



Aged Care  
Standards and Accreditation Agency Ltd

**Para Hills Private Nursing Home**  
Approved provider: L P Rositano & M Rositano & R  
M Rositano and S P Rositano

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for two years until 31 August 2013. We made the decision on 11 July 2011.

The audit was conducted on 14 June 2011 to 15 June 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

Home's name:	Para Hills Private Nursing Home				
RACS ID:	6962				
Number of beds:	50	Number of high care residents:	47		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• People with dementia or related disorders</li> </ul>				
Street:	50 Kesters Road				
City:	PARA HILLS	State:	SA	Postcode:	5096
Phone:	08 8250 7044		Facsimile:	08 8285 9399	
Email address:	parahnh@bigpond.com.au				

### Approved provider

Approved provider:	L P Rositano & M Rositano & R M Rositano and S P Rositano
--------------------	---

### Assessment team

Team leader:	Mary Dunn
Team member:	Jeane Hall
Dates of audit:	14 June 2011 to 15 June 2011

**Principle:**

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

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

**Principle:**

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

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

**Principle:**

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

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

**Principle:**

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

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



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Para Hills Private Nursing Home
RACS ID	6962

### **Executive summary**

This is the report of a site audit of Para Hills Private Nursing Home 6962 50 Kesters Road PARA HILLS SA from 14 June 2011 to 15 June 2011 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 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Para Hills Private 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 14 June 2011 to 15 June 2011

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:	Mary Dunn
Team member:	Jeane Hall

## Approved provider details

Approved provider:	L P Rositano & M Rositano & R M Rositano and S P Rositano
--------------------	---

## Details of home

Name of home:	Para Hills Private Nursing Home
RACS ID:	6962

Total number of allocated places:	50
Number of residents during site audit:	47
Number of high care residents during site audit:	47
Special needs catered for:	People with dementia or related disorders

Street:	50 Kesters Road	State:	SA
City:	PARA HILLS	Postcode:	5096
Phone number:	08 8250 7044	Facsimile:	08 8285 9399
E-mail address:	parahnh@bigpond.com.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Para Hills Private 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	10
Partners	2	Cook	1
Quality staff	1	Laundry and cleaning staff	2
Registered nurses	2	Diversional therapy staff	2
Enrolled nurses	2	Maintenance staff	2
Care staff	3		

#### Sampled documents

	Number		Number
Residents' assessments, progress notes and care plans	7	Medication charts	16
Lifestyle care plans	5	Personnel files	5

#### Other documents reviewed

The team also reviewed:

- Audit schedules, audit tools and various audit reports
- Cleaning schedules and audits
- Comments, compliments and complaint records
- Continuous improvement documentation
- Food preference and dietary requirements forms
- Food safety plan and audit results
- Job descriptions
- Licences for relevant staff and allied health providers
- Maintenance schedules and electric tagging records
- Material safety data sheets
- Memos, letters, emails
- Menu cycle and dietitian review
- Newsletters
- Nurse initiated medication list

- Policy and procedure documents
- Recruitment policies and procedures
- Resident agreement
- Resident assessment tools
- Resident handbook, information package
- Schedule S4 and S8 medication licence
- Staff rosters
- Staff training needs analysis, certificates, records, evaluations and competency assessments
- Various improvement project reports
- Various meeting minutes
- Various safe work procedures, hazard and incident logs, workplace inspections
- Wound care charts and review schedule

### **Observations**

The team observed the following:

- Activities in progress
- Comments and complaints information on display
- End of life wishes on resident files
- Equipment and supply storage areas including chemicals
- Interactions between staff, residents and representatives
- Internal and external living environment
- Locked suggestion box
- Medication administration and secure storage
- Rights and responsibilities posters on display
- Sensor alarms and floor mats
- Sensory assessment kit
- Staff and resident noticeboards



## Assessment information

This section covers information about 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 recommendation

Does comply

The home has developed systems and processes to identify and action opportunities for improvement across the four Accreditation Standards and is able to demonstrate measurable results for stakeholders. A variety of methods are being used to gather data and monitor and evaluate continuous improvement, including planned audits and staff and resident feedback. Issues identified are added to the plan for continuous improvement and addressed according to the allocated timeframes. Progress is monitored by Quality Committee. Continuous improvement is reported in the home’s monthly newsletters and discussed at all meetings, including resident meetings. Residents and staff are aware of the home’s quality management systems and how they can contribute to continuous improvement. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- The home has responded to results of an efficiency audit and reviewed staff hours and job descriptions. As a result, staff hours and job descriptions have been reviewed and amended to reflect the needs of the residents. Diversional therapy hours have been increased by five hours per week for a sundowners’ program and an additional three personal care hours have been allocated to this program. Night staff hours have been extended by one and a half hours each day to ensure adequate coverage in the late evening. The morning personal care shift has been extended by half an hour each day and cleaning hours have been increased by one hour each day. Allied health has increased with physiotherapy attendance at the home increased from once per month to four times per week and podiatry visits increased from once every six weeks to weekly visits. Staff appreciate the increased hours and report that this assists them in caring for residents. Residents commented on the increased exercise and massage available.
- Staff communication has been improved following the expansion of the home’s memo system. Staff feedback was that they did not feel sufficiently informed of events in the home. A system has been introduced whereby relevant information on adverse events, trends, clinical indicators and improvement activities is followed up through the memos system. Staff report that they are now better informed and that the information flow has improved staff morale.
- Staff records have been improved following audit results. It was identified that staff did not have a separate personnel file and that information was held in a variety of locations. The home sourced and purchased suitable folders. All new staff personnel information is now located in one file. Management is systematically creating personnel files for all existing staff. Management report that the information is easy to manage and is readily accessible as needed.

## 1.2 Regulatory compliance

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

### Team's recommendation

Does comply

The home has systems and processes to manage and monitor regulatory compliance. Changes that affect the operation of the home are passed to the director of nursing for action. Relevant information is summarised and made available to all staff through memos, newsletters and at staff meetings. Changes in legislation that are considered to be of an urgent nature are passed to staff through the memo system. Staff are required to acknowledge in writing that they have read and understood these memos. The home has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the Accreditation site audit within the legislated timeframes, and maintaining an updated asset register. Staff at the home understand and use the system.

## 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

Staff and resident feedback is combined with planned audits and regular performance appraisals to develop the annual training calendar and monitor staff knowledge and skills for performing their roles effectively. A staff recruitment program is used to identify prospective staff who meet resident preferences and the philosophy of the home. Staff are encouraged and assisted to access external and internal training and development, including the use of the Aged Care Channel. Management is aware of the benefit of up-skilling and currently three care staff and one enrolled nurse are being supported to undertake registered nurse training, one staff member being supported to undertake Certificate IV Leisure and Lifestyle and one staff member studying Certificate IV in Front Line Management. Education and development in management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last 12 months in a range of topics, including management systems, workers compensation, Accreditation and the Aged Care Funding Instrument.

## 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 confirmed their awareness of the home's internal and external complaints processes. The resident agreement and rights and responsibilities posters displayed in the home provide residents with information about their rights, and the internal and external complaints mechanisms available to them. The home's internal complaints process is provided in a variety of languages. Processes such as monthly surveys, resident meetings, and comments and complaints forms provide

avenues for raising concerns. Comments and complaints are reported at the monthly Quality Committee meetings. Trends are identified and improvement forms generated when an opportunity for improvement is identified. The Aged Rights Advocacy Service visits the home each year to address residents and staff. Staff assist residents to use the system when this is required.

### **1.5 Planning and leadership**

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

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

Does comply

The home has documented its mission and vision statements and code of conduct. These statements are clearly displayed in the home.

### **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

Residents and representatives are generally satisfied with staff responses to residents' care needs. The director of nursing combines resident care needs with clinical indicators and staff and resident feedback to determine the number of appropriately qualified and skilled staff required for direct care needs and service delivery. Additional hours are accessed as needed to meet residents' changing needs. Management is responsive to staff feedback and staffing hours have been increased across all areas in the last 12 months. Recruitment processes identify prospective staff who are resident focused and have the necessary skills to provide care and services in line with the home's philosophy. Training, credentialing, staff education and performance review is ongoing. Results of surveys and audits show there are sufficient skilled staff available to deliver the care and services required. Staff have sufficient time for their duties.

### **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

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for residents and staff. The ordering of goods is managed by several staff with various areas of responsibility within the home. The home has a preventive and corrective maintenance program and access to external contractors for the maintenance and calibration of plant and equipment. New equipment is purchased in consideration of staff and resident feedback. Staff, residents and representative are satisfied there are adequate and appropriate stocks of goods and equipment available to provide quality care and services.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

The home has established processes and procedures to ensure information is managed in a secure and confidential way, including restricted access to resident and staff information. Policies and procedures are progressively reviewed and are accessible for staff. Information regarding changes to residents' care needs is communicated to staff through the handover process, communication books and resident records. Staff appreciated recent improvements in care plan documentation to guide staff practices. Computer access is through electronic passwords and data is backed up daily. The service has processes in place for document archiving and destruction. Newsletters, one-to-one interviews and care consultation are used to inform residents and their representatives of relevant matters. Residents and their representatives have access to information to assist them to make decisions about their care and lifestyle on entry to the home and on an ongoing basis. Information management is monitored through informal feedback, the audit system and comments and complaints.

## 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

Residents and representatives are encouraged to comment on external service provider's performance and are satisfied with the quality of externally sourced services. The home has a list of preferred suppliers and combines this with local suppliers to provide services required. Staff are consulted regarding the use of suppliers and various elements of service delivery and are satisfied with external services. Contracts are regularly reviewed and changes are made when services received do not meet the needs of residents or the home.

## **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

Resident incident data is analysed and combined with planned audits to identify contributing factors and trends to provide opportunities for improvement. The home is using a variety of methods to evaluate continuous improvement activities and is able to demonstrate measurable results for residents in health and personal care. The home demonstrated results of improvements relating to health and personal care including:

- Palliative care has been enhanced following the creation of a palliative care kit. Staff identified the need for palliative care resources to be located in one area. A palliative care kit has been created and includes all items needed for use when a resident is palliative. The kit has been used for one resident and staff report that the kit worked well and that it was useful to have items located in a readily accessible kit. The resident's family commented on the positive use of the kit.
- Medication management has been improved following the introducing of a sachet medication system. Clinical staff identified the need for an improved medication system to reduce the risk of medication errors caused when manually dispensing and crushing tablets. Best practice methods were researched and a sachet system introduced. Staff education sessions were held in the use of the new system and a Medication Management Committee established. Audit results since the introduction of the system have shown a decrease in medication errors.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has processes to monitor regulatory compliance relating to residents' health and personal care including, the provision of prescribed care and services, medication management and the registration of nurses. Changes in legislation that are considered to be of an urgent nature are passed to staff through the memo system. Staff are required to acknowledge in writing that they have read and understood these memos. Staff at the home understand and use the system.

### **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

Annual performance appraisals are combined with a system of orientation, feedback and review to provide staff with access to ongoing training and development relevant to their roles. Regular audits, surveys and annual competency assessments are used to monitor staff knowledge and skills. Education and development in health and personal care has been provided to nursing and personal care staff over the last 12 months in a range of topics, including dysphagia, sensory loss, pain management and wound care.

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

Residents and their representatives are generally satisfied they receive care appropriate to their needs and preferences. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Comprehensive assessments have been introduced to improve and streamline the care planning process. Registered nurses review and evaluate care assessments at least four monthly in consultation with residents, representatives, general practitioners, allied health, care and lifestyle staff. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Incidents, falls, skin integrity, infections and medication errors are collated and monitored, with any trends and opportunities for improvement identified.

## **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 and representatives are satisfied they are provided with specialised nursing care according to their needs and preferences. The home’s assessment processes identify residents’ specialised nursing care needs and appropriate care plans are implemented. Registered nurses attend to specialised nursing care, including complex wound management and narcotic pain management when required. Enrolled nurses and personal carers work within their role and function, reporting to a registered nurse when changes in residents’ health or care needs require re-assessment. Palliative care, mental health services and other specialist advice are accessed externally when required. Staff confirm they have received education and are appropriately qualified to meet residents’ specialised nursing care needs.

## **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 and representatives are satisfied they are referred to appropriate specialists as needed and as preferred. The home has processes for referring residents to health specialists in accordance with assessed needs and preferences. A physiotherapist, dietitian, podiatrist and general practitioners visit the home on a regular basis. Referrals to other health professionals such as dental and speech therapist are initiated in consultation with residents and their representatives as required. Residents are assisted to attend external appointments when necessary. Referrals and care recommendations are documented and implemented. There are communication systems to assist in prompt and accurate referral and communication with medical officers and allied health professionals. The home monitors staff practices and the referral process by consultation with residents and families, monitoring and review of care and the audit process.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied that medications are managed safely and correctly. Registered and enrolled nurses administer medications from sachet packs. A registered nurse assesses residents’ medication administration needs on entry to the home and at regular intervals. Nurse initiated and ‘as required’ medications are administered in consultation with a registered nurse who reviews the ongoing use and effectiveness. An annual medication update is required for registered and enrolled nursing staff. Incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications. A Medication Management Committee has recently commenced which monitors and reviews current medication practices, incidents and any changes to legislation.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively. The home has processes for identifying, assessing, managing and reviewing the effectiveness of strategies used to manage residents’ pain. Staff are aware of non-verbal signs of pain in residents with cognitive impairment and use appropriate assessment tools. Strategies for managing pain describe residents’ specific needs. The physiotherapist and aromatherapist are actively involved in assessing and treating pain. Residents with difficult to manage pain are referred to external agencies and specialists. The care review conducted by registered nursing staff includes review of ‘as required’ medication and review of pain relief strategies and preferences such as repositioning, heat packs, massage and pressure relieving devices.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Representatives are appreciative that palliative care can be provided at the home. There is a process in place to maintain the comfort and dignity of residents at the end of their life. On entry or when appropriate, residents and their representatives are asked to provide information about residents' end of life wishes. Comfort care equipment is available including aromatherapy oils and relaxing music. Specialist palliative care services are consulted when required. Residents and representatives are supported by staff during the palliative care phase. Staff practices and palliative care services are monitored by the audit process, informal feedback from relatives and regular review of care services.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the home's approach in meeting their nutrition and hydration needs. A nutritional screening tool, at least monthly weighs and consultation with the resident or their representative identify nutrition or hydration risk factors. Monitoring of weight changes has improved with the use of a computerised spreadsheet and purchase of a weigh chair. Dietary needs, portion sizes, food and fluid preferences and requirements for meal assistance are documented and available to all staff who serve meals or drinks. Dietary supplements and referral to a dietitian are implemented when inappropriate weight loss is identified. A dietitian visits regularly and has reviewed all residents. Speech pathology assessment for residents with swallowing difficulties is arranged and reviewed as required, with food and drink consistency modified accordingly. The nutritional content of the home's menu has been reviewed by a dietitian and recommendations have been incorporated.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied the home provides appropriate care in relation to maintenance of skin integrity. The skin assessment includes a risk scale and care plans outline interventions to prevent skin breakdown, such as special mattresses, protective clothing, positioning, mobility programs and massage. Planned skin care strategies and preventive measures are regularly reviewed and evaluated by a registered nurse. Staff receive relevant training and report changes in skin condition to the registered nurse. The physiotherapist, podiatrist, aromatherapist and hairdresser assist with regular improvements in residents' skin integrity. Referral to external specialists is arranged as required. Incident causes are analysed to identify opportunities for improvement across the home.

## **2.12 Continence management**

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

### **Team's recommendation**

Does comply



Residents and their representatives are satisfied with the care they receive to meet their continence needs. The home has processes for assessing residents' continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. Regular care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. Prevention measures such as high fibre, pear juice and extra fluids are offered as part of the regular daily programs. A visiting continence nurse advisor assesses and reviews residents as required and attends to planned urinary catheter changes. Staff receive training to improve their knowledge and understanding of continence practice. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence.

### **2.13 Behavioural management**

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

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

Does comply

Residents and representatives are satisfied with the way the home manages challenging behaviours. The home assesses and plans behaviour management strategies to meet the individual needs of residents. The causes of residents' behaviour are identified and strategies to redirect residents are based on their personal interests or needs at that time. Care plans alert staff to any risks and identify strategies for the management of behaviours. The home has focused on improving behaviour management and reducing the need for restraint. Lifestyle staff are rostered until late afternoon to assist in the management of evening behaviours. Referrals are made for specialist behaviour management services as a need is identified. Registered nursing staff monitor behaviours by review of care documentation, follow-up of care staff feedback and observation of staff practices. The behaviour management team meets monthly to review incidents and individual residents' needs, and plan effective management strategies.

### **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 and their representatives are satisfied with the home's support to achieve optimum levels of mobility and dexterity. Their needs and falls risks are assessed using a multidisciplinary approach, and motion sensors and low bed heights are used to minimise the risk of falls. Physiotherapy hours have increased to enable all residents to be promptly assessed, with treatment programs and exercise plans implemented for staff to follow. Strategies such as massage, exercises and individual walking programs assist to maintain or improve residents' mobility and dexterity. Care staff are aware of each resident's needs and manual handling precautions. The home has environmental inspections, hazard reporting and a corrective and preventive maintenance system to correct any safety hazards. Falls are monitored and addressed in consultation with care staff, residents and their representatives, general practitioners and the physiotherapist.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the home’s approach to managing oral and dental care. The oral and dental assessment is included with care plan information to guide staff regarding individual care needs and preferences. Oral and dental care is evaluated during the regular care evaluation. Care staff report changes in oral and dental health or changes in appetite for registered nurse assessment. Further training is planned following a recent audit which identified that care staff could improve in attending to residents’ 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

Residents and representatives are satisfied with home’s approach to managing residents’ needs in all five senses. Resident sensory deficits are comprehensively assessed using a sensory assessment kit as a component of the home’s admission and ongoing review program. Strategies are identified and monitored to facilitate greater sensory ability. General practitioners and registered nurses refer residents to specialists for review and residents are assisted to attend services outside the home. Lifestyle activities and aromatherapy include strategies to stimulate residents’ senses. Care staff are aware of how to manage individual resident’s sensory needs. Staff are trained to assist residents with maintaining and fitting aids that assist their sensory function. Staff practice and the environment are monitored through the home’s audit schedule.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the assistance given to enable them to achieve normal sleep patterns. Sleep assessments and care plans provide information regarding sleep patterns and preferred settling routines. Residents who experience sleep disturbance are monitored and measures such as pain management, massage, hot drinks and snacks assist residents to settle. Any sleep disturbances are investigated and strategies are implemented. Registered nurses use care staff feedback, progress notes, review of sedation and pain medications, and consultation with residents to evaluate and monitor sleep management.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The home uses its quality improvement system to identify and action opportunities for improvement in resident lifestyle. Processes such as surveys and audits are used to demonstrate measurable results for residents. Progress is monitored by the Quality Committee. Residents are aware of the home’s quality management systems and how they can contribute to continuous improvement. The home demonstrated results of improvements relating to resident lifestyle including:

- Emotional support for all residents has been enhanced following the trial of an activity for one resident. Diversional therapy staff trialled the use of a memory book for one resident with challenging behaviour. The resident’s family provided photographs and information and the book was used to assist in calming the resident when agitated. This proved to be successful and has now been introduced for all residents. Staff and families comment on the reduction in agitation in residents with dementia and families of residents without dementia are enjoying providing the information and discussing the memory book with their relatives.
- Activities for residents with dementia have been increased with the introduction of the late afternoon/evening program. Staff identified increased agitation in residents with dementia in the late afternoon. External advice was sought and a specific program added to afternoon activities. Additional staff hours have been allocated between the hours of 2pm and 7pm to facilitate this program. The program operates seven days a week. Clinical indicators have shown a reduction in agitated behaviour in the afternoon for residents who participate in the program.

### 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

Information technology and links with appropriate peak bodies monitor regulatory compliance relating to resident lifestyle. This includes the provision of lifestyle and activity programs consistent with the *Quality of Care and User Rights Principles 1997*, protecting residents’ privacy, maintaining confidentiality of resident information and providing resident agreements that assist them to understand their rights and responsibilities. All changes are reviewed and passed to relevant staff for action. Staff at the home understand and use the system.

### **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

A system of orientation and peer review is combined with the aged care channel to provide staff with ongoing training and development relevant to their roles. Staff are encouraged and assisted to access training and development relevant to their roles. One lifestyle staff member is currently studying Certificate IV Leisure and Lifestyle. Education and development in resident lifestyle has been provided to care and lifestyle staff over the last twelve months in a range of topics, including privacy and dignity, grief counselling and elder abuse.

### **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

Residents and their representatives are satisfied with the level of emotional support given on entry and on an ongoing basis. The Social/Human and Lifestyle Needs form is sent to all residents prior to entry and staff use this information to assist residents settle in to their new environment. Each resident has a memory book to assist with their emotional well being. Where needed, residents have an individual depression care plan to assist with managing their symptoms and residents and representatives have ready access to pastoral care groups who visit the home each week. Representatives are encouraged to visit the home and join activities or have meals with residents.

### **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 and their representatives are satisfied with the way staff assist residents to retain their independence and maintain meaningful relationships. The home has assessment processes to identify residents' individual interests, preferences, family and community associations, and monitor and review the effectiveness of strategies implemented. Each resident has a physiotherapy assessment on entry to the home and residents are facilitated to attend hydrotherapy sessions as required. Family involvement, access cabs and the home's vehicle assist residents to maintain community associations, including attending the local library and senior citizens' clubs in the region.

### 3.6 Privacy and dignity

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

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

Does comply

Residents and representatives are satisfied with strategies staff use to respect residents' privacy and dignity, including respecting their privacy during personal care and using their preferred name. Residents are provided with information about their rights and responsibilities on entry to the home. Their permission is sought prior to the publishing of photographs. Privacy screens and capes are used to protect privacy and dignity in shared rooms. Resident confidential documentation is stored securely and accessed by authorised personnel only. Residents have a key to their own room where appropriate, and residents can have a lockable drawer in their room. Staff practices are monitored through feedback mechanisms and observations.

### 3.7 Leisure interests and activities

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

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

Does comply

Residents and their representatives are satisfied with the range of activities available. The home has processes to identify and respond to residents' individual interests and preferred activities in consultation with family members. Residents are encouraged and assisted to participate in activities of their choice, including participating in the home's basketball competition and making items for sale on the home's trading table. Male specific groups cater for the needs of male residents and there are separate programs for residents with a diagnosis of depression. Activities operate seven days a week, including evenings and there is a late afternoon/evening program for residents with dementia. A variety of evaluation processes, including surveys and activities evaluations monitor residents' satisfaction with, and ongoing participation in, the activities provided.

### 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' and representatives are satisfied with the support residents receive to meet their spiritual and cultural needs and preferences. Residents' individual interests, customs, beliefs and preferences are documented on entry to the home and communicated to staff via care plans and resident's profiles. Various religious services are held at the home on a regular basis and residents have access to pastoral care as required. Staff demonstrated practices that foster and value residents' specific needs, including meeting the request of one resident to have their coffee served only after the completion of their meal and running a football tipping competition for residents interested in football. A happy hour is held each week and alcohol served for residents as deemed appropriate.

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

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

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

Does comply

Residents are satisfied with the choice they have around issues that affect their daily life. Surveys and other feedback mechanisms assist residents to have input into services provided to them. Residents are encouraged to participate in decisions about their care, such as selecting destinations for outings. Care plans and resident files include information on residents' capacity to make informed choices and representatives who can assist with care and lifestyle decisions when the resident is unable to do so. Resident and representative meetings and regular surveys are held to facilitate communication and feedback to management.

### **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

Residents and their representatives are satisfied with the information provided and processes used to assist them to understand their rights and responsibilities. The home's policies and procedures support residents' right to safe and secure tenure and staff's responsibilities to protect these rights. The resident agreement and resident information pack provide information about residents' rights and responsibilities, fees and charges, security of tenure and resident decision making forums. The home accesses external support agencies to provide additional short term care as needed to enable residents to remain 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 recommendation**

Does comply

The home’s quality system is used to identify and action opportunities for improvement related to the physical environment and safe systems. Outcomes are recorded, evaluated and reported, and the home is able to demonstrate measurable results for all stakeholders. Feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement relating to this Standard. The home demonstrated results of improvements relating to the physical environment and safe systems including:

- Staff and resident safety has been improved following an audit of fire and safety training. Audit results identified that no staff at the home had undertaken fire warden training. Staff liaised with the external provider who monitors fire systems in the home and fire warden training was held for selected staff. The fire company held a mock evacuation at the home to test staff skills and knowledge following the training. Fire warden training has been added to the annual training calendar for all staff at the home to ensure all staff are aware of their responsibilities should they be required to step into this role at any time.
- Infection control has been improved following audit results. It was identified that disposable gloves were not always readily accessible in all parts of the home. Suitable glove holders were sourced and have been purchased. These have been installed throughout the home providing staff with ready access to disposable gloves. Staff report that they appreciate access to the gloves and that it has reduced the risk of cross-infection.

### **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

There are established systems to identify and manage regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations, monitoring and maintaining fire safety systems and mandatory staff training sessions. Relevant legislative changes are made available to staff through the memo folder at staff meetings and education sessions as required. Staff at the home understand and use the system.

### **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

Annual performance appraisals are combined with a system of feedback, orientation and review to provide staff with access to ongoing training and development relevant to their roles. Regular audits and surveys are used to monitor staff knowledge and skills. Mandatory training is monitored by the Quality officer. This is generally effective. Education and development in physical environment and safe systems has been provided to all work groups over the last 12 months in a range of topics, including fire and emergency procedures, infection control, food safety and manual handling.

#### **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

Residents and representatives are satisfied with the safety and comfort of their living environment, including residents' rooms and communal areas. The home has processes in place to provide a safe comfortable environment consistent with residents' care needs. The home maintains a corrective and preventive maintenance program, including testing of electrical equipment. If restraint is required for resident safety, there is a process of assessment, consultation and monitoring. The living environment is monitored by the home's environmental audits, incident and hazard reporting system and resident and staff feedback mechanisms.

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

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

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

Does comply

The home has systems and processes to provide a safe working environment that meets regulatory requirements. Audits and work site inspections are used to monitor the safety of the environment and compliance with legislation. The Health and Safety Committee monitors incident and hazard data to identify trends and oversees the progress of the occupational health, safety and welfare action plan. Routine and preventative maintenance of the plant and equipment is carried out by the maintenance team and external service providers. Safe work procedures have been developed for the majority of staff roles following a job safety analysis. Staff have access to policies, procedures, guidelines and training programs to provide them with the necessary skills to perform their roles safely. The home has a designated occupational health and safety officer. Staff are satisfied that management is supportive and proactive in providing equipment and resources to maintain 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



Processes are in place to provide a safe environment and systems of work that minimise fire, security and emergency risks. There is a fire safety program, including mandatory training of all staff. An external contractor undertakes regular compliance testing of fire suppression equipment. Staff are aware of procedures and their role in the event of fire or other emergencies. There are safety systems and lock up procedures that maintain the security of the buildings for residents and staff after hours. Residents and representatives are provided with information about fire, security and emergency procedures when they enter the home and it is discussed at residents' meeting. Residents and representatives confirm their satisfaction in feeling secure and knowing how to respond in the event of a fire alarm.

#### **4.7 Infection control**

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

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

Does comply

The home has a designated infection control officer and there is a planned infection control program that is monitored by the Health and Safety Committee. Infection data is collected, reviewed and trends monitored. Processes are in place in the event of a gastroenteritis or influenza outbreak. Staff have access to appropriate facilities, equipment and stock to perform their roles effectively. Residents and staff have access to an influenza vaccination program. Infection control training is provided at orientation and on an ongoing basis. There is an appropriate waste and sharps disposal system and pest control programs are in place. Standard precautions are implemented and understood by staff. Residents, their representatives and staff are satisfied with the practices employed to reduce the risk of infections in the home.

#### **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

Residents and representatives were complimentary about the catering, cleaning and laundry services provided and staff are satisfied with their work environment. The home has processes for providing hospitality services consistent with residents' individual needs and preferences. The nutritionally reviewed fresh cook menu provides variety, individual choices and special needs. The home has a food safety program. Residents' personal clothing is laundered at the home. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. Staff attend various training including infection control, fire, chemicals and manual handling. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services.