one discussions Management reported, and documentation confirmed, that all complaints are followed up and used to identify opportunities for improvement. Staff are aware of their role in managing verbal complaints and reported that they frequently advocate for residents, and reported management are quick to respond to suggestions. Representatives interviewed stated that management are responsive to any comments and complaints.

### **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 organisation's vision, mission and values statement is displayed throughout the home and included in relevant documentation. The mission, values and vision of the organisation are documented in the resident handbook, and staff are informed of the philosophy of the organisation at orientation and via the staff handbook.

## **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 systems and processes in place to ensure that the numbers and types of staff are appropriate to ensure services are delivered in accordance with the Accreditation Standards, and the home's philosophy and objectives. The manager monitors staffing levels and staff skill mix by taking into account residents' needs, the location of the building, supervision requirements and information collated from accident and incident reports. Seasonal staffing issues are managed through on going recruitment in partnership with a local employment support agency, and staff work additional hours to cover periods of sickness and absence. Staff reported they have current duty statements and job descriptions, and have sufficient time to complete their tasks. Residents and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided by staff.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

There are systems and processes in place to ensure adequate stocks of goods and equipment are available for quality service delivery. Procedures to monitor the quality and stock levels of goods and equipment used within the home are established. Designated staff order stocks and supplies. A maintenance program is in place for essential equipment, and hazard reporting, and workplace safety inspections are undertaken to ensure that all equipment remains operational. Representatives and staff reported satisfaction with the availability and suitability of goods and equipment provided and used.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has systems, procedures and processes to ensure information is managed in a secure and confidential way. Staff and resident information is stored in a secured location and is only accessible to authorised personnel. Current service policy, legislative information, administrative and educational information is provided to staff through memoranda, team meetings, staff noticeboards, and relevant service manuals. Informal one to one meetings are used to inform residents and representatives of relevant matters. Information regarding changes to residents' care needs are communicated to staff through staff meetings, handovers, communications books and resident care plans. Electronic information is accessible by a secured password and data is regularly backed up to prevent loss of important information. There is a system in place to archive documents. Residents and representatives interviewed are satisfied with the information provided by the home.

## 1.9 External services

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

### Team's recommendation

Does comply

There are systems in place to ensure all external sourced services are provided to meet the needs of the home and quality service levels. The corporate office manages large contracts with approved suppliers and contractors, and smaller suppliers are managed at a local level. Service agreements are in place that describe the responsibilities of the relevant parties, insurance arrangements, police clearance and qualifications where appropriate. The contracts are reviewed on a regular basis, and feedback is obtained from the home regarding service performance. Management, staff, residents and representatives are satisfied with the quality of services from external service providers.

## 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

Refer to Expected Outcome 1.1 Continuous Improvement for an overview of the home's continuous improvement systems.

Examples of recent or current improvement activities related to Standard Two are described below.

- The home identified that the medication policy did not reflect the home's current practice in the administration of controlled drugs. Policies and procedures have been reviewed and amended to reflect the responsibilities of the enrolled nurses. Staff have been informed of the updated policy.
- Following advice from a continence consultant, open back night attire with velcro fastenings have been purchased by female residents. Management and staff reported that the new garments allow residents to be changed in bed with minimal disturbance, reducing friction on skin and minimising discomfort for less mobile residents.

### 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

All registered nursing staff and allied health care professionals are registered with the appropriate bodies. Medications are stored and administered in accordance with relevant guidelines. The home monitors any changes in legislation and alerts the staff through meetings or memoranda. All residents are provided with care, delivery of services, and goods and equipment in accordance with legislative requirements.

### **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

See Expected outcome 1.3 Education and Staff Development for an overview of the education and staff development system.

Examples of education and training related to Standard Two are listed below:

- Contenance
- Medication competency
- Wound care
- Dementia care essentials
- Aboriginal safety and palliative care.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents’ health care needs are identified on completion of a range of standardised assessments, progress notes, and from information conveyed in aged care assessment information, medical or discharge summaries. Care plans are developed and include a daily and a comprehensive care plan to guide staff. Daily care plans are reviewed every three months by registered staff, and comprehensive plans six monthly. A medical practitioner representing a regional indigenous health service regularly visits the home, and refers residents to specialist services as required. Case conferences are held bi-annually, and representatives have the opportunity to discuss resident care with clinical staff. Residents and representatives interviewed expressed satisfaction with their clinical care.

### **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

Residents’ specialised nursing care needs are identified following assessment, and a specialised nursing care plan is developed to provide instructions to staff. Registered nurses deliver specialised care such as gastrostomy feeding and diabetes management. Care plans include the procedure for staff to follow, special guidelines, and blood sugar level parameters. Registered staff reported and the team observed, sufficient equipment, products, and clinical information are provided. Staff are provided with training to ensure they have the knowledge and skills to undertake the specialised care, and residents reported they are satisfied with the care provided by staff.

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

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

### **Team’s recommendation**

Does comply

Residents are assessed on entry to the home by the multi-disciplinary health team that includes registered staff, care staff, and the physiotherapist. Other health services undertaking residents assessment and assisting with planning of care include a dietician, speech pathologist, psychogeriatrician, and podiatry service is available. Residents are assisted to attend external specialist appointments, and instructions to staff regarding changes are provided through written reports and verbal feedback. Registered staff reported, and documents verified, that they understand the referral process.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Policies and procedures are established to guide staff in the safe and correct ordering, storage and administration of medication. Medication is administered using a multi-dose blister pack by a registered nurse. Registered staff complete a medication competency to ensure they are skilled and trained in medication management. Allergies are identified, and care plans are developed for medication administration. Medication audits are undertaken according to the audit schedule, and incidents are reported and actioned. Residents’ medication is monitored by the medical practitioner, and an annual review is undertaken by an authorised pharmacist. Staff reported that they assist the residents to take medication, and administer medication according to the care plan.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Systems and processes are in place for the identification, assessment, care planning, review and ongoing management of residents’ pain. Residents have a pain assessment conducted on entry to the home, and an evaluation chart follows to ensure the interventions are effective. Care plans for pain management are developed, and management strategies include pressure relieving mattresses, analgesia, and aromatherapy. Pain assessments are used for the identification of pain in residents who are able to describe their pain, and for those unable to so. Staff interviewed stated that they report any sign of pain to the registered nurse, and residents reported that staff assist them with all their care needs, including 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 or representatives have the opportunity to record their end of life wishes on entry, or thereafter as preferred. A palliative plan is developed in liaison with the medical practitioner, representatives and registered staff when required. The regional palliative care

coordinator is accessed regarding end of life services when required, and assistance is provided including pain management strategies. Equipment is in place to provide additional comfort during palliation, and full nursing care is undertaken by care staff. Residents and representatives have the opportunity to report cultural preferences and requirements during palliation, and documents verified that staff contact the appropriate religious representative on request. Staff have undertaken education in palliative care and reported that they understand the care required, including respect for cultural observances.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The nutrition and hydration requirements of all residents are identified on entry, and monitored on an ongoing basis. Residents’ preferences, special needs and allergies are recorded, and communicated to relevant staff. All residents have their weight monitored monthly by the registered nurse. Residents identified with weight loss or nutrition and hydration problems have access to a speech pathologist or dietician. Altered textured diets and special cutlery aids are provided, and staff were observed to be assisting residents with their meals, drinks and afternoon tea according to their care plan. Staff reported that a number of residents refuse extra drinks, and they report refusal to registered staff. Residents and representatives reported satisfaction with the meals and drinks.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Processes are in place to assess residents’ skin integrity and pressure area risk following entry to the home. The care plan is developed, and details interventions to maintain residents’ skin integrity that include preventative strategies such as a pressure relieving mattress, pressure relieving booties, and regular repositioning. Registered staff attend wound management, and incidents such as skin tears and falls are actioned, reported, and forwarded to the director of nursing for analysis and trending. Staff reported that they have education in wound management, and residents and representatives reported they are satisfied with the care provided by staff.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

There is a system to identify, assess, monitor and evaluate residents’ continence care needs on entry, and as required. Care plans are evaluated three or six monthly, and detail individual toileting programs and the assessed continence aids. Bowel management programs include daily monitoring, adequate fluids, high-fibre diet, regular toileting, and medication. Registered staff report urinary tract infections to the residents’ medical practitioner, and alternative strategies to reduce infections are in place. Staff interviewed, reported they follow a toilet and pad check list, and residents reported satisfaction with the care.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

The needs of residents with challenging behaviours are identified during the initial assessment period, and a behaviour chart records the residents’ behaviour and interventions to manage and reduce challenging incidents. Specialist services are accessed to assist management of residents who require increased intervention, including a psychogeriatrician and the dementia behavioural advisory service. Recommendations are documented to guide staff, and include individual therapy interventions, and aromatherapy. Behavioural care plans are developed, and reviewed six monthly by registered staff. Restraint authorities are in place and include chemical restraint. Staff described individual strategies used to effectively manage and prevent challenging behaviour, and staff were observed to be assisting residents who were confused or restless.

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

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

#### **Team’s recommendation**

Does comply

Residents’ mobility and dexterity needs are assessed on entry by the registered nurse, including their risk of falls, and a mobility and transfer scale. This is followed by an assessment by the physiotherapist, and a care plan developed reflective of the residents’ assessed needs. Transfer requirements and walking aids are documented on the care plan to guide staff. Residents’ falls are recorded and followed up by registered staff, with further monthly review undertaken by the director of nursing. Residents identified as having falls, or at increased risk, are referred to the physiotherapist for further evaluation. Residents are encouraged to maintain their mobility and dexterity by the provision of assistive equipment such as walking aids and wheelchairs. Staff reported that there is sufficient equipment to assist them in safe transfer of residents, and residents and representatives reported they are satisfied with the care provided by staff.

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

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

#### **Team’s recommendation**

Does comply

An oral health assessment is completed for all residents on entry, with information to guide staff documented on the care plan. An evaluation of the residents’ daily care plan is conducted every three months, followed by a review of the comprehensive care plan six monthly. Referral is made to oral health services as required, and a recent review of identified residents has been undertaken by a dental therapist. Residents with identified swallowing difficulties, or nutritional problems are referred to the speech pathologist or dietician. Staff reported, and care plans verified, that a number of residents have a mouth wash to assist in oral hygiene. Residents and representatives reported they are satisfied with the assistance from staff for their oral and dental care.



## 2.16 Sensory loss

*This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.*

### Team’s recommendation

Does comply

The sensory impairment of all residents are identified and recorded on the initial clinical assessment that includes assessment of speech, communication, hearing, vision, taste, touch and smell. Care plans reflect the assessment information and are evaluated three or six monthly. Staff organise referrals to appropriate health specialists, in consultation with the resident, representative and medical practitioner. Aromatherapy is provided to identified residents, and cooking activities are included on the activity program to stimulate residents with sensory loss. Staff interviewed, described the assistance they provide to residents with sensory loss, and residents reported satisfaction with their care.

## 2.17 Sleep

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

### Team’s recommendation

Does comply

All residents sleep and rest pattern is assessed on entry. Specific instructions on the residents usual preferred bed time and settling routines are recorded on the care plan. Interventions include helping to change into night attire, and if awake, assistance to the toilet. Regular review of the plan is undertaken, and disturbed sleep patterns are reported to registered staff who liaise with the residents’ doctor. Staff reported that the residents generally sleep well, and they are aware of residents who have disturbed sleep patterns. Residents reported that staff assist them at night if they cannot 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 recommendation

Does comply

Refer to Expected Outcome 1.1 Continuous Improvement for an overview of the home’s continuous improvement systems.

Examples of recent or current improvement activities related to Standard Three are described below.

- Following a successful grant application the home has purchased a new bus for residents’ outings and appointments. The bus can accommodate disabled residents. Currently four staff can drive the bus, and the activity officer is applying for his bus licence. Management reported that the current bus is old and unreliable, and the new bus will be more suitable to meet the needs of immobile residents.
- Following a support contact visit the home has reviewed all residents therapy needs, and have implemented a diversional therapy plan for each resident. Therapy staff completed

appropriate training, and management reported that all residents' activity needs have been identified.

### **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

Processes and systems are in place to identify and ensure that the home has ongoing regulatory compliance in relation to residents' lifestyle. The home offers each resident an agreement that outlines fees and tenure arrangements. The charter of residents' rights and responsibilities is included in the residents' handbook, and displayed in the home. Current compulsory reporting of residents absent without explanation, and elder abuse guidelines are in place to ensure residents are protected. Education records viewed, showed that staff receive compulsory training on these guidelines.

### **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

See expected outcome 1.3 Education and Staff Development for an overview of the education and staff development system.

Examples of education and staff development undertaken or in progress relevant to Standard Three are listed below:

- User rights
- Privacy and dignity
- Elder abuse and mandatory reporting
- Advocacy.

### **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

There are processes in place to orientate and support residents on entry to the home, and staff provide information to the resident during this time to assist them in settling in. A social history is undertaken from information provided by other services, representatives, staff and the resident. The home maintains links with other external agencies that provide emotional support to identified residents and provide individual therapy sessions, including massage and taking the resident on outings into the local community. Residents and representatives are encouraged to personalise their rooms with photos and personal effects. Staff described ways they assist new residents to settle into the home, including assisting them to sit beside other appropriate residents, and relatives. Representatives stated they are welcomed when they visit.

### **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' mobility status is assessed on entry by the registered nurse and physiotherapist, and care plans are developed that identify interventions to encourage and assist residents to maintain their independence. An external agency liaises with the home to take residents into the community to attend activities on a regular basis. Mobility aids such as walking frames and wheelchairs are provided, and residents were observed to be assisted by staff to move about the home. Staff reported, and documentation verified, residents take social leave to spend time with their families in the community. Residents interviewed reported that they are satisfied with the way in that they are encouraged to maintain their life outside 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

Established systems are in place to ensure residents' privacy is maintained, including the secure storage of confidential records. All staff are provided with information regarding confidentiality of resident information at orientation. The residents' bedrooms comprise of single and double rooms, and shared en-suite bathrooms. Privacy screens are in place, and residents have call bells situated appropriately. Staff reported that residents are called by the culturally appropriate term until they are aware of the residents preferred name. Preferred names are documented, and residents reported staff have sufficient time to assist them with their daily care without rushing.

### **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

All residents have a social history undertaken on entry that includes the residents' likes and dislikes. The activity program is conducted five days a week and is undertaken by activity staff, and overseen by the director of nursing. Residents have access to a range of activities that include sensory and cognitive therapies, with social activities. The program includes movies, music, outings into the community, craft, art and ball games. A barbeque is held each week, and residents' representatives are encouraged and assisted to attend. Staff reported that residents participate in the program, and enjoy going out into the community where they meet their relatives and families. Residents and representatives reported they are satisfied with the activity program.

### **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

Residents' cultural and spiritual backgrounds are identified on entry and communicated to staff via care plans. Services are held at the home, and residents have access to a priest or church representative of their preference. Religious and significant days such as Easter and Christmas are observed, and residents attend an annual ceremonial meeting (corroboree) held in the region. Residents reported, and activity notes verified, that staff assist residents to attend funerals outside the home and spend time with their families. Staff undertake education in cultural awareness on orientation, and staff and management reported that a number of dialects are spoken by staff members. Representatives and residents reported that they are satisfied that their cultural needs are being met.

### **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 assessments are conducted on entry and include preferences regarding their care needs, dietary likes and dislikes, and preferred activities. Residents are enabled to express choice and have input into decision making about the services they receive initially, and on an on-going basis. Choices include their preferred clothing, shower times, menu choices, and participation in activities. Staff interviewed outlined some of the ways in that they encourage residents to make decisions about their care and lifestyle. Details of authorised persons for residents with decision making disabilities are documented. Residents reported they are satisfied with the choices they have at the home.

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

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

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

Does comply

The home has processes in place to ensure residents have secure tenure within the home. On entry to the home, residents or representatives receive a resident agreement and handbook that outlines security of tenure, residents' rights and responsibilities, and the services offered at the home. External advocacy and guardianship/administration are used as required. Consultation is undertaken with residents and representatives prior to room transfers within the home, and changes to the provision of services. Information on residents' rights and responsibilities is on display, and staff are provided with education and training regarding residents' rights. Residents and representatives reported that they are satisfied residents have security of tenure at 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 recommendation**

Does comply

Refer to Expected Outcome 1.1 Continuous Improvement for an overview of the home’s continuous improvement systems.

Examples of recent or current improvement activities related to Standard Four are described below.

- Following complaints from residents and staff, the home is installing split level air-conditioning units throughout the building. Currently there is air-conditioning in communal areas only, and while bedrooms have provision of ceiling fans, the rooms are very hot and uncomfortable in the warmer weather. Work is confirmed as starting on 3 December 2010. Management and staff reported that this will greatly improve the comfort of the environment for all.
- In response to dissatisfaction in the current laundry service, a new laundry is being installed on site. Currently all flat linen and personal clothing is laundered at the local hospital. New washing machines and dryers have been purchased, and staff have been identified to work in the laundry. Management reported that once the detergent dispensers are in place, the laundry will commence operation within the following week. Management reported that this will improve management of resources, quality and efficiency of the laundry service.

### **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

Systems and processes are in place to identify and ensure that the home has ongoing regulatory compliance in relation to the physical environment and safe systems. Food safety, occupational health and safety, fire safety, chemical storage, and the living environment are regularly audited internally, and by statutory bodies. Changes to regulations are communicated to staff through meetings and memoranda, and policies and procedures are amended accordingly. Staff, residents, representatives and stakeholders are formally notified of regulatory changes.

### **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

See expected outcome 1.3 Education and Staff Development for an overview of the education and staff development system.

Examples of education and training provided relevant to Standard Four are listed below:

- Manual handling
- Fire and emergency
- Infection control
- Food safety
- First aid 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 recommendation**

Does comply

The home's management are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in a mix of single and shared rooms with ensuite bathrooms, and are able to personalise their space. There are systems to ensure the home is maintained, clean, and is free of clutter and odours. Communal areas of the building have air-conditioning, and residents have ceiling fans in their bedrooms. Regular inspections and maintenance of the home are conducted to ensure it remains comfortable and hazard free. Staff were able to describe appropriate procedures to follow in order to ensure the safety and comfort of residents. Residents and representatives reported that the noise levels and temperature of the home are comfortable, and that they feel safe and secure.

#### **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

Processes are established to ensure that staff are educated during their orientation, and thereafter, regarding their occupational health and safety (OSH) responsibilities. The home has an OSH representative on staff, and policies and procedures are available to guide staff in relation to their responsibilities. The home undertakes environmental auditing and workplace safety inspections to identify and manage actual or potential hazards, and ensures that equipment is routinely maintained through a preventative and corrective maintenance program. Staff demonstrated an awareness of safety management processes, and confirmed management is active in providing a safe working environment

#### **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 processes for identifying, managing and minimising fire, safety and security risks. The organisation contracts an external contractor to service and maintain all fire equipment. Staff are required to attend mandatory training sessions. There is fire warden and fire extinguishers training, in the use of and evacuation procedures in all emergency situations are conducted.

A range of emergency procedures are available to guide staff, including fire, cyclone and intruder guidelines, and manuals are strategically placed at the entrance to the building. A

resident transfer list is kept to assist with emergency evacuation. There are emergency exits that are clearly marked, free from obstruction, well-lit and secure. Staff are able to describe the necessary actions they would take in the event of discovering a fire or other emergencies.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program in place. Relevant education is provided to staff at orientation, and further training takes place annually and when required. Processes such as hand washing stations, anti-bacterial dispensing stations, spill kits, outbreak management plans, and single colour coded cleaning products are provided to enable infection control practices to be implemented and maintained. Resident infections are monitored and an audit schedule is in place. Residents are satisfied with the home's infection control procedures, and staff demonstrated awareness of infection control guidelines and practices applicable to their area of work.

#### **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

Systems and processes for catering, cleaning and laundry are provided to meet the individual needs of residents. The home monitors the quality of hospitality services through internal and external audits, resident satisfaction surveys and feedback mechanisms. Residents' dietary and cultural needs are documented on entry and reviewed regularly or as required, and information is conveyed to the kitchen staff. Meals are freshly prepared on site in accordance with a dietician approved rotational menu, that is reviewed regularly and allows for choices and alternatives of meals. Housekeeping services are undertaken according to a schedule that is audited regularly, laundering of residents' personal clothing and linen is undertaken off-site. All hospitality services are provided in a manner that meets current infection control guidelines and requirements. Resident and representatives reported satisfaction with the home's hospitality services.